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Central Georgia Technical College (CGTC) Dental Hygiene Program Clinical & Program Manual

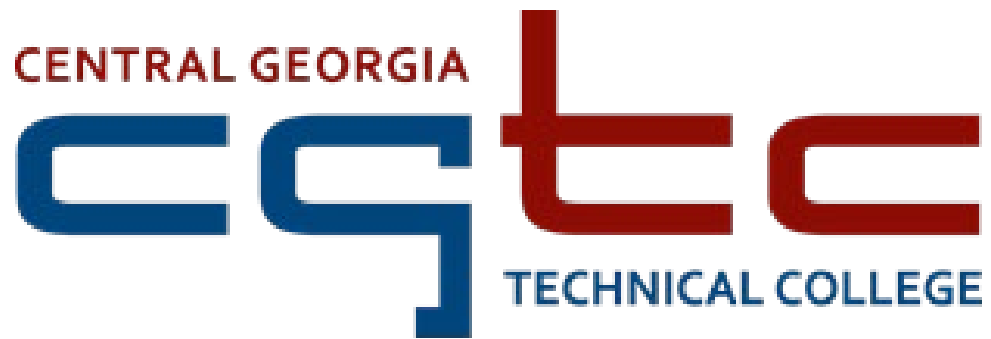
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General Program Policies

Introduction

Welcome to the Dental Hygiene program at Central Georgia Technical College (CGTC).

The Dental Hygiene program prepares students for positions in the dental profession. Academic, technical, and professional knowledge and skills required for job acquisition, retention, and advancement are developed. Program graduates receive an Associate of Applied Science degree from Central Georgia Technical College.

This manual contains information regarding program expectations, general program policies, laboratory and clinical procedures, guidelines, requirements and evaluation methods. Students are tested on information contained in this manual periodically in various dental hygiene courses.

The Dental Hygiene curriculum is demanding and will require intense discipline on the student's part. Dental Hygiene is a rewarding career and well worth the effort. The more a student puts into the program, the more a student will get out of it.

The Technical College System of Georgia and its constituent Technical Colleges do not discriminate on the basis of race, color, creed, national or ethnic origin, sex, religion, disability, age, political affiliation or belief, genetic information, disabled veteran, veteran of the Vietnam Era, spouse of military member, or citizenship status (except in those special circumstances permitted or mandated by law). This nondiscrimination policy encompasses the operation of all technical college-administered programs, programs financed by the federal government including any Workforce Innovation and Opportunity Act (WIOA) Title I financed programs, educational programs and activities, including admissions, scholarships and loans, student life, and athletics. It also encompasses the recruitment and employment of personnel and contracting for goods and services.

The Technical College System and Technical Colleges shall promote the realization of equal opportunity through a positive continuing program of specific practices designed to ensure the full realization of equal opportunity. The following person has been designated to handle inquiries regarding the nondiscrimination policies:

Title VI/Title IX/Section 504/ADA Coordinator

Cathy Johnson, Executive Director of Conduct, Appeals & Compliance
Room: A-136, 80 Cohen Walker Drive, Warner Robins, GA 31088
Phone: (478) 218-3309 / Fax: Email: (478) 471-5197
cajohnson@centralgatech.edu

We wish Dental Hygiene students every success in fulfilling their goals.

The Central Georgia Technical College Dental Hygiene Faculty and Staff

Central Georgia Technical College Department of Dental Hygiene

Program Purpose Statement

The purpose of the Dental Hygiene Program is to provide a quality education for the dental hygiene student which will include a variety of experiences in the classroom, clinic, and community to provide the student with the knowledge, skills, and experiences to become a registered dental hygienist and secure employment in the competitive and demanding field of dentistry. The Dental Hygiene Program seeks to maintain a strong working relationship with area dentists and their office staff to assure that the curriculum, training, equipment, and techniques used in the program mirror local needs.

GOAL	STUDENT LEARNING OUTCOME	MEANS OF ASSESSMENT	COURSE	TIMELINE
Goal 1: Students will possess skills in basic computer literacy for the workplace.	SLO 1.1: Students will be capable of using dental software to input patients, input and mount radiographs, and monitor patient appointments.	90% of students in DHYG 2140 will use dental software to complete the process of inputting patients, inputting and mounting radiographs, and monitoring patient appointments during the course.	DHYG 2140	Spring Semester
	SLO 1.2: Students will be able to effectively use the internet to research medications.	100% of students in DHYG 2020 will use the internet to research patient medications in the course.	DHYG 2020	Summer Semester
	SLO 1.3: Students will be able to create an effective PowerPoint presentation.	80% of students in DHYG 2070 will score at least a 75 on the required slide presentation assignment.	DHYG 2070	Fall Semester
Goal 2: Students will perform continuous self-assessment for lifelong learning and professional growth. (ADEA Code C6)	SLO 2.1: Students will complete the Student Clinic Self-Evaluation Assessment during DHYG 2020, DHYG 2090, and DHYG 2140 of their second year.	90% of students will complete the Student Clinic Self-Evaluation Assessment at mid-term of DHYG 2020, DHYG 2090, and DHYG 2140.	DHYG 2020	Summer Semester
			DHYG 2090	Fall Semester
			DHYG 2140	Spring Semester
Goal 3: Students will utilize methods that ensure the health and safety of the patient and the oral health professional in the delivery of care. (ADEA Code HP6)	SLO 3.1: Students will proficiently complete the Sterilization Skill Evaluation during DHYG 1050.	90% of students will complete the Sterilization Skill Evaluation during DHYG 1050 with at least an 80% proficiency on the first attempt.	DHYG 1050	Fall Semester
	SLO 3.2: Students will proficiently complete the Health History and Vital Signs Evaluation during DHYG 1050.	90% of students will complete the Health History and Vital Signs Skill Evaluation during DHYG 1050 with at least an 80% proficiency on the first attempt.	DHYG 1050	Fall Semester
	SLO 3.3: Students will proficiently complete the Hand-washing and Unit Disinfection Skill Evaluation during DHYG 1050.	90% of students will complete the Hand-washing and Unit Disinfection Skill Evaluation during DHYG 1050 with at least an 80% proficiency on the first attempt.	DHYG 1050	Fall Semester
Goal 4: Students will provide community oral health services in a variety of settings. (ADEA Code CM3)	SLO 4.1: Students will provide oral hygiene instructions to a minimum of 2 Elementary School classes in DHYG 2070.	100% of students will return their Teacher Evaluations after providing oral hygiene instructions to a minimum of 2 Elementary School classes during DHYG 2070.	DHYG 2070	Fall Semester
	SLO 4.2: Students will provide oral hygiene instructions to a group of Dental Care Providers in DHYG 2070.	100% of students will return their ADPIE Verification Forms after providing oral hygiene instructions to a group of Dental Care Providers during DHYG 2070.	DHYG 2070	Fall Semester

GOAL	STUDENT LEARNING OUTCOME	MEANS OF ASSESSMENT	COURSE	TIMELINE
Goal 5: Students will provide specialized treatment that includes educational, preventive, and therapeutic services designed to achieve and maintain oral health and partner with the patient in achieving oral health goals. (ADEA Code PC10)	SLO 5.1: Students will proficiently complete the Nutritional Counseling clinical competency during DHYG 2140.	90% of students will score 80% or higher on the Nutritional Counseling clinical competency.	DHYG 2140	Spring Semester
	SLO 5.2: Students will proficiently complete the Tobacco Cessation Counseling clinical competency during DHYG 2140.	90% of students will score 80% or higher on the Tobacco Cessation Counseling clinical competency.	DHYG 2140	Spring Semester
Goal 6: Students will access professional and social networks to pursue professional goals.	SLO 6.1: Students will advance the profession through service activities and affiliations with professional organizations.	100% of students will attend a minimum of 2 professional meetings.	DHYG 2130	Spring Semester
		100% of students will participate in at least 2 dental hygiene community service events.	DHYG 2070	Fall Semester
		100% of students will maintain membership in the Student American Dental Hygienist Association (SADHA).	DHYG 2130	Spring semester
Goal 7: Students will provide appropriate dental hygiene care based on assessment results.	SLO 7.1: Students will be able to effectively complete an Oral Evaluation based on the Central Regional Dental Hygiene Examinations, Inc. guidelines.	90% of students will score 14 or higher (out of maximum 16) on the Central Regional Dental Hygiene Examinations, Inc. (CRDTS) Oral Evaluation Score.	DHYG 2140	Spring Semester
	SLO 7.2: Students will be able to effectively complete a Periodontal Probing Evaluation based on the Central Regional Dental Hygiene Examinations, Inc. guidelines.	90% of students will score 11 (out of maximum 12) or higher on the Central Regional Dental Hygiene Examinations, Inc. Periodontal Probing Score.	DHYG 2140	Spring Semester
	SLO 7.3: Students will be able to effectively complete Calculus Deposit Removal based on the Central Regional Dental Hygiene Examinations, Inc. criteria.	90% of students will score 40 or higher (out of maximum 60) on the Central Regional Dental Hygiene Examinations, Inc. Examination Scale Score.	DHYG 2140	Spring Semester

Program Philosophy Statement

Consistent with the Central Georgia Technical College Mission, as presented by its faculty and staff, the Dental Hygiene Program affirms the following Philosophy that it is the Dental Hygiene Program's responsibility:

- To provide quality academic and technical instruction leading to career preparation at the associate degree level through traditional and distance education modes of delivery.
- To provide appropriate adult educational opportunities to promote literacy among the general public and workforce personnel.
- To design and staff the program so that it will meet the needs of business and industry by training, retraining, and upgrading skills and work habits that promote maximum productivity.
- To establish a foundation for lifelong learning that will enhance the potential of the individuals in the greater Central Georgia region to become more productive, responsible, and upwardly mobile members of society.
- To promote public awareness of the value of academic and technical education.
- To collaborate with other postsecondary and secondary institutions to provide a seamless educational system.

Central Georgia Technical College Department of Dental Hygiene Academic and Non-academic Code of Conduct

Any student found to have committed any of the following types of misconduct is subject to the disciplinary sanctions outlined in the Central Georgia Technical College Student Discipline section of the Central Georgia Technical College Catalog.

Academic Misconduct

Academic misconduct includes, but is not limited to, the following definitions:

1. Aiding and Abetting Academic Misconduct: Knowingly helping, procuring, encouraging or otherwise assisting another person to engage in academic misconduct.
2. Cheating: a. Use and/or possession of unauthorized material or technology during an examination, or any other written or oral work submitted for evaluation and/or a grade, such as tape cassettes, notes, tests, calculators, computer programs, cell phones and/or smart phones, or other electronic devices. b. Obtaining assistance with or answers to an examination or any other written or oral work submitted for evaluation and/or a grade from another person with or without that person's knowledge. c. Furnishing assistance with answers to an examination or any other written or oral work submitted for evaluation and/or a grade to another person. d. Possessing, using, distributing or selling unauthorized copies of an examination, computer program, or any other written or oral work submitted for evaluation and/or a grade. e. Representing as one's own an examination or any other written or oral work submitted for evaluation and/or a grade created by another person. f. Taking an examination or any other written or oral work submitted for evaluation and/or a grade in place of another person. g. Obtaining unauthorized access to the computer files of another person or agency and/or altering or destroying those files. h. Obtaining teacher edition text books, test banks, or other instructional materials that are only intended to be accessed by technical college officials, college administrator, or faculty member.
3. Fabrication: The falsification of any information or citation in an examination or any other written or oral work submitted for evaluation and/or a grade.
4. Plagiarism: a. Submitting another's published or unpublished work in whole, in part or in paraphrase, as one's own without fully and properly crediting the author with footnotes, quotation marks, citations, or bibliographical reference. b. Submitting as one's own original work, material obtained from an individual or agency without reference to the person or agency as the source of the material. c. Submitting as one's own original work material that has been produced through unacknowledged collaboration with others without release in writing from collaborators.

Non-Academic Code of Conduct

Includes, but is not limited to the following:

1. Behavior: a. Indecent Conduct: Lewd or indecent conduct, or distribution of obscene or libelous written or electronic material. b. Violence: Physical abuse of any person (including dating violence, domestic violence or sexual violence) on CGTC premises or at CGTC-sponsored or supervised functions, including physical actions which threaten or endanger the health or safety of any such persons. This includes fighting and/or other disruptive behavior, which includes any action or threat of violence which endangers the peace, safety, or orderly function of the technical college, its facilities, or persons engaged in the business of the technical college. Note: certain physical abuse may also be considered unlawful harassment. c. Harassment: CGTC prohibits unlawful conduct based on race, color, creed, national or ethnic origin, gender, religion, disability, age, genetic information, political affirmation or belief, disabled veteran, veteran of the Vietnam Era or citizenship status addressed directly to any individual or group that has the purpose or effect of unreasonably and objectively interfering with that individual or group's: (1) performance, (2) work or educational environment or (3) ability to participate in an educational program or activity. CGTC also prohibits stalking, or other behavior which objectively and unreasonably interferes with another's legal rights or creates an objectively intimidating, hostile, or offensive environment. (This also includes the display of or navigation to pornography and other inappropriate websites and materials and inappropriate behavior on social media and/or networking applications.) Impermissible harassment may include verbal, non-verbal and/or physical conduct. d. Disruption: Prohibits activities not otherwise protected by law including the First Amendment to the Constitution of the United States of America, which intentionally obstructs or interrupts teaching, research, administration, disciplinary proceedings or other college activities, including public service functions and other duly authorized activities on CGTC premises or at CGTC-sponsored activity sites. e. Failure to Comply: Failure to comply with lawful directions of CGTC officials and/or failure to identify oneself to these persons when requested to do so.

2. Professionalism and Personal Appearance: CGTC conducts educational programs to prepare students for employment; therefore, all students are expected to dress appropriately according to the occupations for which they are being trained. Students who are deemed inappropriately dressed in a manner which could present a safety hazard or which might be offensive to others or cause disruption to the College will not be allowed to attend class. Shirts, caps or any other article of clothing that implies obscenities or gang affiliation or that can be construed as offensive or discriminatory are prohibited, as this could symbolize disruptive behavior. All pants must be worn at the waist. Students found in violation are subject to being removed from any further college participation and may be subject to disciplinary action. Students should observe, at all times, generally accepted hygiene practices, neatness of appearance, good grooming,

and safety. Some programs of study have a more restrictive dress policy that governs students attending class, clinical, and co-ops.

3. Use of Technical College Property

- a. Theft and Damage: Prohibits theft of, misuse of, or harm to CGTC property, or theft of or damage to property of a member of the CGTC community or a visitor on CGTC premises or at a CGTC function.
- b. Occupation or Seizure: Illegal occupation or seizure in any manner of CGTC property, CGTC remises, or any portion thereof for a use inconsistent with prescribed, customary, or authorized use.
- c. Presence on CGTC premises: Prohibits unauthorized entry upon CGTC remises; unauthorized entry into CGTC premises or a portion thereof which has been restricted in use; unauthorized presence in CGTC premises after closing hours; or furnishing false information to gain entry upon CGTC premises.
- d. Assembly: Prohibits participation in or conducting an unauthorized gathering that objectively threatens or causes injury to person or property or that interferes with free access to CGTC facilities or that is unprotected by the First Amendment to the Constitution of the United States of America and objectively harmful, obstructive, or disruptive to the educational process or functions of CGTC.
- e. Fire Alarms: Prohibits setting off a fire alarm or using or tampering with any fire safety equipment on CGTC premises or at CGTC-sponsored activity sites, except with reasonable belief in the need for such alarm or equipment. In the event of a fire alarm sounding, students must evacuate the building unless otherwise directed by a CGTC official.
- f. Obstruction: Prohibits obstruction of the free flow of pedestrian or vehicular traffic on CGTC premises or at CGTC-sponsored or supervised functions.

4. Drugs, Alcohol and Other Substances: Substances referred to under this policy include all illegal drugs, alcoholic beverages, and misused legal drugs (both prescription and over-the-counter).

- a. Alcohol: Students must comply with all state and federal laws regulating alcohol as well as TCSG Policy II.C.6, Alcohol on Campus. Alcoholic beverages may not be served or sold at any student-sponsored function. Students being in a state of intoxication on CGTC premises or at CGTC-sponsored or supervised functions (including off-campus functions), internships, externships, practicum, clinical sites, co-operative or academic sponsored programs or activities, or in a CGTC-owned vehicle is prohibited.
- b. Controlled substances, illegal drugs and drug paraphernalia: CGTC prohibits possession, use, sale, or distribution of any controlled substance, illegal drugs, or drug paraphernalia except as expressly permitted by law. Any influence which may be attributed to the use of drugs or of alcoholic beverages shall not in any way limit the responsibility of the individual for the conduct or consequences of his/her actions.
- c. Food: CGTC prohibits eating and/or drinking in certain classrooms, shops, and labs or other unauthorized areas on CGTC premises, unless otherwise permitted by CGTC officials.
- d. Smoking/Tobacco: CGTC prohibits smoking, or using other forms of electronic, alternative smoking devices, or other forms of tobacco products in classrooms, shops, and labs or other unauthorized areas on CGTG premises.

5. Weapons: CGTC is committed to providing all employees, students, volunteers, visitors, vendors, and contractors a safe and secure workplace and/or academic setting. The possession, carrying, or transportation of a firearm, weapon, or explosive compound/material in or on college building or property shall be governed by Georgia state law. All individuals are expected to comply with the related laws. Failure to follow laws pertaining to weapons is considered a violation of the Student Code of Conduct. Relevant Georgia laws to be aware of and compliant with include but may not be limited to: O.C.G.A.§ 16-8-12(a)(6)(A)(iii), O.C.G.A.§ 16-7-80, O.C.G.A.§ 16-7-81, O.C.G.A.§ 16-7-85, O.C.G.A.§ 16-11-121, O.C.G.A.§ 16-11-125.1, O.C.G.A.§ 16-11-126, O.C.G.A.§ 16-11-127, O.C.G.A.§ 16-11-127.1, O.C.G.A.§ 16-11-129, O.C.G.A.§ 16-11-130, O.C.G.A.§ 16-11-133, O.C.G.A.§ 16-11-135, O.C.G.A.§ 16-11-137, and O.C.G.A.§ 43-38-10.
6. Gambling: CGTC prohibits the violation of federal, state or local gambling laws on CGTC premises or at CGTC-sponsored or supervised activities.
7. Financial Irresponsibility: CGTC prohibits the theft or misappropriation of CGTC-owned property, student organization, or other assets. CGTC prohibits failure to meet any and all financial obligations to the College. All tuition and fees should be paid prior to the first day of the semester.
8. Violation of CGTC Policy: Violation of CGTC policies, rules, or regulations including, but not limited to, rules imposed upon students who enroll in a particular class or program, internships, externships, practicum, clinical sites, co-operative, or any academic sponsored programs or activities, or student organizations.
9. Aiding and Abetting: Aiding, abetting, or procuring another person to do an activity which otherwise violates this Code of Conduct is prohibited.
10. Falsification of Documentation: Disciplinary proceedings may be instituted against a student who falsifies any documentation related to CGTC, either to CGTC or to others in the community, including, but not limited to, falsification of: CGTC transcripts; transcripts or other documentation from other institutions to obtain credit from or admission to CGTC; CGTC report cards or other grade reports; documentation related to a student's citizenship status; tests, homework, attendance records; signature of any CGTC employee in his or her official capacity; signatures of any employee of a clinical or internship site where the student is participating in an educational program associated with CGTC or records related to any clinical, internship or other academic activity associated with CGTC.
11. Violation of Law: a. If a student is convicted or pleads Nolo Contendere to an on-campus or off-campus violation of federal, state, or local law, but not has not been charged with any other violation of the Student Code of Conduct, disciplinary action may nevertheless be taken and sanctions imposed if the violation of federal, state or local law is detrimental to CGTC's vital interests and stated mission and purpose. b. Disciplinary proceedings may be instituted against a student charged with violation of a law that is also a violation of the Student Code of Conduct if both violations result from

the same factual situation, without regard to criminal arrest and/or prosecution. Proceedings under this Student Code of Conduct may be carried out prior to, simultaneously with, or following criminal proceedings. c. When a student is charged by federal, state, or local authorities with a violation of law, CGTC will not request or agree to special consideration for that individual because of his/her status as a student. CGTC will cooperate fully with law enforcement and other agencies in the enforcement of criminal law on campus and in the conditions imposed by criminal courts for the rehabilitation of student violators. Individual students, acting in their personal capacities, remain free to interact with governmental representatives as they deem appropriate.

12. Abuse of the student judicial process, including but not limited to: a. Failure to obey the notification of the Vice President for Student Affairs or the designee of CGTC's President, Hearing Body, Appellate Board, or CGTC official. b. Falsification, distortion, or misrepresentation of information in a judicial proceeding. c. Disruption or interference with the orderly conduct of a disciplinary proceeding. d. Initiating a disciplinary proceeding knowingly without cause. e. Attempting to discourage an individual's proper participation in or use of the disciplinary process. f. Attempting to influence the impartiality of a member of a Hearing Body, or Appellate Board prior to, and/or during the course of, the disciplinary proceeding. g. Harassment (verbal or physical) and/or intimidation of a member of a Hearing Body, or Appellate Board prior to, during, and/or after a disciplinary proceeding. h. Failure to comply with the sanction(s) imposed under the Student Code of Conduct.

13. Visitors: All visitors are subject to Central Georgia Technical College rules and regulations including, but not limited to, rules of student conduct as described in the Student Code of Conduct. For the safety of the school, faculty, staff, and students, security personnel may remove visitors who disrupt the operation of the college. Loitering will not be tolerated. Anyone who is not a current student, college employee, or who has not checked in with appropriate personnel will be asked to leave the campus. Repeated violations can lead to the person being banned from campus as well as possible arrest and prosecution.

14. Children: Students are expected to make child care provisions for their children. Children are not allowed on campus other than in the child care center. Students are not to bring children to class or leave children on campus while the student is in class. Children will not be left unattended in automobiles, hallways, vending areas, or outside buildings. Children are not allowed to use the Cosmetology Department.

15. Photo Identification: All students are required to have their student ID with them at all times while on campus or while attending a CGTC-sponsored event. Students must provide the ID when requested by appropriate school personnel (any faculty member, administrative personnel, and public safety personnel).

Central Georgia Technical College Department of Dental Hygiene Academic Policy

The program's academic policy reflects the competencies achieved by the student. Student's competencies are measured by written examination, daily work assignments and clinical/laboratory proficiency examinations.

1. A student must achieve at the "C" level to continue in the program. A "C" is considered 70%.
2. A student failing any course in the Dental Hygiene curriculum (achieving below a 70) will be academically dismissed from the program immediately.
3. The student is advised that failure course in the program will delay graduation. The dental hygiene program is a lock step program and courses are only taught once per year. Successful completion of all DHYG courses is required for graduation.

The Grading System for the Central Georgia Technical College Dental Hygiene program is listed below:

Description	Letter Grade	Grade Points
90 - 100 (Excellent)	A	4.0
80 - 89 (Good)	B	3.0
70 - 79 (Satisfactory)	C	2.0
60 - 69 (Poor)	D	1.0
Below 60 (Failing)	F	0.0
Withdrawal	W	-

Graduates of Central Georgia Technical College's Dental Hygiene Program will be qualified to take the National Board Dental Hygiene Examination administered by the American Dental Association.

Dental Hygiene students desiring to be licensed in Georgia will take the Central Regional Dental Testing Service, Inc. (CRDTS) practical examination.

The standards of progress in the Dental Hygiene Program must correspond to competency levels required for licensure in order to:

- Provide a realistic assessment of students' progress towards licensure requirements.
- Encourage students to establish goals appropriate to the level of performance required for licensure and promote student awareness of progress toward meeting those goals.

The standards for progress in the Dental Hygiene Program are as follows:

Satisfactory Progress- a student is in good standing and making satisfactory progress with the semester GPA (grade point average) is 2.0 or higher.

Academic Dismissal- Students who are academically dismissed are excluded from enrollment. An earned grade of 69% or less for a prerequisite course will result in academic dismissal with no probationary period.

Graduation Requirements- in order to meet graduation requirements, your semester and cumulative GPA must be 2.0 or higher during your final semester of the Dental Hygiene Program. Those students who do not meet this requirement will not be allowed to graduate.

Readmission Following Academic or Disciplinary Dismissal- Students dropped from any Dental Hygiene course for attendance (i.e., maternity, health related, family illness, personal difficulties), academic reasons, or students who have made less than a "C" in a Dental Hygiene course will be not be allowed to remain in the dental hygiene program. Students have the option of reapplying to the program the following year. Re-entry to the program will be granted on a competitive and space-available basis. There will be no re-entry credit for courses that are over two years old. Clinical competency skills for re-entry students will be required to be completed and will be determined by the Dental Hygiene program chair and faculty.

Prerequisites and Course Sequence- Students must achieve a minimum course grade of C (70 or higher) for progress from specified prerequisite courses to more advanced courses.

I understand that I must achieve at a level of 70% or better to successfully complete courses in the Dental Hygiene Program. I also understand the criteria regarding prerequisite courses and academic probation. I have had the policies explained to me thoroughly, and I was given the opportunity to ask questions and have them answered to my satisfaction.

Student Signature

Date

Central Georgia Technical College Department of Dental Hygiene Attendance Policy

CGTC Attendance Requirements

The educational programs at CGTC reflect the requirements and standards that are necessary for future successful employment in business and industry. Employers expect their employees to be present and to be on time for work each and every day; as such, CGTC expects each student to be present and to be on time each and every day for all classes. Documented absences for military duty, jury duty, and/or observed religious holidays, judicial proceedings in response to a subpoena, summons for jury duty, or other court-ordered process which requires the attendance of the student at the judicial proceeding are excused. Students absent from class for any reason are still responsible for all work missed. Students should enroll only in those classes that they can reasonably expect to attend on a regular basis. Instructors have both the right and the responsibility to develop reasonable attendance policies appropriate to the type, level, delivery method, and frequency of class meetings for their course; to communicate the policies to students clearly; and to apply the policies fairly and consistently to all enrolled students. Specific attendance requirements are established by each program area and are outlined in the course syllabus.

To remain on the class roster, all enrolled day students are required to attend at least one of the first two days of class to maintain assurance of enrollment for any assigned class. Students receiving financial aid (especially Pell, WIA, or VA) need to be aware that absences could jeopardize their financial aid status. They may not receive financial aid funds if they do not meet the attendance requirements of the financial aid agency.

Dental Hygiene Class Attendance Policy

Class attendance and participation is mandatory for success and is expected. If you are not present, you are not learning. If you are not learning, you will not pass the Dental Hygiene National Board Examination which is required to receive your dental hygiene license. Absence from lecture and/or laboratory/clinical session will result in the following penalty (not necessarily consecutive).

- Tardiness
 - Students who are 1-14 minutes tardy for class will be counted late.
 - A student who is late 3 times = 1 absence.
 - Students who are 15 or more minutes tardy for class will be counted absent.

This is very unprofessional and disruptive to class. It is the student's (not one of your classmates) responsibility to notify the instructor if they will be tardy or absent from this class. If you miss a pop quiz or any other classwork you will

receive a grade of zero due to an unexcused tardy/absence. See makeup policy below for excused absences.

- Unexcused absences
 - 1 unexcused absence will result in a grade of zero on any activity missed and will receive a warning.
 - 2 unexcused absences will result in a grade of zero for every activity missed and will be sign a letter of acknowledgement that if they miss one more clinic session they will be dropped from the course/program with a grade of F. It is the student's responsibility to resource any materials provided to the class.
 - 3 unexcused absences will result in being dropped from the program.

Clinical labs:

- Due to the importance of the clinical training and the limited time allowed for this training, students are allowed a maximum of two (2) absences (2 clinical sessions). If a student misses two (2) clinic sessions they will be required to sign a letter of acknowledgement that if they miss one more clinic session they will be dropped from the course/program with a grade of F. Opening and closing the clinic are mandatory clinical sessions for all students – if you miss either one of these clinical sessions it will be counted as an absence toward your maximum of two (2) absences. Due to the importance of being prepared for clinic all students scheduled to be in clinic are required to be in clinic ready to work by 8:00 am (or 1pm). If you are not in clinic by 8:00 am (or 1pm) you will be counted as tardy, this does not include set-up time. If you are required to set-up your unit for the clinic session this must be done prior to 8:00 am (or 1pm)—7:30 and 12:30. At no time will a student leave the clinic during or prior to the end of the session without permission from their assigned faculty member. You are required to continue working until the final day of clinic regardless if you are done with semester or graduation requirements. Documented military leave, family death (immediate family member: spouse, mother, father, sibling, or child), hospitalization due to illness (medically necessary) or, judicial proceedings in response to a subpoena, summons for jury duty, or other court-ordered process which requires the attendance of the student at the judicial proceeding absences will not be counted for dismissal purposes. It is the student's responsibility to provide documentation to the instructor prior to absences for military leave and judicial proceedings. If you miss any clinic sessions, excused or unexcused, you will be required to make up the missed hours!!!!

Makeup Policy

- Documentation for military duty, observed religious holiday, a death of immediate family (which includes parents, spouse, and children only), hospitalization including childbirth (maximum of 2 weeks), illness (medically necessary), or court-ordered process absences will result in an excused absence in dental hygiene class sessions. It is the student's responsibility to provide documentation to the course instructor. Make-up examinations must be scheduled that do not conflict with scheduled lecture and laboratory class times.
- Pop quizzes cannot be made up if given during a class session that a student is absent. Assignments are due on the due date at the beginning of class. No late assignments will be accepted. If the assignment is not turned in at the beginning of the class, you will receive a zero for the assignment.
- Exams can only be made up if the student has a documented excused absence, but will obtain a penalty, and must be made up on the returning day after the excused absence. Each test will be penalized 10 points if not taken on the scheduled class date and/or class time. For instance: A test given on Monday and taken after the scheduled class time or on Tuesday will receive a grade no higher than 90 points out of 100 possible points, Wednesday=80, Thursday=70, Friday=0.
 - 10 point deduction for 1 school day late or past schedule class time
 - 20 point deduction for 2 school days late
 - 30 point deduction for 3 school days late
 - No make up for 4 days late, a zero grade will be given
- Exams proctored in the classroom will begin at exactly the scheduled time. Late attendees will not be allowed to enter the classroom or log in via Blackboard once the exam has started. Instructor will allow the student to make up the exam with penalty imposed (see above) if reason is valid and therefore excused or a grade of zero will be given for the missed exam if reason is tardiness and is therefore unexcused.

Inclement Weather/Emergency School Closing

1. If CGTC Administration has called off classes, the student is not required to attend clinical education or classes. Program course material will be covered later.
2. If classes have returned to their regular schedule and the student believes he/she cannot make it to the clinical setting due to inclement weather, road conditions, or other difficulties, it will be treated as an absence and the student should notify the Program Director/Clinical Coordinator and the Clinical Instructor at the assigned clinical setting.

Breaks

In most situations, students are allowed a 30-minute lunch unless otherwise approved by the clinical coordinator. The on-site clinical instructor/preceptor will assign breaks and/or lunchtime. The student may take breaks in a location approved by the instructors. There should be no eating or drinking in the assigned department (unless the department has a “break” room and the student is allowed in that area). The student is allowed to leave the clinical setting ONLY if that site does not have a cafeteria. If the site does not have a cafeteria, the student must do the following:

- Clock out (if applicable)
- Go get their food
- Return to assigned area
- Clock in (if applicable) and eat
- Time should not exceed thirty minutes
- The on-site clinical instructor must assign breaks and/or lunchtime.
- The student may take breaks in a location approved by the instructors/preceptor.

Central Georgia Technical College Department of Dental Hygiene Code of Ethics for Dental Hygienists*

1. Preamble

As dental hygienists, we are a community of professionals devoted to the prevention of disease and the promotion and improvement of the public's health. We are preventive oral health professionals who provide educational, clinical, and therapeutic services to the public. We strive to live meaningful, productive, satisfying lives that simultaneously serve us, our profession, our society, and the world. Our actions, behaviors, and attitudes are consistent with our commitment to public service. We endorse and incorporate the Code into our daily lives.

2. Purpose

The purpose of a professional code of ethics is to achieve high levels of ethical consciousness, decision making, and practice by the members of the profession. Specific objectives of the Dental Hygiene Code of Ethics are:

- to increase our professional and ethical consciousness and sense of ethical responsibility.
- to lead us to recognize ethical issues and choices and to guide us in making more informed ethical decisions.
- to establish a standard for professional judgment and conduct.
- to provide a statement of the ethical behavior the public can expect from us.

The Dental Hygiene Code of Ethics is meant to influence us throughout our careers. It stimulates our continuing study of ethical issues and challenges us to explore our ethical responsibilities. The Code establishes concise standards of behavior to guide the public's expectations of our profession and supports dental hygiene practice, laws and regulations. By holding ourselves accountable to meeting the standards stated in the Code, we enhance the public's trust on which our professional privilege and status are founded.

3. Key Concepts

Our beliefs, principles, values, and ethics are concepts reflected in the Code. They are the essential elements of our comprehensive and definitive code of ethics, and are interrelated and mutually dependent.

4. Basic Beliefs

We recognize the importance of the following beliefs that guide our practice and provide context for our ethics:

- The services we provide contribute to the health and well-being of society.
- Our education and licensure qualify us to serve the public by preventing and treating oral disease and helping individuals achieve and maintain optimal health.
- Individuals have intrinsic worth, are responsible for their own health, and are entitled to make choices regarding their health.
- Dental hygiene care is an essential component of overall health care and we function interdependently with other health care providers.
- All people should have access to health care, including oral health care.
- We are individually responsible for our actions and the quality of care we provide.

5. Fundamental Principles

These fundamental principles, universal concepts, and general laws of conduct provide the foundation for our ethics.

Universality

The principle of universality assumes that, if one individual judges an action to be right or wrong in a given situation, other people considering the same action in the same situation would make the same judgment.

Complementarity

The principle of complementary assumes the existence of an obligation to justice and basic human rights. It requires us to act toward others in the same way they would act toward us if roles were reversed. In all relationships, it means considering the values and perspective of others before making decisions or taking actions affecting them.

Ethics

Ethics are the general standards of right and wrong that guide behavior within society. As generally accepted actions, they can be judged by determining the extent to which they promote good and minimize harm. Ethics compel us to engage in health promotion/disease prevention activities.

Community

The principle expresses our concern for the bond between individuals, the community, and society in general. It leads us to preserve natural resources and inspires us to show concern for the global environment.

Responsibility

Responsibility is central to our ethics. We recognize that there are guidelines for making ethical choices and accept responsibility for knowing and applying them. We accept the consequences of our actions or the failure to act and are willing to make ethical choices and publicly affirm them.

6. Core Values

We acknowledge these values as general guides for our choices and actions.

Individual Autonomy and Respect for Human Beings

People have the right to be treated with respect. They have the right to informed consent prior to treatment, and they have the right to full disclosure of all relevant information so that they can make informed choices about their care.

Confidentiality

We respect the confidentiality of client information and relationships as a demonstration of the value we place on individual autonomy. We acknowledge our obligation to justify any violation of a confidence.

Societal Trust

We value client trust and understand that public trust in our profession is based on our actions and behavior.

Non-maleficence

We accept our fundamental obligation to provide services in a manner that protects all clients and minimizes harm to them and others involved in their treatment.

Beneficence

We have a primary role in promoting the well-being of individuals and the public by engaging in health promotion/disease prevention activities.

Justice and Fairness

We value justice and support the fair and equitable distribution of healthcare resources. We believe all people should have access to high-quality, affordable oral healthcare.

Veracity

We accept our obligation to tell the truth and assume that others will do the same. We value self-knowledge and seek truth and honesty in all relationships.

7. Standards of Professional Responsibility

We are obligated to practice our profession in a manner that supports our purpose, beliefs, and values in accordance with the fundamental principles that support our ethics. We acknowledge the following responsibilities:

To Ourselves as Individuals...

- Avoid self-deception, and continually strive for knowledge and personal growth.
- Establish and maintain a lifestyle that supports optimal health.
- Create a safe work environment.
- Assert our own interests in ways that are fair and equitable.
- Seek the advice and counsel of others when challenged with ethical dilemmas.
- Have realistic expectations of ourselves and recognize our limitations.

To Ourselves as Professionals...

- Enhance professional competencies through continuous learning in order to practice according to high standards of care.
- Support dental hygiene peer-review systems and quality-assurance measures.
- Develop collaborative professional relationships and exchange knowledge to enhance our own life-long professional development.

To Family and Friends...

- Support the efforts of others to establish and maintain healthy lifestyles and respect the rights of friends and family.

To Clients...

- Provide oral health care utilizing high levels of professional knowledge, judgment, and skill.
- Maintain a work environment that minimizes the risk of harm.
- Serve all clients without discrimination and avoid action toward any individual or group that may be interpreted as discriminatory.
- Hold professional client relationships confidential.
- Communicate with clients in a respectful manner.
- Promote ethical behavior and high standards of care by all dental hygienists.
- Serve as an advocate for the welfare of clients.
- Provide clients with the information necessary to make informed decisions about their oral health and encourage their full participation in treatment decisions and goals.
- Refer clients to other healthcare providers when their needs are beyond our ability or scope of practice.
- Educate clients about high-quality oral healthcare.

To Colleagues...

- Conduct professional activities and programs, and develop relationships in ways that are honest, responsible, and appropriately open and candid.
- Encourage a work environment that promotes individual professional growth and development.
- Collaborate with others to create a work environment that minimizes risk to the personal health and safety of our colleagues.
- Manage conflicts constructively.
- Support the efforts of other dental hygienists to communicate the dental hygiene philosophy of preventive oral care.
- Inform other healthcare professionals about the relationship between general and oral health.

Promote human relationships that are mutually beneficial, including those with other healthcare professionals.

To Employees and Employers...

- Conduct professional activities and programs, and develop relationships in ways that are honest, responsible, open, and candid.
- Manage conflicts constructively.

- Support the right of our employees and employers to work in an environment that promotes wellness.
- Respect the employment rights of our employees and employers.

To the Dental Hygiene Profession...

- Participate in the development and advancement of our profession.
- Avoid conflicts of interest and declare them when they occur.
- Seek opportunities to increase public awareness and understanding of oral health practices.
- Act in ways that bring credit to our profession while demonstrating appropriate respect for colleagues in other professions.
- Contribute time, talent, and financial resources to support and promote our profession.
- Promote a positive image for our profession.
- Promote a framework for professional education that develops dental hygiene competencies to meet the oral and overall health needs of the public.

To the Community and Society...

- Recognize and uphold the laws and regulations governing our profession.
- Document and report inappropriate, inadequate, or substandard care and/or illegal activities by any healthcare provider to the responsible authorities.
- Use peer review as a mechanism for identifying inappropriate, inadequate, or substandard care and for modifying and improving the care provided by dental hygienists.

Comply with local, state, and federal statutes that promote public health and safety.

- Develop support systems and quality-assurance programs in the workplace to assist dental hygienists in providing the appropriate standard of care.
- Promote access to dental hygiene services for all, supporting justice and fairness in the distribution of healthcare resources.
- Act consistently with the ethics of the global scientific community of which our profession is a part.
- Create healthful workplace ecosystem to support a healthy environment.
- Recognize and uphold our obligation to provide pro bono service.

To Scientific Investigation...

We accept responsibility for conducting research according to the fundamental principles underlying our ethical beliefs in compliance with universal codes, governmental standards, and professional guidelines for the care and management of experimental subjects. We acknowledge our ethical obligations to the specific community:

- Conduct research that contributes knowledge that is valid and useful to our clients and society.
- Use research methods that meet accepted scientific standards.
- Use research resources appropriately.

- Systematically review and justify research in progress to insure the most favorable benefit-to-risk ratio to research subjects.
- Submit all proposals involving human subjects to an appropriate human subject review committee.
- Secure appropriate institutional committee approval for the conduct of research involving animals.
- Obtain informed consent from human subjects participating in research that is based on specifications published in Title 21 Code of Federal Regulations Part 46.
- Respect the confidentiality and privacy of data.
- Seek opportunities to advance dental hygiene knowledge through research by providing financial, human, and technical resources whenever possible.
- Report research results in a timely manner.
- Report research findings completely and honestly, drawing only those conclusions that are supported by the data presented.
- Report the names of investigators fairly and accurately.
- Interpret the research and research of others accurately and objectively, drawing conclusions that are supported by the data presented and seeking clarity when uncertain.
- Critically evaluate research methods and results before applying new theory and technology in practice.
- Be knowledgeable concerning currently accepted preventive and therapeutic methods, products, and technology and their application to our practice.

*Adopted by the American Dental Hygienists' Association (ADHA) House of Delegates on June 13, 2016.

CGTC Dental Hygiene Program Code of Conduct (Critical Incident/Incident Reports)

A critical incident is defined as any action or failure to take action, which may result in, or has the potential to result in harmful effects to the well-being of an individual. Such incidents should be recorded and reported following the normal chain of command immediately. Each critical incident should be taken very seriously and will be evaluated on an individual basis by a committee composed of, but not limited to, Director of Instruction, Program chairperson, and the instructor of record.

In order that the rights and safety of all students are protected, we ask that your activities be governed by reasonable rules of conduct. The following acts are among those that shall constitute cause for disciplinary action. This is not a finite list.

Failure to attend clinic on scheduled clinic days without prior approval from the Program Chair will constitute a grade of "0" for each scheduled clinic session. Students who provide a physician's excuse for the absence will not receive a "0."

Each component of the Code of Conduct will be assigned a Grade I Critical Incident Report or Grade II Incident Report. A Grade I Critical Incident will constitute immediate

dismissal from the clinical/classroom setting for one week from when the incident occurred. The student will receive a grade of "0" for any clinic missed during that week. A Grade II Incident will constitute one written warning. A second Grade II Incident of the same nature will constitute immediate dismissal from the clinical/classroom setting for one week from when the incident occurred. The student will receive a grade of "0" for any clinic missed during that week. A total of two Grade I Critical Incidents or three Grade II Incidents (of any nature) in the same semester will be grounds for dismissal from the clinical/classroom setting for the remainder of the semester.

Grade I (Critical Incident)

1. Stealing or willfully destroying or damaging any property of the dental hygiene clinic, patients, visitors, personnel, instructors, or fellow students.
2. Reporting for, or attempting to work while under the influence of alcohol, drugs, or narcotics, or in a physical condition making it unsafe or unsatisfactory to continue clinical practice as a dental hygiene student.
3. Patient abuse (Physical, mental, verbal).
4. Altering, falsifying, or making a willful misstatement of facts on any patient record chart or any student record.
5. Submitting work that is not your own work, or submitting work that was previously submitted for another course requirement.
6. Speaking negatively, using profanity, or making libelous statements about the facility, Dental Hygiene faculty, or fellow students, and family members.
7. Violating client rights as defined by law (e.g. Confidentiality).
8. Failure to report any activity or incident that adversely affects the patient.
9. Any act that is deemed insufficient in the clinical instructor's view, which hinders the quality of the patient care, rendered by a student of CGTC.
10. Abandonment – Leaving the clinical site during assigned clinical hours without the clinical instructor's knowledge/permission.
11. Smoking in unauthorized areas.
12. Disobedience or insubordination to a clinical instructor, Dental Hygiene faculty, or the Dental Hygiene chairperson.
13. Disorderly, unethical, or indecent conduct in the classroom or the clinical setting.

Grade II (Incident Report)

1. Discussing personal problems with the patient.
2. Consuming food or beverages at unauthorized times or in unauthorized areas. Water (no other beverages) is (are) permitted in the classroom. Food/beverages should be consumed during break times and only outside the buildings or in the Student Center.

3. Failure to follow the chain of command as outlined in the CGTC Student Handbook.
4. Failure to address the Dental Hygiene Faculty and facility staff by title and last name.
5. Family members/friends are not to contact students at the clinical site or visit students during clinical time whether in person or via personal cell phone. If necessary, family members/friends may contact CGTC at (478) 218-3348 Warner Robins Campus or (478) 757-3488 Macon Campus, and the student will be contacted through the instructor for any messages.
6. Taking more time than the specified time for meals or breaks.
7. The omission or commission of any act deemed clinically unsafe, unethical, or unprofessional by the clinical instructor.
8. Fraternalization with employees or representatives of the clinical facilities is prohibited during clinical hours.
9. Sleeping in class.

The Honor System

Student behavior is addressed in the Central Georgia Technical College Catalog. It shall be the responsibility of every student to abide by the policies in the college catalog and this manual to conduct one's self so as not to impair the welfare of or the educational opportunities in the dental community.

It shall be the further responsibility of every student enrolled in the Dental Hygiene Program to obey the honor code which prohibits lying, cheating, or stealing, and to report any such cases of which he/she has knowledge.

Grievance Protocol

1. Calmly discuss the problem with the instructor.
2. If the problem still exists, a meeting will be arranged with the Dental Hygiene Program Director to attempt to resolve the issue.
3. If the problem still exists, follow the appeal/grievance procedures on the Central Georgia Technical College website.

CGTC Dental Hygiene Clinic Lab Critical Incident

Critical Incident Documentation

The following errors will be classified as **Critical Incident errors** and represent a breach in the Dental Hygiene Code of Ethics. Each infraction will result in an automatic "0" in category in which it occurred and a Critical Incident Report.

Assessment

1. **Failure to take or update medical history.** (New history form needs to be completed every 3 years)
2. **Failure to have instructor approve medical history prior to assessment.**
3. **Failure to recognize contraindicated procedures.**
4. **Breach of confidentiality related to release of medical information.**
5. **No alert label affixed to record** (when indicated).
6. **Failure to determine the need for antibiotic premedication.**
7. **Failure to chart restorations.**
8. **Begins treatment without determining and recording vital signs.**
9. **Failure to have patient/guardian sign medical/dental history.**

Oral Hygiene Instructions

1. **Does not record appropriate indices.**
2. **Does not provide Oral Hygiene Instructions.**

Treatment Plan

1. **No treatment care plan.**
2. **Failure to sign treatment plan – student/patient.**

Quality Assurance

1. **Failure to sign in on Radiology Log if patient has been treatment planned for radiographs.**
2. **Failure to follow ionizing radiation policy.** (includes forgetting to use lead apron, overexposure of patient)
3. **Failure to follow established clinical protocol.** (leaving unit with gloved hands whether or not gloves are clean, treating a patient who requires premedication and has not premedicated)
4. **Professionalism/Work Ethic infraction as noted by faculty** (to be recorded in Professionalism/Work Ethic Notebook)
5. **Failure to follow infection control protocol.**
6. **Patient dismissed without faculty approval.**

A point will be deducted from a student's final grade for committing any Critical Incidents during the semester, and an additional point will be deducted for each subsequent infraction with a maximum amount of critical incidents being 3. If a student commits 3 critical incidents, they will be dismissed from the dental hygiene program. For example: 2 Critical Incidents=2 point deducted; 3 Critical Incidents= points deducted and dismissal from the program.

Central Georgia Technical College Department of Dental Hygiene Program Competencies*

Competency (C)

- C.1 Apply a professional code of ethics in all endeavors.
 - C.1.1 Serve without discrimination
 - C.1.2 Understand ethical principles
 - C.1.3 Appreciate cultural differences
 - C.1.4 Provide humane care
 - C.1.5 Maintain honesty in relationships
 - C.1.6 Ensure privacy and confidentiality
 - C.1.7 Comply with laws
 - C.1.8 Take action against incompetent colleagues
 - C.1.9 Demonstrate self-discipline and self-responsibility in treating patients
- C.2 Adhere to state and federal laws, recommendations and regulations in the provision of dental hygiene care.
 - C.2.1 The dental hygienist will have the foundation knowledge of legal concepts and theories that apply to dental hygiene practice
 - C.2.2 Describe technological changes and economic and political forces affecting dentistry in today's society
 - C.2.3 Describe licensure, certification, registration, and institutional licensure as they relate to dentistry
 - C.2.4 The dental hygienist will understand the legal relationship between a health care provider and patients/other personnel
 - C.2.5 The dental hygienist will understand the legal conditions relating to dentistry including malpractice, technical battery, negligence, contractual agreement, and civil and criminal law
 - C.2.6 The dental hygienist will understand the role of credentialing and educational standards in health care provider regulation
 - C.2.7 The dental hygienist will know the legal issues related to dental radiography in the on campus clinic, at rotation sites, and in positions after graduation
- C.3 Provide dental hygiene care to promote patient/client health and wellness using critical thinking and problem solving in the provision of evidenced-based practice.
 - C.3.1 Understand the basic responsibility of emergency scene care including first aid and CPR
 - C.3.2 The dental hygienist will be able to define disease transmission and infection control, and be able to demonstrate correct procedures
 - C.3.3 The dental hygienist will be able to assess a patient's medical health by evaluating the medical, dental and personal histories, and vital signs of a patient
 - C.3.4 The dental hygienist will understand and be able to apply the correct treatment plan for periodontally affected patients by understanding the histopathology, systemic factors, nonsurgical, surgical, and chemotherapeutic therapy

- C.4 Use evidence-based decision making to evaluate and incorporate emerging treatment modalities.
- C.5 Assume responsibility for dental hygiene actions and care based on accepted scientific theories and research as well as the accepted standard of care.
 - C.5.1 Understand the minimum standards of dental materials set by ADA, federal, and international organizations
 - C.5.2 The dental hygienist will understand and always implement safe radiation exposure for patients and operators
- C.6 Continuously performs self-assessment for life-long learning and professional growth.
 - C.6.1 Advance the profession through service activities and affiliations with professional organizations
 - C.6.2 The dental hygienist will be encouraged to join the SADHA organization on campus
 - C.6.3 The dental hygienist will participate in a tobacco cessation/prevention presentation to a middle school in the community
 - C.6.4 The dental hygienist will develop a table clinic to be presented to the community
 - C.6.5 Each dental hygienist will offer an oral health presentation to a neighborhood elementary school
- C.7 Provide the profession through service activities and affiliations with professional organizations.
- C.8 Provide quality assurance mechanisms for health services.
 - C.8.1 The dental hygienist will participate and must understand the rationale of the clinics radiology quality assurance plan including the step wedge technique, and processor care
 - C.8.2 The dental hygienist will understand the need for accuracy in charting and filing all patient records
- C.9 Communicate effectively with individuals and groups from diverse populations both verbally and in writing.
 - C.9.1 The dental hygienist will understand cultural/racial diversity and the differences that make each person unique
 - C.9.2 The dental hygienist will treat patients from differing cultures with dignity and respect
- C.10 Provide accurate, consistent and complete documentation for assessment, diagnosis, planning, implementation and evaluation of dental hygiene services.
- C.11 Provide care to all clients using an individualized approach that is humane, empathetic, and caring.

Health Promotion and Disease Prevention (HP)

The Dental Hygienist must have a general knowledge of wellness, health determinants, and characteristics of various patient/client communities

- HP.1 Promote the values of oral and general health and wellness to the public and organizations within and outside the profession.
- HP.2 Respect the goals, values, beliefs and preferences of the patient/client while promoting optimal oral and general health.
- HP.3 Refer patients/clients who may have a physiological, psychological, and/or social problem for comprehensive patient/client evaluation.
- HP.4 Identify individual and population risk factors and develop strategies that promote health related quality of life.
- HP.5 Evaluate factors that can be used to promote patient/client adherence to disease prevention and/or health maintenance strategies.
- HP.6 Evaluate and utilize methods to ensure the health and safety of the patient/client and the dental hygienist in the delivery of dental hygiene services.

Community (CM)

Dental Hygienists must appreciate their role as health professionals at the local, state, and national levels.

- CM.1 Assess the oral health needs of the community and the quality and availability of resources and services.
- CM.2 Provide screening, referral, and educational services that allow clients to access the resources of the health care system.
- CM.3 Provide community oral health services in a variety of settings.
- CM.4 Facilitate client access to oral health services by influencing individuals and/or organizations for the provision of oral health care.
- CM.5 Evaluate reimbursement mechanisms and their impact on the patient's/client's access to oral health care.
- CM.6 Evaluate the outcomes of community based programs and plan for future activities.

Patient/Client Care (PC)

Dental Hygienists must use their skills to assess, diagnose, plan, implement, and evaluate treatment. The dental hygienist must be able to interpret the gathered evidence, make a differential diagnosis, devise a treatment plan, and re-evaluate for a presumptive diagnosis. Alternative treatment plans need to be identified and shared with the patient to offer autonomous decision making for the patient.

Assessment

PC.1 Systematically collect, analyze and record data on the general, oral and psychosocial health status of a variety of patients/clients using methods consistent with medico-legal principles.

PC.1.1 The dental hygienist must be able to gather the necessary medical and social history data to assess the medical, social, psychological and dental history of the patient

PC.1.2 The dental hygienist must be able to recognize medical conditions that may require special precautions or considerations before or during dental hygiene treatment

PC 1.3 The dental hygienist must be able to perform an extraoral and intraoral examination, to know normal pathology and be able to record the findings normal or abnormal

PC 1.4 The dental hygienist must be able to perform an examination of the teeth and oral cavity and accurately record the results including dental charting, periodontal examination, indices and risk assessment

PC 1.4.1 Tobacco Risk Assessment

PC 1.4.2 Systemic Risk Assessment

PC 1.4.3 Caries Risk Assessment

PC 1.5 The dental hygienist must be able to determine the need for radiographs

PC 1.6 The dental hygienist must be able to distinguish normal from abnormal anatomical findings on radiographs including analysis on the quality and improvement of radiographic techniques

PC 1.7 The dental hygienist must be able to identify conditions and diseases that affect dietary intake and food selection, and recognize risks and benefits of alternative food patterns

PC 1.8 The dental hygienist must be able to recognize the need for caries evaluation and assess the dietary, fluoride supplement, and home care needs to aid the patient in controlling their caries rate

PC 1.9 The dental hygienist must understand the pathogenesis of periodontal diseases in order to plan treatment for patient

Diagnosis

PC. 2 The dental hygienist must use critical decision making skills to reach conclusions about the patient's/client's dental hygiene needs based on all available assessment data.

PC.2.1 Use assessment findings, etiologic factors, and clinical data in determining a dental hygiene diagnosis

PC 2.2 Identify patient/client needs and significant findings that impact the delivery of dental hygiene services

PC 2.3 Obtain consultations as indicated

Planning

PC. 3 Collaborate with the patient/client, and/or health professionals, to formulate a comprehensive dental hygiene care plan that is patient/client-centered and based on current scientific evidence.

PC 3.1 Prioritize the care plan based on the health status and the actual and potential problems of the individual to facilitate optimal oral health

PC 3.2 Establish a planned sequence of care (educational, clinical and evaluation) based on the dental hygiene diagnosis; identified oral conditions; potential problems; etiologic and risk factors; and available treatment modalities

PC 3.2.1 Case Presentations

PC 3.3 Establish a collaborative relationship with the patient/client in the planned care to include etiology, prognosis, and treatment alternatives

PC 3.4 Make referrals to other health care professionals

PC 3.5 Obtain the patient's/clients informed consent based on a thorough care presentation

PC 3.6 Informed Consent

Implementation

PC.4 Provide specialized treatment that includes preventive and therapeutic services designed to achieve and maintain oral health. Assist in achieving oral health goals formulated in collaboration with the patient/client.

PC 4.1 Infection Control

PC 4.2 Periodontal Debridement and Scaling

PC 4.3 Perform dental hygiene interventions to eliminate and/or control local etiologic factors to prevent and control caries, periodontal disease and other oral conditions

PC 4.4 Control pain and anxiety during treatment through the use of accepted clinical and behavioral techniques

PC 4.5 Provide life support measures to manage emergencies in the patient/care environment

PC 4.6 Application of pit and fissure sealants

PC 4.7 Application of chemotherapeutic agents

PC 4.8 Application of fluorides

PC 4.9 Coronal Polishing

PC 4.10 Care of Oral Prostheses

PC 4.11 Care and maintenance of restorations

PC 4.12 Health education and preventive counseling

PC 4.13 Nutritional Counseling

Evaluation

PC.5 Evaluate the effectiveness of the implemented clinical, preventive, and educational services and modify as needed.

PC.5.1 Determine the outcomes of dental hygiene interventions using indices, instruments, examination techniques, and patient/client self-report

PC 5.2 Evaluate the patient's/client's satisfaction with the oral health care received and the oral health status achieved

PC 5.3 Provide subsequent treatment or referrals based on evaluation findings

PC 5.4 Develop and maintain a health maintenance program

PC 5.5 Develop a plan to evaluate patient satisfaction and assess the quality of patient education and therapeutic treatment

Professional Growth and Development (PGD)

PGD.1 Identify alternative career options within health-care, industry, education, and research and evaluate the feasibility of pursuing dental hygiene opportunities.

PGD.2 Develop management and marketing strategies to be used in non-traditional health care settings.

PGD.3 Access professional and social networks to pursue professional goals

* Approved by the 2011 American Dental Educators Association (ADEA) House of Delegates

Central Georgia Technical College Department of Dental Hygiene Drug Screening Policy

Policy:

Central Georgia Technical College's Health Science Division is committed to providing a safe patient care environment and fostering the wellbeing and health of its students, faculty, and employees. The provision of effective, safe patient care is dependent upon health care providers being in full control of their manual dexterity and skills, mental faculties, and judgment. The use of alcohol and/or drugs, lawful or otherwise, which interferes with the judgment and/or motor coordination of student health care providers in a health care setting poses an unacceptable risk for patients, colleagues, the College, and affiliated clinical sites. Therefore, use of or impairment by these substances during class attendance; and/or the possession, distribution, or sale of alcohol or any controlled or illegal drugs while on CGTC premises or while participating in CGTC courses/functions will not be tolerated.

Procedures:

In accordance with the policies and procedures of CGTC's affiliated facilities, the following procedures have been established.

A. Drug Testing Prior to Entering Clinical Site

1. Drug screening will be required for any student enrolled in a Health Science Program who will be performing clinical rotations and engaging in patient care.
2. Drug screening will be completed prior to clinical attendance on dates scheduled by the program chairperson (a 3-day time window will be established, no earlier than 10 days and no later than 7 days prior to clinical start date).
 - a. Returning, transfer, and transient students are required to have the drug screen prior to their first CGTC clinical experience.
 - b. Re-entry students are required to have a drug screen prior to clinical attendance following any break in enrollment.
3. A student who fails to complete the drug screening within the scheduled time frame will be withdrawn from the course in which the clinical rotation is required.
 - a. An exception to completion within the time frame due to extenuating circumstances may be granted by the program chairperson on an individual basis. Request for exception must be submitted by the student to the program chairperson in writing. If granted, the test date for said exception will be scheduled at the program chairperson's discretion.
4. The student will incur the cost for the drug screening at a site designated by CGTC.
 - a. A student who is under the care of a physician and is taking prescription medication must disclose this information prior to completing the drug screen.

B. Drug Screening During the Clinical Period:

1. Random: At the discretion of the program chairperson, a random drug screen may be performed at any time while students are enrolled in clinical courses at CGTC.
 - a. Central Georgia Technical College will absorb the cost of random drug screening.
2. Post-Accident: A drug screen will be required following any occurrence or injury that requires medical treatment as defined by OSHA (whether the student is injured or the injury contributor), whether to the student, patient, visitor, staff, faculty, or property.
 - a. The cost for post-accident drug screening will be incurred by the student. (Should the accident be clearly determined to be of no fault of the student, CGTC will absorb the cost of the screening.)
3. Reasonable Suspicion: A student may be required to submit to a drug screen for the following reasons:
 - a. At any time when there is reason to believe that the student has used intoxicants, based on the observed behavior and conduct of the student, previous or current health status, absenteeism record, or any other observation which suggests that the use of intoxicants may be influencing the student's behavior or condition.
 - b. After the discovery of any missing controlled substance or other unusual event which suggests that a student has violated this procedure or has mishandled a controlled substance.
 - i. The decision whether the student is to submit to the testing will be made jointly by the supervising CGTC clinical faculty member and the assigned representative of the clinical facility.
 - ii. Where testing is required, the student will report immediately for the specimen to be collected.
 - iii. The student will incur the cost of the drug screen for reasonable suspicion.
 - iv. The CGTC clinical faculty member will accompany the student to have the testing performed and will remain with the student until the procedure is completed.
 - v. Once the specimen is obtained, the student shall be suspended from the clinical experience until the results of the testing are received.
 - vi. The CGTC faculty member will document the reason for conducting the test and suspension (if necessary).
 - vii. Depending on the results of the test, the appropriate course of action will be taken by the Program Chairperson.

C. Disposition of Drug Screening

1. Negative test results – The student will be allowed to progress in the clinical practicum requirement of the course(s) and will be subject to policies and procedures of CGTC and the affiliated clinical site.

2. Positive test results – A positive drug screening shall be grounds for dismissal from the Health Science Program without the possibility of re-entry.
 - a. An exception to program dismissal may be considered in the instance that a student is under a physician’s care and is taking a prescribed substance. The exception can only be granted when the student disclosed the substance prior to testing and when the assigned representative of the clinical facility and CGTC staff are in agreement that the substance does not impair the student and that the student does not pose a threat to safety.
3. A student’s failure to submit to a required drug screening (initial, re-entry, random, post-accident, or reasonable suspicion), or attempting to tamper with, dilute, contaminate, or switch a sample will result in the student’s dismissal from the Health Science Program without the possibility of re-entry.

D. Confidentiality and Security of Records

1. All screening results and other documentation shall be the property of CGTC and will be retained in a locked file by the CGTC Health Science Division Chairperson.
2. All records pertaining to drug screening will remain confidential and will not be released to a third party without signed consent from the student.
 - a. CGTC shall have the right to use and disclose the results of drug testing required by this policy in connection with internal academic purposes and in connection with the defense of any student grievance and any claims filed by a student, or by his/her personal representative, in any court of law or with any state or federal administrative agency.
3. Prior to placement at an affiliated clinical site, the student shall sign a consent to:
 - a. abide by the drug/alcohol policies and drug testing policies of CGTC’s affiliated clinical facility
 - b. submit to any drug testing required by the affiliated clinical facility
 - c. release a copy of any and all drug testing results to the CGTC Health Science Division Chairperson
4. Failure to sign the consent form shall be grounds for non-placement at affiliated clinical facilities and shall result in dismissal from the program.

E. Appeal Process

A student may appeal the decision to dismiss through the established Appeals Procedure as documented in the CGTC Catalog/Student Handbook.

Central Georgia Technical College Department of Dental Hygiene General Program Policies

The student must comply with each of the objectives regarding the following concepts:

A. Professionalism

1. A professional attitude is expected of each student throughout any preclinical/clinical procedure.
2. The primary objective of the dental hygienist is to provide quality dental care.
3. Others look to the professional person for leadership and expect more than a simple demonstration of good manners.
4. Being professional requires interpersonal, inter-professional and community relationships of high ethical standards.

B. Confidentiality (Health Insurance Portability and Accountability Act of 1996)

1. Information the dental hygiene student obtains from or about the patient (e.g., medical and dental history, extraoral-intraoral exam, periodontal charting, dental charting, radiographs, etc.) must be considered privileged.
2. This Protected health information (PHI) cannot be disclosed to a third party without the patient's consent, except under the following circumstances:
 - a. The information is important to public health and may be illegal not to disclose the data
 - b. Information may be discussed with the clinical instructor or instructors directly supervising the dental hygiene student
 - c. Information may be discussed with a specialist to whom the patient is being referred
 - d. Information may be shared with the patient's physician
 - e. Information may be discussed with the parent or legal guardian of a minor child or an incompetent individual

C. Appearance

General guidelines are based on accepted principles of safety and appropriateness. The dental hygiene student will strictly follow principles of good grooming in order to promote the prevention of cross-contamination. Pathogenic Bacteria and some viruses, notable HBV, can survive several weeks on dry surfaces or clothing.

1. Hair
 - a. Because hair is exposed to many contaminants, it must be worn out of the face and off the collar at all times. No elaborate coiffures, beads, extensions, large bows or scarves should be worn in the hair. Hair should be pinned back so

that it does not fall forward during patient care. Hair must be clean, neatly groomed and of a natural hair color. Hairstyle must be conducive to daily washing due to spray and splatter created routinely in the dental environment. Simple, tasteful hair accessories should be used to secure the hair out of the face and off the collar. Hair should be contained completely in a disposable hair covering or a washable hair covering. The hair covering should not be worn outside of the clinical treatment area.

b. Facial hair should be covered with a facemask or face shield.

c. An appropriate head cover is required when using the Ultrasonic Scaler or the Air Powder Polisher.

d. Wigs may be worn, if desired, provided the same appearance guidelines are followed.

2. Makeup

a. Make-up should be light and natural looking. (If it comes off on the mask, it is too heavy.)

b. Noticeable colognes, perfumes, and scented body lotions should not be worn.

3. Nails

a. Nail polish is NOT allowed, not even a clear color.

b. Nails must be very short and clean with smooth tips. (Not visible from palm side of hand.)

c. Nails must be clean and well-manicured.

d. Artificial nails are not allowed due to the possibility of infection.

D. Attire

1. Clinic Uniform and Lab Coat

a. Students will wear the school designated scrub uniform for all laboratory and clinical sessions. Pants should be hemmed so that they do not drag on the floor/ground. Students will wear clean, pressed, wrinkle-free lab coat or a disposable gown with cuffs during patient care.

b. Laboratory coats and disposable gowns are not to be worn outside the dental hygiene clinic treatment areas.

2. Shoes

a. Clinic brand shoes or leather/plastic shoes are to be worn in the clinic (NO canvas or open-toed shoes).

b. No multicolor shoes, shoes with shoelaces, or shoes with any writing or designs are to be worn in the clinic area.

c. Shoes are to be clean and in good repair.

3. Socks/Hosiery

a. No multicolor socks or hosiery. Socks and hosiery should be long enough to cover the skin while sitting.

4. Glasses, Gloves, and Mask

- a. Safety glasses are part of the required laboratory attire and must be worn by the clinician during all clinic procedures to protect the eyes from pathogens harbored in spatter and aerosols.
- b. Prescription glasses must have side shields (or safety glasses or a face shield must be worn over prescription glasses).
- c. Patients must wear protective eyewear for all procedures excluding radiography.
- d. Ocular infection with herpes simplex virus is especially hazardous. Hepatitis B can also be transmitted via spatter and aerosols through the eyes.
- e. Heavy utility gloves will be worn during all cleanup activities and instrument handling procedures in the clinic. These gloves are to be purchased by the student.
- f. Nitrile or vinyl examining gloves will be worn during all instrumentation, examination, and patient care procedures in the clinic.
- g. Masks will be worn during all instrumentation, examination, and patient care procedures in the clinic.
- h. N95 masks will be worn during all ultrasonic instrumentation and air powder polishing procedures.

5. Jewelry

- a. Stud earrings may be worn only in the ear lobe and are not to extend beyond the earlobe (No other piercings are allowed). It is highly recommended to not wear earrings, however, since they can harbor bacteria. If worn, earring studs should be removed and disinfected before leaving each clinic session during the final handwashing session.
- b. No more than one earring per ear is to be worn.
- c. A watch may be worn if it is covered by the cuff of the clinic lab jacket/disposable gown. It is highly recommended to not wear a watch, however, since it can harbor bacteria and cannot be washed or disinfected.
- d. No other jewelry is permitted when a student is in pre-clinical or clinical attire; this includes rings (except wedding band), necklaces, and ankle bracelets. It is highly recommended to not wear a wedding band, however, since it can harbor bacteria. If worn, wedding bands should be removed and disinfected before leaving each clinic session during the final handwashing session.
- e. Visible tattoos must be covered with make-up or clothing, when possible.

*Clinical faculty reserves the right to confer with students about their attire or appearance.

6. Personal and Oral Hygiene

- a. No smoking is allowed in any classroom or clinic area. Most clinical affiliates are also smoke free campuses. Please make adjustments prior to the first day of clinical to reduce the need for smoking. Smoke free campuses includes

buildings, grounds, roads, and parking lots that are owned by the clinical affiliate. If your vehicle is parked on the clinical affiliate's property then the policy extends to your vehicle as well. Smoking in school uniform is prohibited as well.

b. The oral hygiene of the dental hygiene student should represent the ideals of good dental health.

c. Clinical faculty reserves the right to confer with students about their personal hygiene.

E. Professional Behavior

Unprofessional behavior that puts the patient in jeopardy, unprofessional attitudes, or negligence of any of the responsibilities mentioned in this manual can result in the student being dismissed from the clinic session and/or points being subtracted from the final grade through an Incident/Critical Incident Report.

F. Additional Clinic Policies

1. Regardless if you have a patient or not, you will be in the clinic 30 minutes before the start of clinic or you will be marked absent for 1 hour.

2. You are never free in the clinic. If a patient CANCELS prior to the clinic session or does NOT SHOW:

- Attempt to find another patient.

- See if a patient already scheduled with you would like to be treated sooner.

- Call patients on the Short-call list.

- See if any of your classmates' patients brought family members who would like to be treated.

- Look for a patient on campus.

- Have a faculty member assign you a "Paper Patient" or "Community Testlet".

- Complete any non-patient competencies for the semester that have not been completed (Film Mounting, Local Anesthesia, or Instrument Sharpening).

3. Do not disturb students while they are treating patients.

4. Do not request any supplies from a student when they are treating patients.

5. Do not strike up informal conversations with students when they are treating patients.

6. You are responsible for cleaning, sharpening, and sterilizing your own instruments.

7. You are responsible for flushing your own water lines and attaching water bottles.

G. Insurance

All students are required to pay for accident insurance. Health science students are required to purchase liability insurance in addition to the accident insurance. Students will be charged for liability insurance when the student begins clinical courses.

All fees are included in the cost of tuition and fees. Although health insurance is not a requirement, it is recommended that students have it. Students may be expected to assume financial responsibility for any cost incurred as a result of personal illness or

injury sustained during clinical. Having health insurance can help to defray any such costs.

Central Georgia Technical College Department of Dental Hygiene Gift Policy

Purpose:

This document summarizes the policy and procedures related to non-cash and cash gifts presented to the Central Georgia Technical College Dental Hygiene academic and staff employees, provide the maximum amounts authorized for an award, and specify the funds that may be used for such purposes. Gifts to employees as an expression of sympathy are also covered under this policy.

Gifts of cash are not permitted.

Student-to-faculty/staff gifts are highly discouraged.

Faculty/staff-to-student gifts are highly discouraged.

Allowable Awards/Gifts:

1. Academic and Staff Employee Recognition: An employee's noteworthy accomplishment may be acknowledged by the presentation of an item of tangible personal property of minimal value (flowers, fruit, book, event ticket, plaque, etc) or a non-negotiable gift certificate. Recognition awards are meant to be occasional, and therefore must be given on an infrequent basis. The cost of these gifts may not exceed \$75.
2. Sympathy Gifts: Flowers or similar gifts of tangible personal property may be presented as an expression of sympathy in the event of the death or major illness of an employee or member of the employee's family/household. The cost of these gifts may not exceed \$75.

Approvals:

The CGTC Program Director has authority to approve recognition and sympathy gifts.

Procedures:

Submit a request for recognition and sympathy gifts to the CGTC Program Director as follows:

1. A description of the gift;
2. The name and department of the recipient, and;
3. The type of gift and the reason for giving it.

Central Georgia Technical College Department of Dental Hygiene

Clinical Graduation Requirements

The student must meet the following minimal requirements by the end of their last semester in order to graduate from the Dental Hygiene Program. Each clinical competency must be attempted and passed in the semesters as listed on the graduation requirements page. Each clinical competency will have the maximum number of three attempts to pass with the minimum passing grade each semester (DHYG 1050, 1111, 2020 80%, DHYG 2090 85%, DHYG 2140 90%). Each attempt will require the number of instructors needed for example: 1st attempt-1 grading instructor, 2nd attempt-2 grading instructors with an average grade given, 3rd and final attempt-3 grading instructors with an average grade given. If on the 3rd and final attempt the student is unsuccessful in passing the competency, the student will be dropped from the dental hygiene program.

Remediation for failed attempts at graduation competencies: If a student does not satisfactorily pass a clinical competency on an attempt, the student must complete a minimum of 1 hour of remediation with an instructor within one week of the failure. This time must be scheduled outside of normal clinic time to allow for one on one instruction. The student must then reskill on the failed competency within one week of remediation outside of clinic time when the number of instructors is available.

Students will be given a syllabus listing all requirements for the semester. This will include the minimal number of competencies, patients and types of treatment to be completed during each semester. It is the student's responsibility to complete the given number of requirements during each semester.

A screening process may be used to assess the pool of new patients coming to the clinic. The screening process includes a medical history review, vital signs, intraoral and extra-oral examinations, periodontal screenings and appropriate radiographs when indicated. Patients deemed acceptable for the Dental Hygiene Clinic are assigned a tentative Degree of Difficulty level by the clinic faculty; the patient is then scheduled with a student by the program secretary. This system is used to evaluate new patients and distribute the more complex patient treatment cases to the students.

The student should be aware that providing their own patients may be necessary in order to complete the requirements.

Time will be allotted in the appointment book for such scheduling. If a student completes the requirements, it will be considered professional courtesy to allow fellow students the opportunity of providing treatment in order to complete their requirements. In order to ensure that the student is competent in providing treatment to a variety of patient types and degrees of difficulty, the student will be required to provide treatment to the child, adolescent, adult, geriatric, and medically compromised patient prior to

graduation. The student must complete the following minimal number of patient types and degrees of difficulty during the clinical portion of the program listed on graduation requirements sheet:

The student will be required to see an average of twenty patients each semester his/her senior year. It is recommended that students complete more than the minimum of each patient type and degree of difficulty per semester. Patients may qualify for more than one category.

***Medically Compromised includes conditions in the following categories which could result in alterations of treatment. Students should record the type of medical problem for each patient in the classification.**

- Cardiovascular diseases (hypertension, CHF, stroke, valvular disease; history of infective endocarditis, congenital heart conditions, cardiac transplant w/possible problem with heart valve)
- Respiratory diseases (asthma, emphysema, tuberculosis)
- Kidney/liver diseases
- Immunosuppressed
- Arthritis/autoimmune disorders (lupus, gout, Sjögren's syndrome, scleroderma, RA & osteoarthritis)
- Diabetes
- AIDS
- Blood Disorders (bleeding disorders, platelet disorders, sickle cell anemia, other anemias)
- Cancer
- Prosthetic joint replacements
- Substance abuse (alcoholism, drug abuse)

**** Special Needs includes conditions in the following categories which could result in alterations of treatment. Students should record the type of special need for each patient in the classification.**

- Pregnant patient
- Mental retardation
- Epilepsy

- Autism
- Cleft lip/palate
- Mental disorders (depression, schizophrenia, bipolar disorders, anxiety disorders, eating disorders)
- Blindness
- Hearing impaired
- Any physical disability that would affect self-homecare

Students should also be aware of the following conditions that could result in alterations of treatment:

- Allergies (particularly to latex)
- Gastrointestinal disorders (bleeding, ulcers, Crohn's disease)
- STDs (gonorrhea, syphilis, herpes)
- Hyperthyroidism
- Smoking/tobacco use

In addition to the minimum requirements stated above, students will be required to provide the following services throughout the dental hygiene program:

Assessment

The systematic collection and analysis of the following data to identify patient needs and oral health problems.

- a) medical and dental histories
- b) vital signs
- c) extra/intra-oral examination
- d) periodontal and dental examination
- e) radiographs
- f) indices
- g) risk assessments (i.e. tobacco, systemic, caries)

Dental Hygiene Diagnosis and Planning

The establishment of realistic goals and treatment strategies to facilitate optimal oral health.

- a) dental hygiene diagnosis
- b) dental hygiene treatment plan
- c) informed consent
- d) dental hygiene case presentation

Implementation

Provision of treatment as identified in the assessment and planning phase.

- a) infection control
- b) periodontal debridement and scaling
- c) pain management
- d) application of chemotherapeutic agents
- e) fluoride therapy
- f) application of pit and fissure sealants
- g) coronal polishing
- h) care of oral prostheses
- i) care and maintenance of restorations
- j) health education and preventive counseling
- k) nutritional counseling

Evaluation

Measurement of the extent to which goals identified in the treatment plan were achieved.

- a) indices
- b) reevaluation of oral and periodontal health status
- c) subsequent treatment needs
- d) continuing care (recall)
- e) referral
- f) patient satisfaction

Clinic Requirements	Per Semester	Total
Patient Requirements		
Class 0, I	4 + 4 + 4 + 4	16
Class II	0 + 1 + 6 + 5	12
Class III	0 + 0 + 3 + 3	6
Class IV or V	0 + 0 + 2 + 2	4
Adolescent (13-17)		2
Adult (18-59)		28
Child (≤ 12)		4
Geriatric (60+)		8
Special Needs		6
Radiographs Required		
Bitewing x-rays	3 + 5 + 9 + 9	26
Full Mouth Series	1 + 1 + 4 + 3	9
Panoramic	1 + 1 + 4 + 2	8
Competencies		
Air polisher	0 + 1 + 3 + 3	7
Area Specific Curets	0 + 1 + 1 + 1	3
Fluoride Treatment	1 + 0 + 0 + 0	1
FMX Speed Mounting	0 + 1 + 1 + 1	3
Impression – Max & Man (set)	0 + 0 + 1 + 1	2
Instrument Sharpening	0 + 1 + 1 + 1	3
Local Anesthesia Set-up	0 + 1 + 1 + 1	3
Oral Appliance/Whitening	Floating	2
Oral Hygiene Instruction	1 + 1 + 1 + 1	4
Perio Patient Reevaluation (NSPT)	Floating	1
Post-Operative Instructions	Floating	1
Sealants	Floating	10
Sickle Scalers	0 + 1 + 1 + 1	3
Study Models – Max & Man (set)	0 + 0 + 1 + 1	2
Tobacco Cessation	Floating	1
Ultrasonic Scaler	0 + 1 + 3 + 3	7
Universal Curet	0 + 1 + 1 + 1	3
Other		
Dental Health Fair/ Professional Meeting	Floating: 2 Each	4
Midterm Clinic Self-evaluation	1 + 1 + 1 + 1	4
Community Testlets	0 + 0 + 0 + 4	4
Pedodontic Paper Patients	0 + 0 + 5 + 0	5

Physical and Mental Performance Requirements

As a health care technology student, there is a variety of technical standards and essential functions that you should be able to fulfill to meet competency requirements for your program.

The dental hygiene curriculum leading to an Associate of Applied Science degree requires students to engage in diverse, complex, and specific experiences essential to the acquisition of essential dental hygiene skills. Unique combinations of cognitive, affective, psychomotor, physical, and social abilities are required to satisfactorily perform these functions. In addition to being essential in the successful completion of the requirements of an Associate of Applied Science degree in dental hygiene, these functions are necessary to ensure the health and safety of patients, fellow candidates, faculty, and other healthcare providers. The essential qualifications that students must demonstrate include but are not limited to the following:

- Students must have the intellectual, conceptual and critical thinking abilities to assess, analyze, reason and synthesize data in order to draw sound conclusions and make clinical decisions. Students must be able to problem solve as well as obtain, interpret, and document information.
- Students must have effective oral and written communication skills in order to accurately transmit information appropriate to the ability of patients, colleagues, and other healthcare workers. Students must be able to read and write legibly in English with proper spelling of medical and dental terms.
- Students must have gross and fine motor skills sufficient to lift and operate equipment and provide safe and effective dental hygiene care. Students must be able to reach and adjust the x-ray tube which is at a height of 52-60 inches from the floor. Students must assist or move patients from wheelchairs, when necessary, into the dental chair using proper body mechanics. Students must also have the motor skills necessary to perform basic life support and first aid in event of an emergency situation.
- Students must have interpersonal skills such that they are capable of interacting with individuals, families, and groups from a variety of social, economic, and ethnic backgrounds.
- Students must have the physical mobility necessary to move from place to place in small spaces as well as full range of motion, manual, and finger dexterity.
- Students must have physical endurance that enables them to stay on task for a prolonged period while sitting, standing, or moving.
- Students must have the visual and perceptual abilities sufficient for observation of patients, oral conditions, and assessment. Students must have the ability to discriminate between subtle changes in oral conditions clinically and radiographically. Students must possess a high degree of hand-eye coordination.

- Students' auditory ability and other sensory skills must be sufficient to monitor and assess the health needs and diagnose the oral conditions of patients as well as maintain patient safety.
 - Students' tactile sensitivity must be sufficient for the use of detection, light pressure, and control when using small instruments in the oral cavity.
 - Students must demonstrate professional attitudes and behaviors. Students must be able to use reasonable judgment under stressful conditions that impact patient care. Students must be able to tolerate taxing workloads, function effectively under stress and time constraints, adapt to changing environments, display flexibility, and learn to function in the face of uncertainties inherent in clinical problems of many patients. Students must be able to work independently as a member of a team to maintain the highest ethical standards in relation to quality care. Students must possess attributes such as compassion, empathy, altruism, integrity, honesty, responsibility, and tolerance. Students must be able to present a professional appearance, maintain personal health, and be emotionally stable. Students must display excellent oral hygiene and dental health reflective upon the chosen profession of dentistry.
- If a student does not meet the essential qualifications of the dental hygiene program, he/she may be dismissed from the program.

Incoming students must provide documentation of a physical exam within the last 12 months prior to entrance into the Dental Hygiene Program and documentation proving the following current immunizations: Measles, Mumps, Rubella, Tetanus, Varicella, and Diphtheria. A negative PPD (Tuberculin skin test) is also required prior to entrance into the program and to be completed annually until graduation.

It is highly suggested that incoming students begin the Hepatitis B immunization series immediately upon acceptance into the Dental Hygiene Program, or provide proof of immunization against Hepatitis B. Any student declining vaccination will be counseled on the benefits and safety of the vaccine and must sign a Hepatitis B Vaccine Declination form.

Dental Hygiene students perform Category I & II tasks: "All tasks/procedures/activities where there is the definite potential for contact with blood, other potentially infectious body materials or airborne pathogens." These tasks include: exposure to blood/fluids, handling contaminated sharps, cleaning contaminated equipment, suctioning of oral cavity, sterilizing contaminated instruments, and general chair side procedures.

For an extended list from the United States Department of Labor of job tasks, required technology skills, knowledge, basic skills, abilities, work activities, detailed work activities, work context, job zones and education, please visit the following website: <https://www.onetonline.org/link/summary/29-2021.00>

Central Georgia Technical College Department of Dental Hygiene Intimate Partner Violence (IPV) Clinic Protocol

Barriers for Identification

- The training of health care providers has been insufficient even when the signs of abuse are present.
- Inadequate education/approach to identify victims.
- Barriers to questioning: patients accompanied by their partners, family members, cultural norms and personal embarrassment by the doctor.
- Fear of litigation if mistaken.
- “Secondary victimization.” (Victim wants to be asked questions but the Provider does not ask OR the Provider is a victim of Intimate Partner Violence (IPV) and does not want to relive the trauma that they suffered).
- Risk predictors for victims: Physical vs. Psychological: What are they?
- Intimate Partner Violence (IPV) screening—2018: National Survey*: A need for dentists to maintain their professional responsibilities to screen and work with referrals for interventional strategies.
- Develop greater learning opportunities with respect to their professional role as pivotal in the ID of victims/referral for intervention.

Health Effects of Intimate Partner Violence (IPV): 10 Common Chronic Illnesses

Physical effects:

- Headaches
- Stress-related sequela
- Abdominal pain
- STD/PID (Pelvic Pain)
- Peri-natal, neonatal death; low birth weight
- Chronic Facial Pain; TMD/ Sinusitis/Dental Decay and Poor OHI
- Cardiovascular disease

Mental health effects:

- PTSD
- Depression
- Anxiety
- Substance abuse
- Suicide

Other health effects: Obesity and Sleep Apnea

Approaching the Parent or Caregiver

- Decide whether to discuss your suspicions with an adult.
- Do NOT accuse anyone or be judgmental
- DO refer to your legal obligations to report suspected cases. (Child/Elder Abuse & Domestic Violence are MANDATED)

Diagnostic protocol to diagnose Intimate Partner Violence (IPV)

To be completed at the end of the MDH after many other personal questions have been asked and the client feels more comfortable with the Provider:

“I would like to ask you some questions that impact your health. You do not have to answer them if it makes you feel uncomfortable:

- Have you been kicked, punched, or hit in a relationship?
- Do you feel unsafe in a relationship?
- Do you have past feelings of being unsafe?”
 - An affirmative response to any of the above questions was considered positive as a marker for Intimate Partner Violence (IPV). Further interview questions and counseling should be completed in a Radiology Room in private and away from the Open Bay Clinic Setting.
 - Can complete the interview and take any needed photos in the Radiology Room (away from the abuser/perpetrator) and state that you need to take additional diagnostic records from suspicious examination findings.
 - Acknowledge that you know that something is going on and tell the victim “NO ONE deserves to be battered, abused or mentally hurt”. If you do not feel comfortable talking to the person, let the dentist or another team member talk to the person about the abuse.

If obvious Head and Neck Injuries are present, you can tell the victim, “I see that you are hurt...do you want to tell me how this happened? Is anyone doing harm to you? Do you feel safe at home? Do you feel unsafe right now?” “It is not okay that you are being treated this way and I can refer you to services if you are ready to speak to someone.” “I am willing to give you contact information; there are Help Lines”. “You have done nothing wrong because NO ONE deserves to be battered, abused, or mentally hurt”.

All cases of IPV should be treated as alleged criminal conduct. Patients should be advised that IPV and subsequent injuries is a crime and be given the option of informing

law enforcement to ensure safety. If the patient had already contacted law enforcement, that should also be noted.

O.C.G.A. § 31-7-9 requires that physicians, registered nurses, security personnel and other personnel employed by a medical facility whose employment duties involve the care and treatment of patients therein, with cause to believe that a patient has had physical injury or injuries inflicted upon him by non-accidental means to report, or cause reports to be made, to local law enforcement.

Bibb County Sheriff's Office: (478) 751-7500/ Houston County Sheriff's Office: (478) 542-2125

References:

Leslie Halpern, D.D.S., M.D., Ph.D., M.P.H., FACS Professor and Section Head of Oral and Maxillofacial Surgery University of Utah School of Dentistry/ American Dental Education Association

Violence and Abuse: Identification and Treatment in the Oral Health Arena

<https://www.pathlms.com/adea/courses/8610/webinars/4007>

Compendium of State Statutes and Policies on Domestic Violence and Health Care, U.S.Department of Health and Human Services. https://www.acf.hhs.gov/sites/default/files/fysb/state_compendium.pdf

**Central Georgia Technical College Department of Dental Hygiene
Intimate Partner Violence Handout**

You Can:

A) Contact a shelter in your community (1-800-33-HAVEN) 24hrs/day

Shelters respond 24 hours a day. They provide a safe place to stay, advocacy, emotional support, referrals to other social services, and information on victim's rights. All services are free and confidential.

B) Turn to your community

Friends, family, women's and community groups, places of worship and service providers can provide a variety of resources, support and assistance.

C) Access legal options

Criminal Charges. You can report any threats and injuries to the police.

Protective Orders. Even if you don't want to press criminal charges, you can file a civil court order that directs your partner to stay away from you.

List of Referrals for the Dental Hygiene Clinics:

24 Hours/Day

National Domestic Violence Hotline: 1-800-799-SAFE (7233)

Statewide Domestic Violence Hotline: 1-800-33-HAVEN (42836)

Caminar Latino: Focusing on Latino Communities

404-651-1375

Raksha: Focusing on South Asian Communities

404-842-0725

Shalom Bayit/Jewish Family & Career Services: Focusing on Jewish Communities

770-677-9322/9349

Refugee Family Violence: Project / Refugee Family Services: Focusing on battered refugee women

404-299-6217

Tapestri: Focusing on immigrant and refugee populations 1-866-562-2873

Central Georgia Technical College Department of Dental Hygiene Live Work and Campus Visitor Policy

Live work projects are approved for providing realistic training for students; college personnel and students may have personal property repaired in those programs and departments conducting live work. All live work must be approved by the instructor in the program or department where the live work is to be done. Appropriate paperwork must be completed and billing for all live work services will be based on the service rendered. Seeking or performing live work must not interfere with the instructional program. All live work is done by students for the purpose of learning and no guarantee, either actual or implied, is furnished on live work. CGTC is not responsible for loss or damage to property. Customers visiting campus for live work services are subject to Central Georgia Technical College rules and regulations including, but not limited to, rules of student conduct as described in the Student Code of Conduct. (See the section on Visitors on Campus.)

All visitors are subject to Central Georgia Technical College rules and regulations including, but not limited to, rules of student conduct as described in the Student Code of Conduct. For the safety of the school, faculty, staff, and students, security personnel may remove visitors who disrupt the operation of the college. Loitering will not be tolerated. Anyone who is not a current student, college employee, or/and who has not checked in with appropriate personnel will be asked to leave the campus. Repeated violations can lead to the person being banned from campus.

Central Georgia Technical College Department of Dental Hygiene Policy on Third Party Comments and Complaints

The Commission on Dental Accreditation (CODA) currently publishes, in its accredited lists of programs, the year of the next site visit for each program it accredits. In addition, the Commission posts its spring and fall announcements on the Accreditation Announcements area of ada.org for those programs being site visited January through June or July through December. Developing programs submitting applications for initial accreditation may be scheduled for site visits after the posting on ada.org; thus, the specific dates of these site visits will not be available for publication. These programs will be listed in the Accreditation Announcements with a special notation that the developing programs have submitted applications for initial accreditation and may or may not be scheduled for site visits. Parties interested in these specific dates (should they be established) are welcomed/encouraged to contact the Commission office.

The United States Department of Education (USDE) procedures now also require accrediting agencies to provide an opportunity for third-party comment, either in writing or at a public hearing (at the accrediting agencies' discretion) with respect to institutions or programs scheduled for review. All comments must relate to accreditation standards for the discipline and required accreditation policies. In order to comply with the department's requirement on the use of third-party comment regarding program's qualifications for accreditation or pre-accreditation, the following procedures have been developed.

Who can submit comments: Third-party comments relative to the Commission's accredited programs may include comments submitted by interested parties such as faculty, students, program administrators, Commission consultants, specialty and dental-related organizations, patients, and/or consumers.

How comments can be solicited: The Commission will request written comments from interested parties in the spring and fall Accreditation Announcements on ada.org. In fairness to the accredited programs, all comments relative to programs being visited will be due in the Commission office no later than 60 days prior to each program's site visit to allow time for the program to respond. Therefore, programs being site-visited in January through June will be listed in the fall posting of the previous year and programs scheduled for a site visit from July through December will be listed in the spring posting of the current year. Any unresolved issues related to the program's compliance with the accreditation standards will be reviewed by the site visit team while on-site.

Those programs scheduled for review are responsible for soliciting third-party comments from students and patients by publishing an announcement at least 90 days prior to their site visit. The notice should indicate the deadline of 60 days for receipt of third-party comments in the Commission office and should stipulate that comments must pertain only to the standards for the particular program or policies and procedures

used in the Commission's accreditation process. The announcement may include language to indicate that a copy of the appropriate accreditation standards and/or the Commission's policy on third-party comments may be obtained by contacting the Commission.

Types of comments considered: All comments submitted must pertain only to the standards relative to the particular program being reviewed or policies and procedures used in the accreditation process. Comments will be screened by Commission staff for relevancy. For comments not relevant to these issues, the individual will be notified that the comment is not related to accreditation and, where appropriate, referred to the appropriate agency. For those individuals who are interested in submitting comments, requests can be made to the Commission office for receiving standards and/or the Commission's Evaluation Policies and Procedures (EPP).

Management of comments: All relevant comments will be referred to the program at least 50 days prior to the site visit for review and response. A written response from the program should be provided to the Commission office and the site visit team 15 days prior to the site visit. Adjustments may be necessary in the site visit schedule to allow discussion of comments with proper personnel.

Procedure to File a Complaint: A complaint is defined by the Commission on Dental Accreditation as one alleging that a Commission-accredited educational program, or a program which has an application for initial accreditation pending, may not be in substantial compliance with Commission standards or required accreditation procedures.

The Commission on Dental Accreditation will review complaints that relate to a program's compliance with the accreditation standards. Though the Commission is interested in the sustained quality and continued improvement of dental and dental related education programs, it does not intervene on behalf of individuals or act as a court of appeal for treatment received by patients or individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students. Only written, signed complaints will be considered by the Commission; oral and unsigned complaints will not be considered. The Commission strongly encourages attempts at informal or formal resolution through the program's or sponsoring institution's internal processes prior to initiating a formal complaint with the Commission.

A copy of the appropriate accreditation standards and/or the Commission's policy and procedure for submission of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago, IL 60611-2678 or by calling 1-800-621-8099 extension 4653. A notebook containing a record of student complaints related to the Commission's accreditation standards is located in the CGTC Dental Hygiene Clinic.

Central Georgia Technical College Department of Dental Hygiene Pregnancy Policy

This policy has been adopted for those students who may become pregnant while enrolled in a program in which they are exposed to ionizing radiation. Central Georgia Technical College is very interested in the protection of the unborn child, and will take every reasonable step to ensure the safety of the mother and the unborn child throughout the pregnancy. Current radiation protection standards and scientific evaluations have demonstrated that, with proper protection, the student may work safely throughout the term of the pregnancy. The purpose of this policy is to provide the pregnant student with necessary protection in accordance with all standards and regulations while at the same time assuring the performance of assigned tasks throughout the pregnancy. If you need an accommodation to participate in a clinical rotation, please contact the CGTC Section 504/ADA Coordinator.

Declared Pregnant Worker

Federal and State regulations were modified in 1994 to introduce the term “declared pregnant worker.” A declared pregnant woman is defined as a woman who has voluntarily informed her employer, in writing, of her pregnancy and the estimated date of conception. The regulations allow a pregnant woman to decide whether she wants to formally declare her pregnancy to take advantage of lower dose limits for the embryo/fetus. This regulation has been applied to students as well. The pregnancy may be declared as soon as conception is confirmed, or at any time during the pregnancy.

Once the pregnancy is declared, this institution is required to ensure that the unborn child does not receive more than 500 millirem (5 mSv) during the term of the pregnancy, as determined by the radiation dosimeter, which is worn at waist level on the clinical lab coat. In the event that the student has already received 450 millirem (4.5 mSv) or greater from the date of conception to the date that the pregnancy is declared, the regulations permit the unborn child to receive a maximum of 50 millirem (.5 mSv) during the remaining term of the pregnancy. It is up to each student to make her own decision regarding the declaration of pregnancy. In all cases, the school requires that radiation doses to the student as well as to the unborn child shall be maintained, “As Low As Reasonably Achievable (ALARA).”

When a student confirms that she is pregnant, she has several choices. She may choose to NOT declare the pregnancy, in which case no changes will be made to the student’s schedule and the embryo/fetus will be subject to the same radiation dose limits that apply to other occupational workers.

If the student decides to declare the pregnancy, she must do so in writing. Once the student completes a “Declaration of Pregnancy” (see attached form), she needs to meet

with the Dental Hygiene Program Director to discuss her options. These include the following:

1. She may choose to withdraw from the program and re-enter after delivery to complete the program.
2. She may choose to continue the program without interruption of the routine clinical lab courses.
3. She may choose to continue the program without interruption of the routine clinical lab courses as long as radiation exposure to the embryo/fetus does not exceed .5 rem (5mSv) during the entire pregnancy. This could necessitate a change in the schedule and this option might result in a delay in graduation until those clinical lab courses could be completed.
4. She may choose to discontinue clinical lab courses and remain in the academic classes until after delivery, and then complete clinical lab courses. This option would delay completion of the program.

The student may revoke the Declaration of Pregnancy at any time if she believes that it is in her best interest to do so, and the lower dose limit for the embryo/fetus would no longer apply. In order to revoke the Declaration of Pregnancy the student must do so in writing and must complete the Withdrawal of Pregnancy Form. A Copy of this form is available in the Dental Hygiene Program Chairs' electronic files. This policy is discussed with students during the first semester. The Program Chair also reviews the policy during the new student orientation.

Use of Protective Devices

Film badges designated for use at the waist level must be properly managed at all times. Proper utilization of film badges during radiation exposure is mandatory.

Nuclear Regulatory Commission (NRC) Position

NRC regulations and guidance are based on the conservation assumption that any amount of radiation, no matter how small, can have a harmful effect on an adult, child, or unborn child. This assumption is said to be conservative because there are no data showing ill effects from small doses; the National Academy of Sciences recently expressed "uncertainty as to whether a dose of say 1 rad would have any effect at all". Although it is known that the unborn child is more sensitive to radiation than adults, particularly during certain stages of development, the NRD has not established a special dose limit for protection of the unborn child. Such a limit could result in job discrimination for women of childbearing age and perhaps in the invasion of privacy (if pregnancy tests are required) if a separate regulatory dose limit were specified for the unborn child. Therefore, the NRC has taken the position that special protection of the unborn child should be voluntary and should be based on decisions made by workers and employers who are well-informed about the risks involved.

Source: <https://www.ada.org/en/member-center/oral-health-topics/x-rays>

**Central Georgia Technical College Department of Dental Hygiene
Declared Pregnancy Form**

All information on this form will be kept privileged and confidential.

To Whom It May Concern:

In accordance with current state regulations, I wish to declare that I am pregnant. I believe I became pregnant in _____ (only the month and year need be provided).

In making this declaration, I wish to be afforded the protection, which is specified under this regulation, specifically, that the unborn child shall not receive in excess of 500 millirem (5 mSv) during the term of the pregnancy. I understand that if records show that I have received 450 millirem (4.5 mSv) or greater at the time of this declaration, the unborn child is permitted to receive an additional dose of no more than 50 millirem (.5 mSv) during the term of the pregnancy.

I also understand that meeting the lower dose limit may require a change in my clinic schedule during my pregnancy, which could result in a delay in graduation.

Date of Declaration

Student Signature

Receipt of Declaration Acknowledged:

Central Georgia Technical College Dental Hygiene Program Chair

**Central Georgia Technical College Department of Dental Hygiene
Withdrawal of Pregnancy Declaration Form**

All information on this form will be kept privileged and confidential.

To Whom It May Concern:

I am withdrawing my previous declaration of pregnancy in writing. I understand that by submitting this form I agree to the lifting of any previous clinical restrictions imposed on me as a result of my pregnancy, and to the removal of additional dosimeters.

I also understand that it is my sole responsibility to give this written notification to Central Georgia Technical College Dental Hygiene program director of my decision to withdraw my declaration of pregnancy.

Date of Withdraw

Student Signature

Receipt of Withdrawal Acknowledged:

Central Georgia Technical College Dental Hygiene Program Chair

Central Georgia Technical College Department of Dental Hygiene Program Admission Procedures

1. Apply to Central Georgia Technical College (CGTC) and complete the CGTC Student Admission Process. The minimum age on the first day of the first semester (after being selected into the CGTC Dental Hygiene Program cohort begins) is 18 years old.
2. The CGTC Dental Hygiene Application Deadline for the Macon Campus Program and for the Warner Robins Campus Program is March 1st of each year.
3. Complete and pass the required core classes (within the past 5 years) in order to apply to the Dental Hygiene Program, which are:
 - a. ENGL 1101 Composition and Rhetoric
 - b. MATH 1111 College Algebra OR MATH 1101 Math Modeling
 - c. CHEM 1211 Chemistry I and CHEM 1211 Chemistry I Lab
 - d. BIOL 2113 Anatomy and Physiology I and BIOL 2113 Anatomy and Physiology I Lab
4. Take the *TEAS test* at the CGTC Testing Center prior to the Dental Hygiene Program Application Deadline. The fee for the TEAS Examination is ~\$85 and the examination may be taken as many times as desired for the CGTC Dental Hygiene Program Selection process. Appointments are not necessary. Only test scores after September 1, 2021 will be accepted.
5. Complete the Competitive Health Selection Form in the CGTC Student Portal (current students) or at the CGTC Admissions Office (transfer students).
6. Accept the position once the Admissions Office contacts you prior to Summer Semester.
7. Complete BIOL 2114 Anatomy and Physiology II, BIOL 2114 Anatomy and Physiology II Lab, BIOL 2117 Microbiology II, and BIOL 2117L Microbiology II Lab during the intermediary semester if needed, prior to registering for DHYG 1000 Tooth Anatomy and Root Morphology and DHYG 1010 Embryology and Histology (these are prerequisite courses for these two DHYG courses).
8. Begin the CGTC Dental Hygiene courses in Fall Semester.

For more information on the CGTC Dental Hygiene Program Selection Process, please visit: <http://www.centralgatech.edu/admissions-financial-aid/how-to-apply/competitiveselection/>

Central Georgia Technical College Department of Dental Hygiene Work Ethics Policy

To be effective, technical education must include two key elements. First, it must provide training and experience that approximates, as nearly as possible, the environment of the workplace. The program content, instructional methods, tests, equipment, lab projects and practices must be current, up-to-date and reflect the conditions you will encounter on the job. Of equal importance, an effective technical education program must identify and develop personal characteristics often referred to as “good work habits.” These include: attendance, character, teamwork, appearance, attitude, productivity, organizational skills, communication, cooperation and respect. Studies show the reason 85% of persons lose jobs is because they lack good work habits rather than lack appropriate job skills. Factors most often cited are tardiness and absenteeism, failure to follow instructions, inability to get along with supervisors or fellow workers, etc.

Work ethics grades are recorded in your permanent record (transcript). In most cases, employers will request a copy of your transcript to evaluate your qualifications. Since employers place a high value on work ethics, good work ethics grades can enhance the prospect for employment; on the other hand, poor work ethics grades will be a barrier to finding a job.

At Central Georgia Technical College, we believe it is extremely important to identify, evaluate and encourage good work habits as an integral part of the instructional program. A work ethics grade will be given each semester for each course completed. Work ethics grade(s) will be printed on student transcripts. The work ethics rating scale is:

3-Exceeds expectations
2-Meets expectations

1-Needs Improvement
0-Unacceptable

Work Ethics Evaluation Form

WORK ETHICS Course: DHYG _____ ~~Clinic~~ Clinic: I II III IV Student Name _____

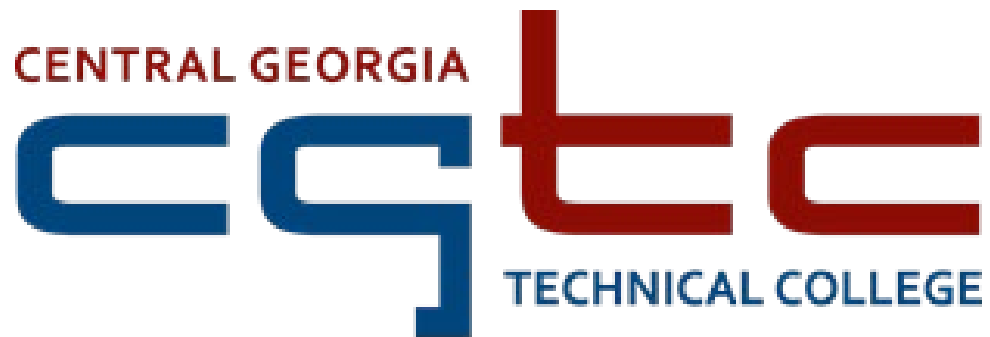
DATE	<u>APPEARANCE</u> Student displayed proper/professional clinical attire	<u>ATTITUDE, RESPECT</u> Student's attitude reflected professionalism & respect to others	<u>ATTENDANCE</u> Student was punctual, did not leave clinic w/o permission during session & stayed until end of class/clinic	<u>COOPERATION, PRODUCTIVITY</u> Student participated in the class/clinical experience and did not waste time	Instructor
	<u>CHARACTER</u> Student maintained ethical standards and character traits: honesty, dependability and initiative, etc. were evident	<u>ORGANIZATION</u> Student displayed organization and brought appropriate supplies for the course	<u>TEAMWORK</u> Student demonstrated teamwork during the class/clinic session	<u>COMMUNICATION</u> Proper oral, written & nonverbal communication skills were displayed	

YOU START WITH 100. There will be a 10 point deduction for every infraction.
 Quantitative Scale for Work Ethics grade: 100 = documentation of exceptional work ethics/behavior=2; 80-100=2; 60-79=1; below 60=0

Instructor Comments (include date):

Midterm Grade: _____
 Student Signature _____ Date: _____ Faculty Signature: _____

Final Semester Grade: _____
 Student Signature _____ Date: _____ Faculty Signature: _____



Safety, Emergency, and Infection Control Protocols

Central Georgia Technical College Department of Dental Hygiene Autoclave Protocol for Midmark/Statim Sterilizers

1. Prepare items for sterilization:

- a. Wearing utility gloves with personal protective equipment, place cassette in ultrasonic making sure solution covers cassette.
- b. Place lid on ultrasonic and run for 15-20 minutes.
- c. Remove cassette and thoroughly rinse with warm water to remove detergent.
- d. Gently shake cassette over sink to remove excess water. Place in dryer.
- e. Remove from dryer when the cycle is finished. Insert internal indicator strip into cassette. Wrap cassette with sterilization wrap (or autoclave bag) and seal with monitor tape. Mark cassette with date and initials. Monitor tape allows quick identification of wrapped cassette and confirmation that item has passed through some sort of heat process. Monitor tape does not indicate that package is sterile (sterility is verified by spore indicator testing of autoclave/Statim).

2. Load **Midmark sterilizer**:

- a. Place cassette and other packaged items in autoclave. Paper side down for pouches.
- b. Plastic items should be placed in top rack to keep from overheating.
- c. Do not overload! Air space is necessary between packages.
- d. Items may not be stacked crosswise.

3. Start Autoclave:

- a. Check water level in tank. Fill with distilled water only as needed.
- b. Close and lock door to autoclave.
- c. Press "Pouches" and start button.
- d. When autoclave cycle is finished, allow to cool before opening door.
- e. Remove instruments with heat resistant gloves provided by the clinic.
- f. Allow instruments to completely dry prior to storing.

-OR-

2. Load **Statim sterilizer**:

- a. Remove Statim cassette from sterilizer outside case and place on counter top.
- b. Open lid and place autoclave packs inside Statim cassette. Load no more than 1 layer at a time.
- c. Close lid and assure that it is properly sealed.
- d. Return cassette to Statim sterilizer.
- e. Press "pouches" and "start" to run sterilization cycle.
- f. When finished, carefully remove cassette wearing heat resistant gloves provided by the clinic.
- g. Remove instruments and let air dry completely prior to storing.

Central Georgia Technical College Department of Dental Hygiene Basic Life Support Policy

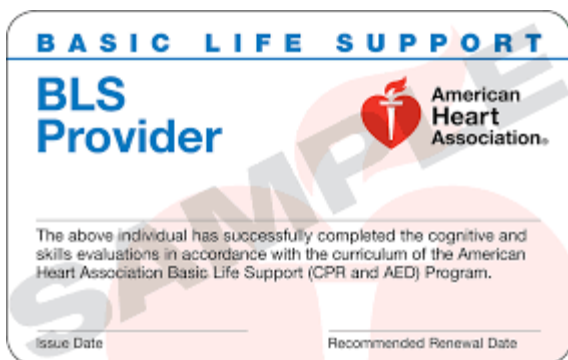
It is the policy of the Central Georgia Technical College Dental Hygiene Program to provide students, faculty, and supporting staff with skill and knowledge to assess and respond to basic medical emergencies.

Any modifications necessary for medically and/or physically challenged individuals will be based on, but not limited to, current, local, state, and federal special needs legislation.

All records and documentation will be accurately kept with individual name and date of expiration of CPR card. It will be the responsibility of the CPR instructor and Dental Hygiene Program Chair to record and maintain such information. Also, any modification made will be recorded and a list maintained by the Dental Hygiene Program Chair.

Cardio-Pulmonary Resuscitation (CPR) is an emergency procedure performed during cardiac and/or respiratory arrest to maintain circulation and respiration until emergency services arrive. All students will be required by professional standards and health facility requirements to successfully have CPR certification.

Only American Heart Association training will be accepted by CGTC. Proof of Health Care Provider CPR certification including adult, child and infant with AED is required for the entire duration of completing clinical. CPR certification will need to be renewed every two years. The only acceptable CPR card is pictured below:



Central Georgia Technical College Department of Dental Hygiene Biohazard Protocol

Policy for Management & Disposal of Contaminated Sharps

Sharps are items that can penetrate the skin or oral mucosa and include needles, scalpels, instruments, cartridges, and broken glass. A contaminated sharp is considered to be infectious waste. The following steps outline the protocol for the handling of contaminated disposable sharps. When the supervising dentist administers local anesthesia to a patient, the following procedure for disposal of the used needle should be followed:

1. Sharp items should be considered as potentially infectious materials and proper handling is essential because common personal protective barriers, such as gloves, will not prevent needlestick injuries.
2. In order to minimize the potential of accidental needlestick, the needles should not be recapped, bent, broken, or handled by unprotected hands. Instead, needles should be recapped either by a hands-free mechanical recapping device or by a single-handed scoop technique. With the singlehanded scoop technique, the tip of the used needle is slipped into the needle guard (plastic cover). Once the tip is covered, a hand may be used to complete recapping.
3. Contaminated, disposable sharps must be disposed of by placing them into a sharps container.
4. The sharps container is a closeable, puncture-resistant, leak-proof red container labeled with a biohazard symbol. The sharps container is located in the sterilization room (Macon campus). Sharps containers are in each bay (Warner Robins campus). Contact a faculty member when a sharps container is full for proper disposal.

MedPro is the designated biohazard waste disposal service for Central Georgia Technical College. Pick up is scheduled twice a year, once in October and April.

When a red sharps/biohazard container is full, it will be capped/secured appropriately and placed in a lined regulated medical waste container. It will be scheduled for pick up during the next rotation cycle.

Any questions regarding disposal of medical waste should be directed to:

Rick Ellis
Associate Dean for Health Sciences
(478) 757-3592
rellis@centralgatech.edu

Central Georgia Technical College Department of Dental Hygiene Blood Pressure and Temperature Guidelines

Temperature:

Patients will be dismissed from the Dental Hygiene Clinic if their temperature is 100.5°F or higher.

Elevated Blood Pressure:

If systolic is 120-129 and/or diastolic is >80, patient has elevated blood pressure and needs to be advised of his or her blood pressure status.

Stage 1 Hypertension:

If systolic is 130-139 and/or diastolic is 80-99 write HBP in the Medical Alert Box. Document blood pressure at the beginning of each appointment; if pressure remains the same range for three consecutive appointments, refer client to his or her physician.

Stage 2 Hypertension:

If systolic is 140+ and/or diastolic is 90+ write HBP in the Medical Alert Box and follow Stage 1 Hypertension procedures. Retake blood pressure in 5 minutes; if pressure remains at the same level, conduct a medical consultation before the next appointment.

CGTC Dental Hygiene clinic dismissal policy remains the same:

Patients will be dismissed if readings equal or exceed 180/110.

Blood Pressure Classification for Adults

Blood Pressure Classification	Systolic Blood Pressure (mm Hg)	Diastolic Blood Pressure (mm Hg)
Normal (routine dental treatment recommended)	<120	and <80
Elevated (routine dental treatment recommended)	120-129	<80
Stage I hypertension (routine dental treatment recommended; assess risk factors, refer for consultation with physician of record)	130-139	or 80-99
Stage 2 hypertension (refer for consultation with physician of record)	≥140	or ≥90
Hypertensive Crisis	≥180	≥120

Adult Blood Pressure Interventions Used in the Dental Hygiene Process of Care

Blood Pressure (mm Hg)	ASA Physical Status Classification	Dental and Dental Hygiene Therapy Considerations and Interventions Recommended
<130 systolic and <80 diastolic (Elevated)	I	<ul style="list-style-type: none"> No unusual precautions related to client management based on blood pressure readings Recheck in 6 months
130-139 systolic and/or 80-99 diastolic (Stage 1 hypertension)	II	<ul style="list-style-type: none"> No unusual precautions related to client management based on blood pressure readings needed unless blood pressure remains above normal after 3 consecutive appointments Recheck blood pressure before dental or dental hygiene therapy for three consecutive appointments; if all exceed these guidelines, seek medical consultation
140-179 systolic and/or 90-109 diastolic (Stage 2 hypertension)	II	<ul style="list-style-type: none"> Recheck blood pressure in 5 minutes; if still elevated, seek medical consultation before dental or dental hygiene therapy No unusual precautions related to client management based on blood pressure readings after medical approval is obtained Stress reduction protocol if indicated, such as administration of nitrous oxide analgesia should be considered
≥180 systolic and/or ≥110 diastolic (Hypertensive Crisis)	III	<ul style="list-style-type: none"> Recheck blood pressure in 5 minutes; immediate medical consultation if still elevated No dental or dental hygiene therapy until elevated blood pressure is corrected If blood pressure is not reduced using nitrous-oxide analgesia, only (noninvasive) emergency therapy with drugs (analgesics, antibiotics) is allowable to treat pain and infection Refer to hospital if immediate dental therapy is indicated

Central Georgia Technical College Department of Dental Hygiene Emergency and Emergency Medical Plan

In case of accident or illness:

- Assure that the scene is free of hazards
- Keep individual still and make him or her comfortable
- Make sure individual has adequate air
- Control any bleeding

If first aid is needed, apply only that which is essential before arrival of medical assistance.

While you are administering first aid, have someone notify the instructor or the program chair/clinic coordinator of the dental hygiene program.

The instructor/program chair/clinic coordinator will take the steps necessary to ensure that additional medical assistance is provided if needed.

Instructors must report all injuries or illness, both major and minor, to the program chair/clinic coordinator on an anecdotal form.

Emergency Ambulance Service Dial 8--9-1-1

Evacuation Assembly Areas

Macon Campus

Fire- In the Book Store Parking Lot (behind the building)

Bomb- In the Lowe's Parking Lot (by Rooms To Go)

Warner Robins Campus

Fire- Behind the Parking Lot (along the trees and directly in front of the Clinic)

Bomb- Across Cohen Walker Drive (on the corner of Cohen Walker and Sutherlin St.)

Central Georgia Technical College Department of Dental Hygiene Contaminated Needle/ Sharps Injury Protocol

Purpose: To inform the student of the steps to follow in the event of a contaminated needle or sharps injury; splash of blood and/or body fluids to the eyes or mucous membranes.

Preventive Measures: Always wear personal protective equipment to protect yourself from exposure to blood and/or bodily fluids. Wash hands frequently, be aware of your surroundings and follow safety protocols. Understand, accidents occur and are not a ground for punishment or retribution of any kind, so, please report sharp injuries immediately.

Occupational exposure means reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. Other potentially infectious materials are defined as semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, and amniotic fluid, saliva in dental procedures, or any bodily fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

If any student is stuck by a needle or other sharp or get blood or other potentially infectious materials in your eyes, nose, mouth, or on broken skin, immediately flood the exposed area with water and clean any wound with soap and water or a skin disinfectant if available. Report this immediately to the preceptor or clinical instructor on the unit at the facility and seek immediate medical attention.

Please use the college generated form and the College Exposure Control Plan as guidance for ensuring post – exposure follow-up and care. Please direct questions related to the Exposure Control Plan to the Exposure Control Coordinator Eric Beacham at 478-757-3567. Once this form is completed, it must be submitted directly to Eric Beacham as well as Carol Dominy in the Human Resource Department. The student may also have forms to complete that are facility specific. The student may also have facility specific policies to adhere to.

Students are not required to use any specific treatment facility or hospital. Student can seek services at any provider of their selection. Once the student injury report is filed, the student the accident insurance information is sent to the students email account, along with an insurance card with their name on it. The student should print the card to have as they seek treatment.

Step 1

Immediately remove gloves and wash the affected area with soap and water for three minutes, rinse eyes and mucous membranes with plain water for 3 minutes.

Step 2

Notify Instructor/Preceptor of the incident and assist them in completing the incident report for Central Georgia Technical College.

Step 3

Preferably within 2 hours of the incident, but if longer than 2 hours still report for lab work up. *CGTC will NOT pay for the patient to be tested: If the students would like for the patient to be tested in order to avoid taking future prophylaxis medication(s), the student may offer to pay for the patient's lab test(s).

Report to any facility where they can draw blood such as an urgent care office or primary care physician office.

Notify the receptionist that you are a student from Central Georgia Technical College and you have sustained a sharps injury.

If students decide to take the prophylactic medications, his/her private insurance is responsible for treatment beyond the work up labs.

Step 4

Return the incident report to the CGTC Health Sciences Clinic Coordinator within 24-48 hours of the incident: Eric Beacham, wbeacham@centralgatech.edu and (478) 757-3567

A copy of the incident report should also be sent to Carol Dominy, cdominy@centralgatech.edu Executive Director of Human Resources.

Step 5

Six months after the incident if students desire to be retested, CGTC will pay for follow up lab work up. Contact the CGTC Health Sciences Clinic Coordinator to schedule an appointment.

POST EXPOSURE FOLLOWS UP (BLOOD OR O.P.I.M.)

If the faculty or staff member or student has a percutaneous (needlestick, cut or puncture) or mucous membrane (splash to the eye, nasal mucosa, or mouth) exposure to body fluids (blood or other infectious materials) or has a cutaneous exposure when they have chapped or abraded skin, or otherwise non-intact skin it shall be reported as an exposure incident to the faculty member and/or the CGTC Health Sciences Clinic Coordinator.

Following the report of an occupational exposure incident the faculty or staff member or student shall complete an accident/incident report. The employee will be offered a confidential medical evaluation and follow up which will include the following information:

1. Documentation of the route(s) of exposure, HBV and HIV antibody status of the patient(s) (if known), and the circumstances under which the exposure occurred. This information should also be posted to the Master Sharps Injury Log.
2. If it is feasible, and the source patient can be identified, and permission is obtained, collection and testing of the patient's blood to determine the presence of HIV and/or HBV infections shall be conducted (at the patient or student's expense).
3. If the source patient refuses consent, the employer shall establish that legally required consent cannot be obtained. While the source individual's consent is not required by law, their blood, if available, shall be tested and the results documented. If the source patient is already known to be HIV or HBV positive then testing need not be repeated.
4. Results of the source patient's testing shall be made available to the faculty or staff member or student, and the faculty or staff member or student shall be informed of the applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
5. The exposed faculty or staff member or student's blood shall be collected as soon as feasible and tested after consent is obtained from the exposed person.
6. If the faculty or staff member or student consents to baseline blood collections, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least ninety days. If within the ninety days of the exposure incident, the faculty or staff member or student elects to have the baseline sample tested, such testing shall be done as soon as feasible.
7. CGTC shall ensure that the healthcare professional responsible for the faculty or staff member or student's Hepatitis B vaccination is provided a copy of the regulation for "Occupational Exposure to Blood Borne Pathogens."
8. CGTC shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

- a. A copy of the regulation for "Occupational Exposure to Blood borne Pathogens".
- b. A description of the faculty or staff member or student's duties as they relate to the exposure incident.
- c. Documentation of the route(s) of exposure and circumstances under which the exposure occurred.
- d. Results of the source individuals blood testing, if available.
- e. All medical records relevant to the appropriate treatment of the employee including vaccination status, which are CGTC's responsibility to maintain.

CGTC shall obtain and provide the employee with a copy of the consulting healthcare professional's written opinion within 15 days of the completion of the evaluation. The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether the vaccination is indicated and if the faculty or staff member or student received such vaccination. The healthcare professional's written opinion for post-exposure evaluation and follow up shall be limited to the following information:

- a. That the faculty or staff member or student has been informed of the results of the evaluation.
- b. That the faculty or staff member or student has been told about any medical conditions resulting from exposure to blood or other infectious materials which require further evaluation or treatment.

All other findings shall remain confidential and shall not be included in the written report. The CGTC Health Sciences Clinic Coordinator shall establish and maintain a Sharps Injury Log to document exposure incidents as required under paragraph (2) of subsection C of the Georgia Code. The information to be recorded for each exposure incident is specified in paragraph (3) of subsection C of the Georgia Code.

Medical records required by the standard governing occupational exposure shall be maintained as outlined in 29 CFR 1910 Blood Borne Pathogens Standard.

Student medical records shall be retained for a period of three years after graduation, completion, termination or leaving the technical college.

**Central Georgia Technical College Department of Dental Hygiene
Exposure Incident Report and Follow-Up Form for
Exposure to Bloodborne/Airborne Pathogens/Tuberculosis**

Incident Report

Date of report: _____

Name of person exposed: _____

Employee Number or Student Number: _____

If Student: Program/Course: _____

If Employee: Job Title: _____

Location of incident: _____

Date and time of incident: _____

Describe circumstances of exposure incident or attach report: _____

Follow-Up

- Person involved in incident referred to appropriate health care professional for follow-up.
- Documentation of medical release is on file at work unit or technical college and clinical or work site (if appropriate). Alternate employment duties/academic activities assignment may be considered based on the opinion of the employee's/student's appropriate healthcare provider.
- Name, address and phone number of medical professional providing follow-up care:

- Identify Individuals to whom copies were sent within 24 hours:

Exposed Person's Supervisor/Academic Coordinator: _____

Work Unit or Technical College Exposure Control Coordinator: _____

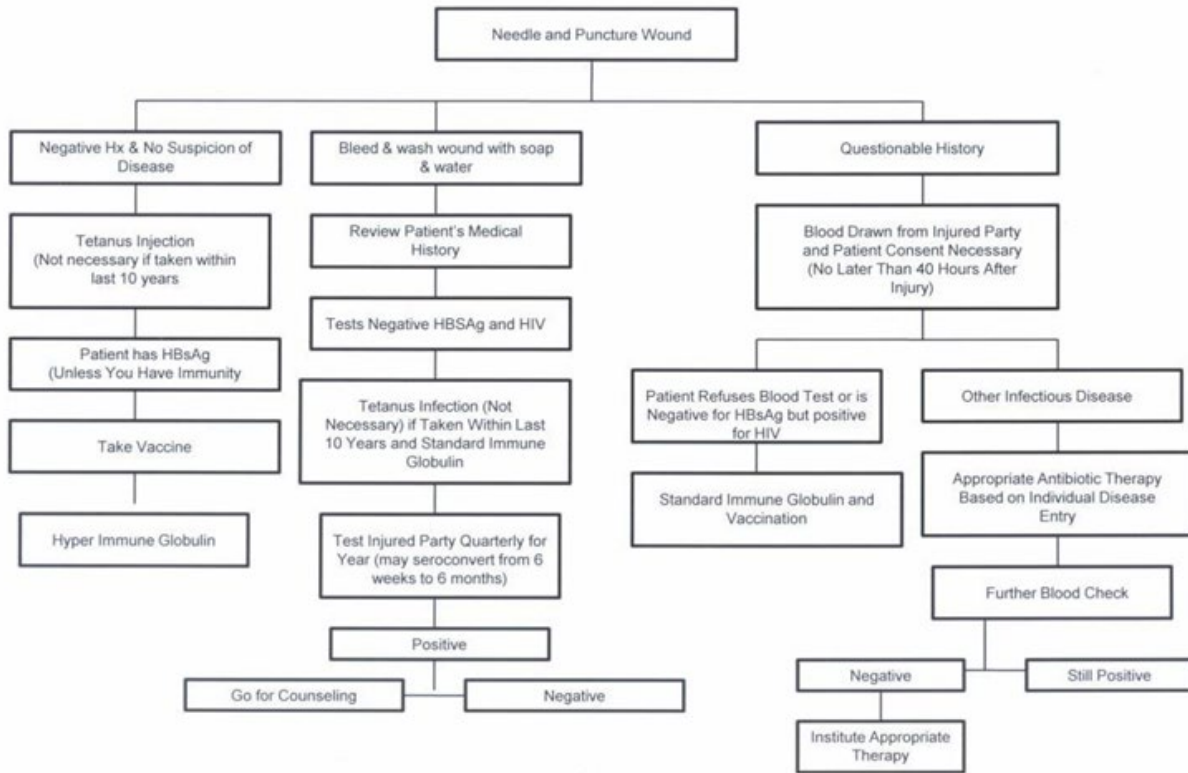
Clinical or Work Site Contact Person: _____

Name/Title of person preparing Exposure Incident Report and Follow-up Form:

(Printed)

(Signature)

Needle and Puncture Wound Protocol



Central Georgia Technical College Department of Dental Hygiene General Safety Protocol

Exposure Control Plan

1. The Exposure Control Plan notebook is located in the sterilization room in the cabinet below the Midmark sterilizer #2 (Warner Robins Campus). An additional Exposure Control Plan notebook is located in the Program Director's office (Warner Robins Campus). The Exposure Control Plan notebook is located on the clinic bookshelf in the locker room hallway (Macon Campus). The Exposure Control Plan is also available on the CGTC website www.centralgatech.edu.
2. The SDS notebook is located in the sterilization room in the cabinet below the Midmark sterilizer #2 (Warner Robins Campus) and on the clinic bookshelf in the locker room hallway (Macon Campus).

Fire Safety

1. Diagrams are posted in the dental hygiene clinic indicating escape routes in case of fire.
2. Illuminated exit signs are present in the hallway outside of the dental hygiene clinic.
3. A fire alarm is located in the hallway outside of the dental hygiene clinic (Warner Robins Campus and Macon Campus) as well as in the clinic next to the locker room (Warner Robins Campus).
4. Fire extinguishers are available for use by the Dental Hygiene Program:
 - a. One is located in the hallway outside of the dental hygiene clinic next to the restrooms (Warner Robins Campus).
 - b. One is located in the laboratory in back of Classroom B103 (Warner Robins Campus).
 - c. One is located in the dental hygiene clinic next to the Doctor's desk (Macon Campus).
 - d. One is located in the hallway outside the dental hygiene clinic next to the outside door (Macon Campus)
 - e. One is located in the dental hygiene laboratory J176 (Macon Campus).

First Aid

1. Current cardiopulmonary resuscitation certification is required of all dental hygiene students before starting clinic. In addition, students are required to maintain current CPR certification throughout enrollment. All faculty members maintain current CPR certification as well as receive updates on medical emergencies. The oxygen tank is located in the supply closet next to the exit door in the clinic (Warner Robins Campus) and by Doctor's desk (Macon Campus). The AED is located in the Security Office in the A-Building (Warner Robins Campus) and Doctor's desk (Macon Campus).

2. The Emergency Medical Kit is located in the supply closet next to the exit door in the clinic (Warner Robins Campus) and Dentist's desk (Main Kit) and the Instructor's Desk (Second Epinephrine Pen) (Macon Campus).
3. Any minor first aid problems that cannot be addressed by the clinical faculty are referred to the person's primary care physician. A first aid kit is available and can be found in the drawer (noted by the red cross) located by the sink next to the Instructor's office as well as at the reception desk (Warner Robins Campus) and in the drawer noted by the green cross located at the Doctor's desk (Macon Campus).
4. Post-exposure management procedures are based on CDC guidelines and should be followed up with clinical faculty and the Exposure Control Monitor. Exposure incident (Needle/Sharps Injury) procedures can be found in this Dental Hygiene Clinic Manual.

Eye Wash Station

1. There are eyewash stations located in the Clinic in the following areas:
 - a. Sink located next to Instructor's offices (Warner Robins Campus)
 - b. Sink located between units 5 and 6 (Warner Robins Campus)
 - c. Sink located in x-ray processing room (Warner Robins Campus)
 - d. Sinks located at units 2, 5, and 9 (Macon Campus)
 - e. Dental Materials Lab (J176 Macon Campus)
2. To operate:
 - a. With water running, pull actuator pin to flush eyes and face.
 - b. Eyewash has 2 soft-spray outlet heads with float-off dustcovers to keep out contaminants.
 - c. Irrigate the eyes with soft, wide flow of water necessary to bathe away contaminants.

Hazardous Material

1. Information on hazardous products is presented in all lab/clinical dental hygiene courses.
2. Students, faculty, and staff have access to the Exposure Control Plan notebook located in the cabinet below the Midmark 2 sterilizer in the sterilization room and in the Program Director's office (Warner Robins campus) and located on the bookshelf in the clinic locker room hallway (Macon Campus).
3. The SDS notebook is located in the cabinet below the Midmark 2 sterilizer in the sterilization room (Warner Robins Campus) and the Dental Materials Lab (Macon Campus).

Clinic/Lab Safety

1. Use safety precautions at all times to prevent or minimize the possibility of injury.

2. Use standard personal protective equipment (PPE: gloves, mask, and protective eyewear with side shields) when working on patients or handling potential infectious/hazardous materials.
3. Take special precaution to use proper instrumentation techniques so as not to injure yourself with sharp instruments.
4. Follow post-exposure management steps and general first aid should an injury occur.
5. Use insulated gloves to avoid burns when opening sterilizers.
6. Run cold water over wound or apply ice immediately in the event of a burn.
7. Allow sterilizers to depressurize and vent properly before opening.
8. Always read and follow label directions and precautions of all chemicals.
9. Always store all chemicals in properly labeled containers.
10. Do not mix materials that might cause a chemical reaction or toxic fumes.
11. Wear PPE to mix and use chemical solutions or when using an aerosol product.
12. Avoid ingestion, inhalation, and contact of chemical solutions with eyes, skin, and clothing. If chemicals or other materials contaminate eyes or skin, rinse and flush with water. Eyewash stations can be found in the clinic.
13. Consult SDS for information on chemicals used in labs/clinics. The SDS notebook is located in the cabinet below the Midmark 2 sterilizer in the sterilization room (Warner Robins Campus) and the Dental Materials Lab (Macon Campus).
14. Wear standard PPE when cleaning and disinfecting treatment areas. This includes evacuation traps on the dental units.
15. Wear utility gloves when disposing of trash and other disposable contaminated items.
16. Do not eat, drink, or handle contact lenses where occupational exposure is likely to occur.
17. Personal protective equipment (PPE) must be removed and hands washed prior to leaving the clinic/lab areas.

Central Georgia Technical College Department of Dental Hygiene Glove Protocol

The use of gloves is an extremely effective infection control procedure that prevents the transmission of pathogens by direct and indirect contact. Next to immunization, gloves offer the dental hygienist the most significant barrier to disease transmission, protecting both the dental hygienist and the patient from cross-infection.

1. Use proper handwashing technique and dry hands thoroughly prior to donning gloves (see "Handwashing Protocol").
2. Gloves must be worn whenever contact with blood, saliva, mucous membranes, or contaminated equipment or surfaces is anticipated.
3. Use gloves that fit well. Nitrile gloves are preferred over vinyl because they provide maximum elasticity with fewer tendencies to tear or break.
4. Gloves should cover the cuffs of long sleeves of protective clothing.
5. Gloves must be changed for each patient. Examination gloves should not be washed and disinfected for reuse.
6. Gloves should be changed during long appointment procedures. Defects in gloves dramatically increase when they are used beyond 45-60 minutes. Also, moisture accumulates between the gloves and skin, causing bacteria and yeast to grow, which is a common source of skin irritation.
7. Once gloves are donned, the clinician must be careful not to touch any surface not protected by barrier covers, disinfection, or sterilization.
8. At the conclusion of patient treatment, gloves are removed and discarded; and hands are washed prior to escorting patient from the operatory.
9. Hands must be washed before and after each gloving. If not visibly soiled, hands may be disinfected with alcohol-based hand sanitizer.
10. Heavy-duty utility gloves must be worn during post-treatment cleanup of the contaminated operatory and during disinfection and sterilization procedures. Contaminated utility gloves must be washed and disinfected before reuse. Utility gloves must be discarded if they are cracked, peeling, discolored, torn, punctured, or exhibit other signs of deterioration.

Central Georgia Technical College Department of Dental Hygiene Handwashing Protocol

Handwashing is considered the most important single procedure for the prevention of cross-contamination and is a basic requirement before donning gloves and immediately after removing gloves. Although gloves play an important role in preventing disease transmission, they do not preclude the need for handwashing. Washing hands prior to donning gloves minimizes the number of microorganisms that will be enclosed in the warm, moist gloved environment. Handwashing prior to donning gloves helps prevent the transmission of resident and transient flora from the clinician to the patient should there be a defect or break in a glove during dental hygiene care.

Recommended Handwashing Procedures

At the beginning of the clinic day prior to first gloving (and just prior to first gloving of any series of appointments):

1. Don mask and protective eyewear.
2. Remove watch and all jewelry.
3. Clean fingernails carefully.
4. Using cool water and liquid antimicrobial soap, lather hands, wrists, and forearms quickly, rubbing all surfaces vigorously for 2 minutes. Interlace fingers and rub back and forth with pressure. The rubbing friction and lathering loosens debris and microorganisms. Emphasize dominant hand. Direct particular attention to thumb and fingertip areas.
5. Rinse thoroughly for 10 seconds from fingertips toward wrists to rinse away loosened debris and microorganisms. Keep hands higher than elbows through the entire procedure.
6. Repeat lather-and-rinse cycle 2 more times for 10 seconds each. This initial "scrub" should consist of 3 lathering each followed by thorough rinsing with cool water.
7. Dry hands first, then forearms, with clean paper towels taking care not to recontaminate.
8. Dry hands completely before donning gloves with one disposable paper towel per hand.

Between patients (after first glove removal and before and after each succeeding glove application).

1. Vigorously lather hands and forearms with liquid antimicrobial soap and water by rubbing for 10 seconds.
2. Rinse with cool water for 10 seconds.
3. Repeat lathering and rinsing procedures two times.
4. Dry hands thoroughly with one disposable paper towel per hand.

Central Georgia Technical College Department of Dental Hygiene Immunization Protocol

Prior to placement at a hosting clinical affiliate, students must complete a health history form (including an up-to-date record of immunizations) and obtain a physical exam (including an appropriate tuberculin test, Hepatitis B, Influenza, MMR and other lab test) as specified by the college and clinical affiliate. Acceptable times from the time of examination to the commencement of the clinical are established by the clinical site but generally range from six months to one year.

The student must provide their prospective programs and the clinical affiliate with evidence of satisfactory completion of the exam and immunizations that indicate the student's health status will permit them to complete clinical without risk of harm to themselves, patients, or others. Failure to provide proof of such will restrict student's attendance at clinics.

The student will retain the original of the health history form and physical examination form; a copy will be kept in the educational program offices. Faculty will provide the clinical site with copies of their immunizations and health screening results. **NOTE: UNFORTUNATELY, STUDENTS MAY NOT EXEMPT IMMUNIZATIONS except for HEPATITIS B, FOR RELIGIOUS OR PHILOSOPHICAL BELIEFS. MEDICAL EXEMPTIONS SHOULD BE DOCUMENTED AND WILL BE REVIEWED BY THE CLINICAL SITE.** Below is a list of required health, immunizations and other information needed:

Required Vaccines & Other Health Screenings	Documented Evidence of Immunity Required
Measles, Mumps & Rubella (MMR)	Documentation of 2 doses of MMR <u>Or</u> Laboratory evidence of immunity (titers)
Tetanus, Diphtheria & Pertussis (TDap)	Documentation of 1-time dose of Tdap every 10 years.
Varicella (Chicken Pox)	Documentation of 2 doses of vaccine <u>Or</u> Laboratory evidence of immunity (titers) History of disease DOES NOT satisfy this requirement
Hepatitis B	Laboratory evidence of immunity (titers) or 3 doses
Annual TB Screening	Two-step tuberculin skin test 1-3 days apart <u>Or</u> TB Blood Test *If positive – Chest X-ray is required.

Required Vaccines & Other Health Screenings	Documented Evidence of Immunity Required
Influenza	Documentation of Annual Influenza Vaccine – this vaccine will be available beginning in September
Physical	Physical Exam performed by a healthcare provider (Physician, NP, PA). Some programs may require dental exams.

Hepatitis B Vaccine

Hepatitis B is a viral disease that causes systemic infection with primary liver involvement. There is no treatment for this disease. The outcome of Hepatitis B is variable but it can be lethal and 5-10% of infected persons will become carriers. Vaccination is strongly recommended for health care workers, allied health and nursing faculty and students as well as others whose jobs or training programs involved an inherent potential for skin or mucous membrane contact with blood, body fluids body tissues or a potential for spills of these items.

Purpose

The purpose of the vaccination series is to provide prophylactic HBV protection to these faculty members and students in program areas that have the potential of exposure to blood or other potentially infectious body materials. The Hepatitis B vaccination may be required: by clinical facilities/work sites for both faculty members and students prior to any patient/client contact.

Preparation

The vaccine is safe, immunogenic, and effective in preventing Hepatitis B.

Vaccine

The vaccine is produced in yeast cells, purified by a series of physical and chemical methods and is free of any human blood product.

Dosage and Administration

1. Given IM only into the deltoid muscle
2. Three doses of 1 ml. each: 1st dose, 2nd dose one month later, and 3rd dose six months after 1st dose
3. The duration of the protective effect is unknown at the present time.

Adverse Reactions

1. As with any vaccine, an anaphylactic reaction may occur. (<1.0%)

2. Redness, swelling, warmth, and soreness at the injection site.
3. Low-grade fever (</101F) is usually confined to the 48-hour period following the injection.
4. Malaise, headache, nausea, dizziness and aching, is usually limited to the first few days following the injection.
5. Urticaria (hives) is rare.
6. In a small number of persons, neurological reactions, including the Gullian-Barre syndrome have occurred in the period following hepatitis B vaccination. The rate occurrence of Gullian-Barre syndrome is not thought to be significantly increased above that observed in normal adults. These reactions are not thought to be related directly to the hepatitis B vaccine.

Contraindications

If any of the following are present, the vaccine should not be taken:

1. Hypersensitivity to yeast
2. Hypersensitivity to any component of the vaccine.

Precautions

If any of the following are present, the faculty member/student should consult their private physician before starting the vaccination series.

1. Serious, active infection or illness
2. Severely compromised cardiopulmonary function
3. Pregnancy or lactation

Warning

Faculty members or students who are immunocompromised or receiving immunosuppressive therapy should consult their private physician for guidance and dosages prior to starting the vaccination series.

Hepatitis B Training and Vaccination Form and Acceptance/Declination Statement

Hepatitis B is a serious infection that affects the liver. It is caused by the hepatitis B virus. In 2013 3050 cases of acute hepatitis B in the United States were reported to the CDC; the overall incidence of reported acute hepatitis B was 0.9 cases per 100,000 population. However, because many HBV infections are either asymptomatic or never reported, the actual number of new infections is estimated to be approximately tenfold higher. In 2013, an estimated 19,764 persons in the United States were newly infected with HBV. Rates are highest among adults, particularly males aged 25–44 years. An estimated 700,000–1.4 million persons in the United States have chronic hepatitis B virus infection. Each year about 2,000 to 4,000 people die in the United States from cirrhosis or liver cancer caused by hepatitis B. Chronic infection is an even greater problem globally, affecting approximately 240 million persons. An estimated 786,000 persons worldwide die from HBV-related liver disease each year.

Hepatitis B vaccine can prevent hepatitis B, and the serious consequences of hepatitis B infection, including liver cancer and cirrhosis. Vaccination gives long-term protection from hepatitis B infection, possibly lifelong. Adults getting hepatitis B vaccine should get 3 doses — with the second dose given 4 weeks after the first and the third dose 5 months after the second. Your doctor can tell you about other dosing schedules that might be used in certain circumstances.

The hepatitis B vaccine is very safe. Most people do not have any problems with it. The vaccine contains noninfectious material, and cannot cause hepatitis B infection. Some mild problems have been reported: soreness where the shot was given (up to about 1 person in 4); temperature of 99.9°F or higher (up to about 1 person in 15). Severe problems are extremely rare. Severe allergic reactions are believed to occur about once in 1.1 million doses. A vaccine, like any medicine, could cause a serious reaction. But the risk of a vaccine causing serious harm, or death, is extremely small. More than 100 million people in the United States have been vaccinated with hepatitis B vaccine. (Centers for Disease Control (CDC). Available at <http://www.cdc.gov>)

- I have received training on the risks of working with human blood or other potentially infectious materials as outlined in the work unit or technical college's Exposure Control Plan.

Date of Training

Trainer

In full recognition of the above:

- I accept participation in the vaccination series and have not yet been vaccinated. Take a copy of this form to _____ to begin the vaccination series.
- I received the HBV vaccination series on _____, _____, & _____.
(dates – month/year is essential)
- I decline participation in the vaccination series.

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself (for covered employees) or at cost (for covered students). However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccination, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me (for covered employees) or at cost to me (for covered students).

Student Signature

Name (Please print)

Date

Supervisor/Program Director
Signature

Supervisor/Program Director
Name (Please print)

Date

Central Georgia Technical College Department of Dental Hygiene Infection Control Policy

I. Operatory Preparation

- A. Surface Disinfectant
 - 1. Wipe the surface with an approved surface disinfectant (be sure to check the shelf life of the product being used).
 - 2. Clean the surface by vigorously wiping the surface with the disinfectant.
 - 3. Disinfect the pre-cleaned surface by re-wiping it and let air-dry.
 - 4. Although efficacy of a 1 minute contact time has been shown to be adequate against HIV-1 (AIDS virus), this time would not be sufficient for control of other organisms.
 - 5. Remove and discard utility gloves and wash hands.

- B. Barriers
 - 1. Obtain surface barriers, supplies, and sterile instruments and other equipment from the supply area.
 - 2. Cover the following surfaces with the appropriate barrier
 - a. light handles & light switch
 - b. chair, arm rest & chair brake
 - c. tray cover
 - d. handpiece
 - e. pens/pencils, thermometer, calculator

- C. Fill water bottle and place an ICX Tablet in the water bottle.

- D. Flush air/water lines for 2 minutes prior to beginning appointment; 30-60 seconds between patients.

- E. Remove all items not used during patient treatment from countertops.

II. Seating Patient

- A. Adjust chair and headrest.
- B. Take or update histories, take vital signs, do necessary paperwork.
- C. Instructor MDH check.
- D. Have patient rinse thoroughly with appropriate anti-microbial mouth rinse.
- E. Instructor check.
- F. Place patient napkin and have patient wear eyewear.
- G. Open instrument packages without touching the instruments.
- H. Hand wash procedure (Refer to the Handwashing Protocol Page)

- I. Put on gloves (preferably in view of the patient)
- J. Connect sterile handpiece, air/water syringe tip, HVE tip, and saliva ejector tip.

III. Patient Care

- A. Restrict the spread of microorganisms from patient's mouth.
 - 1. Use paper towels for barrier
 - 2. Touch as few surfaces as possible.
 - 3. Keep gloved hands out of hair and do not rub eyes or bare skin or adjust mask or glasses.
 - 4. If you leave chairside during treatment, remove and discard gloves. Wash hands and re-glove. Lab gowns do not have to be removed unless visibly soiled. Lab gowns must not be worn in classrooms, restrooms, lounge, reception area, or outside the building. Disposable lab gowns must be changed and discarded at the end of each day.
 - 5. Remove gloves and wash hands before handling any equipment used extra orally (e.g. cameras).
- B. Items that are dropped on the floor or on other non-sterile surfaces should not be retrieved until the procedure is complete. Obtain sterile replacements from the clinic assistant or instructor. Do not place contaminated instruments and materials on sterile set-ups.
- C. If gloves are torn during treatment, remove, discard, wash hands and re-glove. To recap needles insert the needle into the cap using the one-handed "scoop" technique or a cap holder that will not permit contact of the needle with any part of the body.
- D. If exposed to a patient's blood or saliva, immediately contact the supervising instructor to institute a post-exposure medical evaluation. An exposure is any eye, mouth, other mucous membrane, non-intact skin or sharps injury involving blood or saliva.

Incident Report form will be completed by the program chair. The CGTC Exposure Control Coordinator must be informed and an accident report must be completed. The patient should be informed of the exposure. Blood tests will be requested of the patient. The student or faculty/staff should receive a blood test.
- E. Accidents involving exposure to toxic chemicals must be reported to the instructor and student services. A copy of the SDS information on the chemical must accompany the student or faculty/staff to the treatment facility. SDS information is vital to determine proper treatment. Follow-up evaluation forms will be completed to determine the cause of the accident (e.g., failure to practice universal precautions, improperly stored chemicals).

IV. After Patient Treatment

- A. Dismiss patient. Students should not enter the reception area when wearing PPEs.
- B. Put on fresh gloves.
- C. Place all instruments inside the cassette.
- D. Make sure that there are no sharps on the tray.
- E. Place all disposable sharps including capped or uncapped needles directly into the nearest sharps container. Do not place needles, carpules, or other “sharps” into the regular trash receptacle. This would be a serious violation of institutional protocol. Sharps include: needles, scalpel blades, carpules, broken instruments and files, burs, matrix bands, orthodontic wire and any other disposable item that could penetrate the skin.
- F. Place non-sharp disposable items in the chair cover bag at the unit.
- G. Place contaminated (e.g. gauze or cotton rolls) disposable items in the brown/white bag at the unit. Seal the brown/white bag and dispose into trash receptacle. Used sharps and anesthetic cartridges should be placed in red biohazard sharps containers.
- H. Flush the air/water syringe, high speed handpiece and ultrasonic for 30 seconds and disconnect from hoses. Lastly, be sure all water has been removed from the waterlines using the air/water syringe.
- I. Remove all surface covers (without touching the underlying surface) and discard in the trash can.
- J. Run suction cleaner through the lines at the end of the day.
- K. Clean and disinfect those surfaces that were not covered and were contaminated during treatment. There is no need to clean and disinfect surfaces that were covered unless they become contaminated.
- L. Signal to the clinic assistant to check the unit.
- M. Wash contaminated protective eyeglasses, rinse and dry.
- N. Remove lab gown and place it in an appropriate container.
- O. Remove gloves, dispose of in the trash can.
- P. Wash, rinse and dry hands.
- Q. Write up chart.

Central Georgia Technical College Department of Dental Hygiene Infective Endocarditis and Joint Implant Guidelines

Patients with Joint Implants

Compared with previous recommendations, there are currently relatively few patient subpopulations for whom antibiotic prophylaxis may be indicated prior to certain dental procedures. In patients with prosthetic joint implants, a January 2015 ADA clinical practice guideline, based on a 2014 systematic review states, “In general, for patients with prosthetic joint implants, prophylactic antibiotics are not recommended prior to dental procedures to prevent prosthetic joint infection.”

According to the ADA Chairside Guide, for patients with a history of complications associated with their joint replacement surgery who are undergoing dental procedures that include gingival manipulation or mucosal incision, prophylactic antibiotics should only be considered after consultation with the patient and orthopedic surgeon; in cases where antibiotics are deemed necessary, it is most appropriate that the orthopedic surgeon recommend the appropriate antibiotic regimen and, when reasonable, write the prescription.

Clinical Reasoning for the Recommendation:

- There is evidence that dental procedures are not associated with prosthetic joint implant infections.
- There is evidence that antibiotics provided before oral care do not prevent prosthetic joint implant infections.
- There are potential harms of antibiotics including risk for anaphylaxis, antibiotic resistance, and opportunistic infections like *Clostridium difficile*.
- The benefits of antibiotic prophylaxis may not exceed the harms for most patients.

The individual patient’s circumstances and preferences should be considered when deciding whether to prescribe prophylactic antibiotics prior to dental procedures. In cases where antibiotics are deemed necessary, it is most appropriate that the orthopedic surgeon recommend the appropriate antibiotic regimen and when reasonable write the prescription.

Patients with Infective Endocarditis

For infective endocarditis prophylaxis, current guidelines support premedication for a relatively small subset of patients. This is based on a review of scientific evidence, which showed that the risk of adverse reactions to antibiotics generally outweigh the benefits of prophylaxis for many patients who would have been considered eligible for prophylaxis in previous versions of the guidelines. Concern about the development of drug-resistant bacteria also was a factor.

Infective endocarditis prophylaxis for dental procedures should be recommended only for patients with underlying cardiac conditions associated with the highest risk of adverse outcome from infective endocarditis. For patients with these underlying cardiac conditions, prophylaxis is recommended for all dental procedures that involve manipulation of gingival tissue or the periapical region of teeth or perforation of the oral mucosa.

Antibiotic prophylaxis with dental procedures is reasonable for patients with cardiac conditions associated with the highest risk of adverse outcomes from endocarditis, including:

- Prosthetic cardiac valves, including transcatheter-implanted prostheses and homografts•
 - Prosthetic material used for cardiac valve repair, such as annuloplasty rings and chords
 - Previous endocarditis
- Congenital heart disease (CHD) only in the following categories:•
 - Unrepaired cyanotic CHD, including those with palliative shunts and conduits
 - Completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or catheter intervention, during the first six months after the procedure†
 - Repaired CHD with residual shunts or valvular regurgitation at the site or adjacent to the site of a prosthetic patch or prosthetic device (which inhibit endothelialization)
- Cardiac transplantation recipients with valve regurgitation due to a structurally abnormal valve

*Except for the conditions listed above, antibiotic prophylaxis before dental procedures is not recommended for any other form of CHD.

†Prophylaxis is reasonable because endothelialization of prosthetic material occurs within six months after the procedure.

Antibiotic prophylaxis is NOT recommended for the following dental procedures or events:

- Routine anesthetic injections through non-infected tissue
- Taking dental radiographs
- Placement of removable prosthodontic or orthodontic appliances
- Adjustment of orthodontic appliances
- Placement of orthodontic brackets
- Shedding of deciduous teeth and
- Bleeding from trauma to the lips or oral mucosa

Antibiotic Prophylactic Regimens for Dental Procedures

Situation	Agent	Regimen —Single Dose 30-60 minutes before procedure	
		Adults	Children
Oral	Amoxicillin	2 g	50 mg/kg
Allergic to penicillins or ampicillin-Oral regimen	Cephalexin	2g	50 mg/kg
	OR		
	Azithromycin or Clarithromycin or Doxycycline	500 mg	15 mg/kg

References:

American Dental Association website: <https://www.ada.org/en/member-center/oral-health-topics/antibiotic-prophylaxis>

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Central Georgia Technical College Department of Dental Hygiene Laboratory Emergency Plan

Laboratory Emergencies fall into the category of Physical Injury

All other Medical Emergencies will follow the Clinic Emergency Protocol

No laboratory procedures will be performed without the Instructor present in the Dental Clinic Area.

Standard Operating Procedures for Emergency or Accidents

A. If an emergency occurs in the laboratory, the instructor(s) assumes responsibility for carrying out the emergency procedures.

B. An assessment of the situation and a determination is made as to the nature and seriousness of the incident.

C. If the situation is of a life-threatening nature; Basic Life Support measure will be initiated and other student attendants will activate the EMS system. On campus dial 8-911. Public phone dial 911.

D. For serious injury the student will be referred to the closest emergency care unit (Warner Robins Campus: Houston Medical Center or Macon Campus: Medical Center of Central Georgia)

If the injury is of a non-serious nature, initiate first aid in the following manner:

E. Cuts and lacerations: control bleeding with pressure, avoid tourniquet if possible.

F. Chemical injury to the eyes: Assist student to an eyewash station located in the lab or clinic. To activate remove red caps, depress button on faucet, turn on cold water and place eye directly above stream.

G. Puncture injury to the eyes: Close affected eyelid and tape shut. Seek professional help.

H. Burns: Turn off burner or remove hot equipment/material from immediate vicinity. Apply cool, moist, clean fabric to burned area.

I. Electrical shock: Disconnect power source. If minor, treat possible burns; if severe maintain basic life support and activate EMS.

J. If the injury is the result of a hazardous substance exposure the student must take a copy of the Safety Data Sheet (SDS) to any off-site treatment facility. Copies of the SDS are kept in a notebook located in the Sterilization room in the cabinet below the Midmark autoclave (Warner Robins Campus) and on the clinic bookshelf in the locker room hallway (Macon Campus).

K. Fill out appropriate accident report in accordance with the institution's policy on accidents and injury.

Central Georgia Technical College Department of Dental Hygiene Mask Protocol

Protective masks prevent the transmission of infection by protecting the mucous membranes of the mouth and nose from direct exposure to splatter of blood and saliva. A mask also blocks inhalation of microorganisms from a patient's respiratory tract as well as aerosols produced during clinical procedures. The mask also protects the patient from transmission of pathogens from the dental hygienist.

A. Masks and protective eyewear must be worn for all procedures which produce splashing and splattering of body fluids or chemicals and/or in which aerosols are produced.

B. A new mask must be put on for each patient along with protective eyewear prior to handwashing and donning of gloves.

C. A properly applied mask should fit snugly over the mouth and nose so that pathogens cannot enter or escape through the sides. The top edge of the mask should fit below the eyeglasses to minimize fogging of protective eyewear.

D. Do not touch the mask during the appointment. The surface of the mask is considered contaminated by splatter and aerosols, and gloved hands can further contaminate the mask with blood and saliva.

E. Change the mask if it becomes moist and/or soiled. After removing gloves and washing hands or donning over gloves, cautiously remove the mask and discard.

F. At the end of a procedure that generates heavy aerosols, the mask must be kept on to prevent direct exposure to airborne microorganisms.

G. Do not dangle mask around neck or ears. The contaminated surface may contaminate the neck and face.

Splatters are much bigger droplets, 100 microns or more in diameter, which are visible to the naked eyes). Paper masks without filters are inappropriate for patient treatment. Surgical masks, with >95% bacterial filtration efficiency, should be used routinely in patient treatment and management. N-95 respirators, particulate-filter respirators certified by the US National Institute for Occupational Safety and Health (NIOSH), are able to filter 1 μm particles in the unloaded state, with a filter efficiency of >95% at a flow rate of <50L/min. A properly fitted N-95 respirator protects health care providers from inhaling respiratory pathogens, when treating patients with active TB and SARS. It is a must always to FIRST read and understand the users' instructions before use. The frequency of change depends much on the room humidity and the procedure carried out.

Reference: Basic Protocol Guidelines for Dental Service (2009). Retrieved from:

<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=16&ved=2ahUKEwjt1Y6t8pzeAhUPt1MKHWRSA9UQFiAPegQIAxAC&url=https%3A%2F%2Fwww.chp.gov.hk%2Ffiles%2Fpdf%2Fthe%2Fbasic%2Fprotocol%2Fic%2Fguidelines%2Ffor%2Fthe%2Fdental%2Fservice%2Fdh%2F2009.pdf&usq=AOvVaw3zAxKUUNID86DWcfmXBpeu>

**Central Georgia Technical College Department of Dental Hygiene
Medical Emergency Treatment**

Medical Emergency Kit Contents

Quantity	Item
1	Albuterol, USP Inhalation Aerosol
2	Epinephrine Auto-Injector EPIPEN 0.3mg
1	Nitrolingual bottle of nitroglycerin tablets
2	Ammonia Inhalants
1 tube	Insta-Glucose Gel/Cake Frosting
1	CPR Pocket Mask
1	Monoject 3cc Safety Syringe
1	18" Latex-Free Tourniquet
1	90mm Airway
1	Disposable Bag Mask Resuscitator
1	Non-rebreathing Mask with Safety Vent
3	Oxygen Tubing with Nasal Cannula (adult)
1 pkg	diphenhydramine 25mg chewable tabs (Benadryl)
1 bottle	Aspirin Tablets 325mg

Medical Emergency Treatment

I. Basic Emergency Procedures to be taken in all emergencies unless otherwise noted:

- A. Check the patient's airway, make sure it is open.
- B. Check vital signs.
- C. Move the emergency kit to the site of the emergency; open it and prepare for use.
- D. Be prepared to administer CPR to support circulation and respiration.
- E. Be prepared to send for emergency help.
- F. Supervising dentist will determine diagnosis and administer medications if needed.

II. Instructions for Calling a Life Support Team

Call 8-911 and provide the following information to the operator:

- A. Your name
- B. State that a life support team is needed.
- C. State the type of emergency (heart attack, shock, etc.)
- D. Location of clinic: Central Georgia Technical College, 80 Cohen Walker Drive, Warner Robins, Building B (Warner Robins Campus) OR Central Georgia Technical College, 3300 Macon Tech Drive, Macon, Building J (Macon Campus)
- E. Any other information requested by the operator.
- F. Do not hang up until after the operator disconnects.

If so directed by the operator, go outside near the entry to the parking lot and wait for the emergency team. Direct the team and police to the clinic/site of the emergency. If the operator asks you to remain on the line until the emergency team arrives, send another person to the entrance to the parking lot to wait for the emergency team and direct them to the clinic/site of the emergency.

III. Specific Emergency Conditions and Initial Treatment Responses

A. Neurogenic Shock (Vasovagal Syncope, Syncope, fainting, transient ischemic attack)

1. Symptoms: Patient will state they feel faint or dizzy and may state they feel cold while perspiring. They appear pale, pupils are dilated, blood pressure drops and they may lose consciousness. Causes include fatigue, fear, emotional stress, pain, poor ventilation, acute loss of blood.
2. Treatment:
 - a. Complete basic emergency treatment procedures.

- b. Place patient in supine position with feet elevated-recline chair in a head down position-to improve venous return, cardiac output and blood flow to the brain.
- c. Loosen tight clothing (collar, belt).
- d. Check carotid pulse.

If Patient Loses Consciousness:

- e. Break 1 or 2 ampules of ammonia under the patient's nose to stimulate breathing.
- f. Monitor blood pressure until patient regains consciousness and for a few minutes after until it remains stable.
- g. Leave patient in supine position for a few minutes after patient regains consciousness, gradually return to upright position.
- h. If patient does not regain consciousness promptly, call 8-911 and transfer to hospital.

B. Acute Hyperventilation Syndrome

1. Symptoms: Rapid respirations with increased oxygen intake leading to decreased carbon dioxide levels. Patient feels short-of-breath, experiences "air hunger" seen as gasping; may experience tingling of fingers, hands, toes, lips; numbness of extremities, faintness. Frequently seen in anxiety-induced states, but is also found in asthma, metabolic acidosis, and pulmonary disorders such as pulmonary embolism and pulmonary edema. Can produce cerebral hypoxia.

2. Treatment

- a. Complete basic emergency procedures except do not administer oxygen.
- b. Decrease rate of CO₂ loss by having the patient breathe through only one nostril with the mouth closed. Patient can close one nostril by placing a finger against that side of the nose, or breath into hands cupped over mouth and nose. (This is simpler than having patient breathe into paper bag, another method of decreasing CO₂ loss). Pace respirations by counting from 1 to 10 for patient and having patient inhale on ten.
- c. Reassure patient.
- d. Monitor vital signs.

C. Allergic Reactions

Prevention is the best treatment. Review the patient's Medical History of allergies prior to any treatment; note allergies on the patient's chart; be alert to cross-sensitivities in medication categories; consult patient's physician if necessary prior to any treatment.

- 1. Symptoms: Type I (immediate reactions are a Local or Systemic anaphylaxis).

- a. Local responses include urticaria (hives, allergic rhinitis), asthma, and swelling of mucous membranes of nose and throat.
- b. Systemic responses are life threatening. The allergen in the bloodstream releases chemical mediators that produce severe bronchial obstruction and vasodilation leading to pulmonary edema and/or shock.

2. Treatment

- a. Complete Basic emergency procedures A-G.
- b. Supervising dentist will inject epinephrine 1:1000, 0.5 cc subcutaneous
- c. Monitor carotid pulse and blood pressure.
- d. Call for emergency medical help (8-911).

If Patient Loses Consciousness:

- e. Be prepared to give mouth-to-mouth resuscitation, mechanical resuscitation, or CPR to support cardiopulmonary function. Continue mouth-to-mouth or mechanical resuscitation or CPR until respirations and heartbeat are restored or medical help arrives.

D. Severe Hypotension

1. Symptoms: Severe decrease of systolic and diastolic blood pressure below the normal range. Generally consider 90/60 and below in adults to be hypotension, although some normally have a blood pressure at or below this level. Most frequently seen in the dental clinic as a sign of shock, as a result of a drug interaction (local anesthetic when patient is taking other medications, or in hemorrhage.)

***Please note: Be alert for hypotension in patients who experience anaphylactic shock and are taking chlorpromazine (Thorazine) or prozosin (Minipress) when epinephrine is not effective.

2. Treatment: Place patient in Trendelenburg position; head lower than body to improve venous return, cardiac output and improve blood flow to head.

- a. Carry out basic emergency steps.
- b. Call for emergency help.
- c. Administer CPR if necessary.

E. Angina Pectoris

Know the patient's Medical History. If patient has a history of angina pectoris, do not begin treatment until the patient's nitroglycerin is at hand or you have verified that the CGTC Dental Hygiene Clinic Medical Emergency Kit nitroglycerin is available (leave in kit). Be aware that the patient may wear a nitroglycerin transdermal patch.

1. Symptoms: Severe pain and a feeling of constriction about the heart. Pain typically radiates to left shoulder and down left arm (in rare situations patient experiences pain radiating from the heart to the abdomen.) Pain may also radiate to the back or to the jaw. Pain is steady; patient may experience great anxiety; face will be pale, ashen or bright red. Patient may experience dyspnea, pulse is usually rapid and blood pressure raised.

2. Treatment:

a. Have patient take their nitroglycerin as prescribed, noting time of first dose.

b. Monitor pulse and blood pressure.

c. If three doses of nitroglycerin at 5 minute intervals have not relieved pain, seek immediate medical attention.

d. If nitroglycerin brings relief, allow patient to rest before resuming procedure. If procedure is at a point that it can be discontinued, patient may stop treatment and reschedule appointment.

E. Myocardial Infarction

Medical treatment must be instituted without delay. If symptoms indicate myocardial infarction, call 8-911 immediately.

1. Symptoms: Prolonged heavy pressure or squeezing pain the center of the chest behind the sternum; may spread or localize to shoulder, neck, arm, and 4th and 5th fingers of the left hand, back, teeth, or jaw. Patient may experience nausea, vomiting, sweating, and shortness of breath. Blood pressure may be elevated or patient may be hypotensive.

2. Treatment:

a. Complete basic emergency procedures. Monitor vital signs until emergency help arrives.

b. Call 8-911

c. Loosen tight clothing and make patient comfortable; patient may have less respiratory distress if in upright position; if patient experiences hypotension, place in Trendelenburg position.

d. Administer oxygen under positive pressure. The pressure should approximate the patient's respiratory volume (6 liters per minute for adult males, 5 liters per minute for adult females, children 1-2.5 liters per minute; total lung capacity is based on patient size. These are approximate measures and must be used with consideration of patient size. A small adult male or female will require less oxygen just as a large adolescent will require more than that listed for children).

e. Be prepared to institute CPR if pulse and respiration stop.

G. Cardiac Arrest

1. Symptoms: Absence of pulse, blood pressure, and respirations, pupils dilated, skin cyanotic.

***Permanent brain damage will occur in 4 minutes if no treatment is given.

2. Treatment

a. Complete basic emergency procedures.

b. Start CPR; continue until respirations and pulse return or emergency medical help arrives.

c. Call for emergency medical help.

H. Adrenal Crisis

Patients who are undergoing treatment with steroids (example: Hydrocortisone) or who have been treated with steroids in the last twelve months are very susceptible to stress and may experience Adrenal Crisis. Review the patient's Medical History carefully, be alert to potential for Adrenal Crisis if the patient has had steroid treatment. A consultation must be made with the patient's physician before any dental treatment is started.

Before beginning treatment, notify supervising dentist and clinical instructor that the patient is seated and potential for Adrenal Crisis exists.

1. Symptoms: headache, nausea, vomiting, abdominal cramps, weakness, mental confusion, hypotension, cardiac arrest.

2. Treatment:

a. Complete basic emergency procedure.

b. Start CPR if pulse and respirations are absent; continue CPR until pulse and respirations return or emergency medical help arrives.

c. Call for emergency medical help.

I. Insulin Shock

Know if the patient is diabetic. Prior to beginning any treatment, review the patient's use of insulin and meals prior to coming to the dental clinic. If the patient took insulin and has fasted, you may need to reschedule the appointment. Check with the instructor and supervising dentist in this situation. If the patient has taken insulin and followed regular meal pattern, check to see if they have candy or other glucose with them. Keep their glucose substance at hand or have a sweetened soda nearby.

If the patient has not taken their insulin as prescribed or skipped meals prior to coming to the clinic, consult with the supervising dentist before beginning any treatment.

Insulin shock results from excessive insulin which leads to hypoglycemia (a reduction in the blood sugar level below normal.)

1. Symptoms: Rapid bounding pulse, pale moist skin, weakness, trembling, headache, nausea, disorientation. In severe cases, patient may lose consciousness and convulsions may occur.
2. Treatment:
 - a. Complete basic emergency procedures
 - b. Have patient eat candy or other glucose preparations they have with them or give them a sweetened soda
 - c. Call for emergency medical help if patient loses consciousness.

J. Acute Asthma Attack

Know the patient's Medical History. If the patient has a history of Asthma and attacks are frequent, check to see if the patient has medication (inhaler) with them and put in a place that is readily accessible during dental treatment. If no inhaler is available, verify that the inhaler in the CGTC Dental Hygiene Clinic Medical Emergency Kit is present and available for use (leave in kit).

Know the patient's Medical History. If patient has a history of Asthma and Asthma Attacks are frequent, check to see if the patient has medication (inhaler) with them and put it in a place that is readily accessible during treatment.

1. Symptoms: Difficulty in breathing, wheezing.
2. Treatment:
 - a. Keep patient in upright position. The patient may find it easier to breathe in a hunched forward position which they naturally assume during an attack.
 - b. Have the patient use their atomizer with prescribed medications.
 - c. Complete basic emergency procedures.
 - d. If relief is not obtained, call for emergency medical help.

K. Convulsions due to Epilepsy

Know the patient's Medical History. If the patient has Epilepsy, avoid seating the patient in the clinic areas where flashing lights or sudden noises are present as they may trigger an Epileptic Seizure in some individuals.

1. Symptoms: Some patients experience an aura before a seizure, other patients may have no warning of impending seizure.
2. Treatment:
 - a. If patient tells you they are experiencing an aura: stop treatment. Remove all (light, bracket tray). Allow patient to remain in chair during seizure.
 - b. If seizure occurs with no warning, move any equipment which may cause injury to the patient.
 - c. If seizure lasts more than 5 minutes, call for emergency medical help.
 - d. After seizure stops, allow patient to sleep or rest. Monitor respiration and pulse.

L. Mandibular Subluxation

1. Symptoms: Patient is unable to close mouth because spasms in the muscles of mastication prevent the condyle from moving over the articular eminence are very painful.
2. Treatment:
 - a. Keep patient in upright position. Clinical supervisor or supervising dentist will:
 - b. Place protected thumbs inside mouth, on the buccal surfaces of the mandibular bone and as far back as possible. Thumbs are not to be placed over the occlusal surfaces.
 - c. Grasp lower border of mandible with the rest of the fingers.
 - d. Push the mandible down and back until the teeth snap into occlusion.

References for Emergency Procedures:

Bennett, Jeffrey D. and Rosenberg, Morton B. *Medical Emergencies in Dentistry*. W.B. Saunders Company 2002.

Jennings, Debra. *Emergency Guide for Dental Auxiliaries*. Fourth Edition. Delmar 2013.

Darby, Michele. *Dental Hygiene Theory and Practice*, Fourth Edition. Elsevier 2015.

Grimes, Ellen. *Medical Emergencies: Essentials for the Dental Professional*, Second Edition. Pearson 2014.

Wilkins. *Clinical Practice of the Dental Hygienist*. Thirteenth Edition. Lippincott, Williams & Wilkins 2021.

Central Georgia Technical College Department of Dental Hygiene Occupational Exposure to Blood and Air-Borne Pathogens

Rationale

Because of the increased risk of occupational exposure of instructors and students to blood, body fluid or air-borne pathogens it is necessary that the College enact a policy and procedure which will ensure that employees and students are provided with appropriate information, training and equipment as to properly inform them of and reduce the risk of exposure to blood, body fluid or air-borne pathogens. In addition, this policy shall ensure compliance with the US Department of Labor, Occupational Health and Safety Administration, Final Rule 29 CFR Part 1910.1030 "Occupational Exposure to Bloodborne Pathogens" and any applicable Department of Technical and Adult Education policies.

Policy

All employees/students of the College shall exercise "Universal Precautions" in relation to exposure situations. The College shall develop a written exposure control plan and implement such procedures as deemed necessary to carry out the plan, to eliminate or minimize requirements of the Occupational Health and Safety Administration Final Rule 29 CFR Part 1910.1030 and will include at a minimum:

1. Exposure of determination
2. Methods of compliance
3. Hepatitis B vaccination
4. Post exposure evaluation and follow up
5. Communication of hazards to employees/students
6. Record keeping
7. Procedures for evaluations of circumstances surrounding exposure incidents

Procedures for Eliminating or Minimizing Occupational Exposure of Employees/Students to Blood, Body Fluid, and Air-borne Pathogens

1. Each employee/student who has been determined to have occupational exposure to blood, body fluid, or air-borne pathogens shall be trained in "Standard Precautions" by appropriate in-service and/or instructor classroom demonstration as detailed in the Exposure Control Plan.
2. Each employee/student shall be notified if their job classification/program of study is classified as having occupational exposure in the Exposure Control Plan. This will be the responsibility of the appropriate department supervisor or program instructor.

3. Each identified employee/student shall be informed of methods of compliance, to include standard precautions, engineering and work practice control, personal protective equipment (PPE), and housekeeping, as described in the Exposure Control Manual. It is the responsibility of the appropriate department supervisor/instructor to provide this information.
4. Following a report of an exposure incident, the incident should be reported as required in the College Safety Manual and the College shall document that the employee is provided and students referred to. Follow – up services to include at a minimum: collecting and testing of blood for HBV and HIV serological status, to provide information as required to provide to the employee, and document for students that a professional written opinion has been provided as required, that appropriate records are kept as per the College Control Manual.
5. Warning labels and signs will be displayed as required in the College Exposure Manual and that appropriate information and training be provided.
6. A record of each employee /student with occupational exposure shall be kept in accordance with the guidelines set forth in the College Exposure Control Manual.
7. Appropriate documentation of training shall be maintained on all appropriate employees/students as described in the College Exposure Control Manual.

**Central Georgia Technical College Department of Dental Hygiene
Personal Protective Equipment**

Procedure	Gloves	Mask	Glasses	Face Shield	Jacket	Hair Bonnet
Cleanings/Scaling	√	√	√	√	√	√
Taking Impressions	√	√	√		√	√
Pouring Models	√	√	√		√	
Trimming Models		√	√		√	
Cleaning Operatory	√	√	√		√	√
Assisting	√	√	√		√	√
Trash Collection	√	√	√		√	
Taking X-rays	√	√	√		√	√
Cleaning Ultrasonic	√	√	√		√	√
Observing		√	√		√	√
Cleaning Instruments	√	√	√		√	√
Ultrasonic Scaler/ Air Powder Polisher	√	√	√	√	√	√

**Central Georgia Technical College Department of Dental Hygiene
Pre-procedural Rinse Protocol**

Listerine

1. Preprocedural rinsing with Listerine antiseptic mouth rinse reduces viable bacteria in saliva and dental aerosols for 45 minutes.
2. Patients over the age of 12 should rinse with Listerine for 30-60 seconds prior to all intraoral procedures.
3. Rinse 4 teaspoons at full strength for 30-60 seconds. Do not rinse the patient' oral cavity afterward.

Central Georgia Technical College Department of Dental Hygiene Prevention of Disease Transmission

The prevention of disease transmission is an integral part of dental hygiene care delivery. As a health care professional, the dental hygienist has an increased occupational risk of disease transmission. Application of infection control principles to protect patients benefits the dental hygienist, other dental team members, and their families. Strict adherence to infection control protocols may be the most important preventive measure that dental hygienists perform to ensure their health as well as the health of their patients and families.

Clinician Factors:

1. Hepatitis B immunization is highly recommended. As a dental hygienist, there is increased occupational risk for exposure to Hepatitis B. Therefore, students **MUST** show evidence of completed HBV vaccination; or sign a waiver form provided by Central Georgia Technical College Dental Hygiene Program.
2. Students must have proof of current immunizations as required by Central Georgia Technical College Department of Dental Hygiene.
3. Personal protective equipment (PPE) must be worn whenever exposure to blood or other potential infectious material is reasonably anticipated. Clinical attire will consist of uniform, lab gown, socks that cover skin when seated, and clinic shoes. Hair must be secure away from face and off the shoulders. One small pair of earrings may be worn in clinic. A small, flat wedding band and watch is allowed. No other jewelry is allowed. Nails must be short and cuticles trimmed. Good personal hygiene is mandatory. Please see [General Program Policies – Student Responsibilities](#).
4. Standard PPE must be worn during all clinical procedures. Masks should be left on if aerosols have been produced. Once donned, the mask is considered contaminated and should not be touched. Masks must be changed when moist, soiled, and/or between each patient. Eyewear must be disinfected after use. At the beginning of the clinic session, just prior to the first appointment, the clinician must follow the recommended hand washing procedure (see [Handwashing Protocol](#)). Gloves must be worn during all clinical procedures or when in contact with surfaces contaminated with blood, body fluids or secretions. Correct glove protocol must be followed (see [Glove Protocol](#)).
5. Hands must be washed following the removal of gloves. Heavy-duty utility gloves must be worn during post-clinical sterilization and disinfection procedures.

Infectious Diseases at Clinical Sites:

The clinical affiliate must ensure that students do not pose a direct threat to the health and safety of its patients. To that end, a clinical affiliate may require students who are

recovering from an infectious disease, to undergo a health examination. This is done to determine that s/he is free from an infectious disease, before returning to the clinical site.

Patient Factors:

1. A complete and accurate medical history must be taken PRIOR to any contact with the patients' oral cavity.
2. If medical clearance is indicated, the required form must be filled out and given to the patient for their physician's signature.
3. Protective eyewear for the patient is required during all clinical procedures.
4. Pre-procedural rinsing is required for all patients over the age of 12 years prior to all intraoral procedures to aid in the reduction of contaminated aerosols.

Environmental Surface Factors:

1. Non-autoclavable surfaces and surfaces not protected with barriers must be thoroughly disinfected using a disinfectant towelette or "spray-wipe-spray" method. The surfaces should be left damp (not saturated) and allowed to air dry. The patient chair, clinician stool, counter top, and sink are also disinfected. Surface disinfection must be carried out after each appointment and prior to the first appointment of the day.
2. Run water through all unit water lines, including the air/water syringe, ultrasonic unit and handpiece for at least 2 minutes prior to the first appointment and for at least 30 seconds before and after each patient.
3. Disposable surface barriers must securely cover surfaces that may be contaminated by blood and saliva. Barriers must be placed over any switches or buttons that cannot be covered with wrapping materials. After the patient is dismissed, the barrier coverings must be removed (while clinician is gloved) and discarded. Surfaces that cannot be covered must be thoroughly disinfected.

Central Georgia Technical College Department of Dental Hygiene Quality Assurance Plan

We conduct reviews for all of our patients to make sure that they are receiving safe and appropriate care. These reviews are especially important for patients who have special needs, multiple appointments, and uncompleted treatment. We conduct reviews according to the schedule listed below. During these reviews, we look for treatment deficiencies or items that need corrective action. Some of these deficiencies include:

- Documentation errors
- Not meeting patient's perceived needs
- Improper sterilization procedures
- Unsafe clinical equipment
- Improper infection control practices
- Improper radiation safety procedures

If we identify a problem during our review, we will work with the student to correct the problem.

The Central Georgia Technical College (CGTC) Quality Assurance Plan includes the following items:

- Clinic Competencies which assure that students are initially deemed competent to be able to provide quality patient care prior to patient treatment and each new treatment procedure.
- Faculty supervision in clinic with evaluation points after: Medical/Dental History Data Collection, Assessment of Findings, Scaling and Polishing, and Chart Documentation.
- Patient Surveys which are taken after every appointment to assure patient satisfaction.
- Weekly spore testing to assure that the instruments are properly sterilized.
- Daily Chart Auditing with a Chart Audit Form to assure that each patient chart is correctly documented.
- A Remediation Plan which assures that students who are not meeting minimum standards will receive remediation.
- Emergency Kit/Equipment monthly monitoring to assure that all emergency equipment is maintained and working.
- Daily Infection Control Monitoring to assure that patients receive quality patient care and avoid cross-contamination.
- Clinic Coordinator/Faculty Database to assure that Dental Hygiene students' progress is monitored and patient experiences/student competencies are met.

- Ongoing Radiology Equipment monitoring to assure that the x-ray equipment is safe and accurate for the students, faculty and patients. Dosimeter Badges for pregnant students are also worn to ensure that fetus is safe from radiation.
- Radiology Retake Log Book to record all radiographs taken and determine how many x-rays are being taken more than once and by which student.
- Critical incidents are documented in the Critical Incident Notebook and in student clinical gradebooks.

CGTC Quality Assurance Procedures and Outcomes Assessment Schedule

Provider	Responsibility	Frequency	Instruments
Student			
	Demonstrate competence in assessment, planning, implementing and evaluating patient care	Each clinic session	Clinic Competencies Daily Clinic Grade Sheet Treatment progress notes
	Self-assess and remediate deficient areas	As identified by students and/or faculty	Clinic Competencies Daily Clinic Grade Sheet
	Document patient care	Each clinic session	Treatment Progress Notes
	Manage assigned patients and individualized treatment needs	Bi-weekly Meetings with Clinic Coordinator/Staff	Student Incomplete Treatment for Patient Boxes/ Recare Cards
	Chart Audit reviews	Daily Rotation as Clinic Assistant	Chart Audit Form
	Met patient's perceived needs	At completion of treatment	Patient Survey
	Autoclave Spore Test	Weekly	Spore Test Equipment
	Ultrasonic Tank Efficiency Test	Weekly	4" X 5" Aluminum Foil
Faculty			
	Assess competence	Each clinic session As scheduled	Competency Forms Daily clinic evaluations
	Evaluate student's patient assessment and give permission to proceed	Each clinic session	Daily clinic evaluations
	Evaluate patient care procedures	Each clinic session	Daily clinic evaluations

Provider	Responsibility	Frequency	Instruments
Faculty			
	Review Treatment Progress Notes	Each clinic session	Daily clinic evaluations
	Provide remediation as needed	As identified by students and/or faculty	Daily clinic evaluations Remediation Plan
	Maintain and Monitor emergency supplies and equipment	Monthly	Emergency supply and equipment lists
	Monitor Infection Control Compliance	Each clinic session	Daily clinic evaluations
Clinic Coordinator			
	Clinic tracking to determine student progress	Weekly	Clinic Coordinator Database
	Report to assure patient experiences and competencies are met	Midterm/End of semester	Clinic Coordinator Database
Clinic Staff			
	Collect & Analyze Patient Surveys Input data into database	End of patient treatment/Daily	DH Patient Survey
	Supervise & Analyze Chart Audits Input data into database	Daily	Chart Audit Form
Program Director			
	Analyze Patient Surveys	Weekly-Negative Responses	DH Patient Survey
	Analyze Chart Audits	Weekly-Negative Responses	Chart Audit Form
	Radiology Equipment Monitoring	End of each semester	CGTC Radiograph Quality Equipment
	Dosimeter Badge Monitoring	End of each month	Dosimeter Badge Reports
	Analyze Radiology Log Book for number of x-rays retaken	Weekly	Radiology Log Book
	Collect & Analyze Alumni Surveys from Local Dentists	Every 3 years	Alumni Survey
Georgia State Physicist			
	Survey Radiology Equipment	Every 4 years-2015, 2019, 2023	Radiology Survey Equipment

Central Georgia Technical College Department of Dental Hygiene Sterilization Monitoring

Sterilization monitoring with biological indicators (spore tests) is performed on autoclave on a weekly basis to verify effectiveness of sterilization procedures and equipment operation. Biological monitoring systems supply the spore tests for Central Georgia Technical College. The Sterilization Assistant is responsible for performing the tests weekly as scheduled.

1. Remove three-four test ampules from the box and place one test ampule in an autoclave bag (one for each autoclave being used that week). Note the Date and Sterilizer number in the Spore Test Log book along with the Date and "C" for control above it for each autoclave tested.
2. Place the test autoclave bag in a full load in the most difficult area for steam to reach in the sterilizer.
3. Process the load the load as usual.
4. Retrieve the autoclave bag and allow cooling for at least 10 minutes.
5. Remove the test ampule from the autoclave bag.
6. Verify the indicator has been processed by checking that the indicator below the name has changed to brown from rose.
7. Activate and incubate the Control ampule and the Autoclaved ampule by placing the bottom of each indicator into the incubator's metal heating bottom so that the indicator is at an angle of approximately 45 degree angle.
8. Push each ampule straight back. This crushes the ampule and activates the indicator.
9. Push the activated indicator down to firmly seat it in the metal heating block. Be sure the cap remains above the metal block. Record time in the Incubator in the Spore Test Log and have an Instructor initial the Spore Test log book.
10. Examine both ampules after 24 hours and Record the time out of the Incubator and the results (+ or -) in the Spore Test Log. Have an Instructor initial the Spore Test Log book.
 - a. A change to YELLOW indicates bacterial growth and an inadequate sterilization process (the Control). Act on a positive (yellow) indicator for the Autoclaved ampule as soon as possible.
 - b. No color change from purple indicates an adequate sterilization process for the Autoclave ampule.
11. Autoclave the Control ampule and the Autoclave ampules in an autoclave bag.
12. Let ampules cool.
13. Dispose of ampules in a Sharps Container.

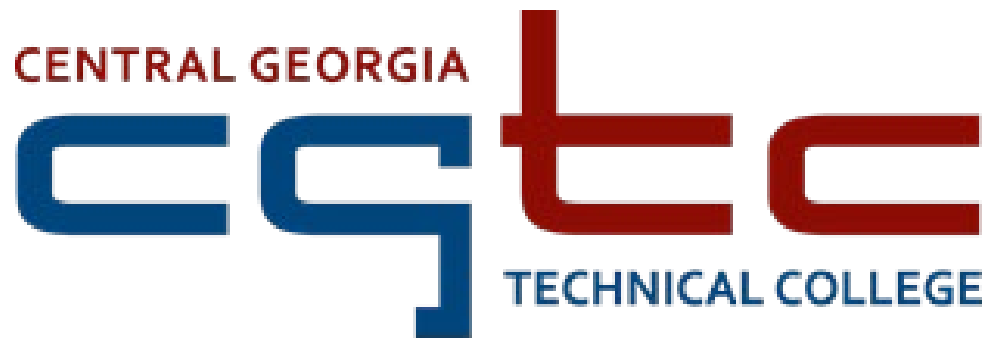
Central Georgia Technical College Department of Dental Hygiene Ultrasonic Tank Cleaning Protocol

1. Wear heavy-duty utility gloves with standard personal protective equipment.
2. Prepare the ultrasonic equipment solution according to the manufacturer's directions to ensure proper dilution and efficient cleaning.
3. Maintain the tank's solution level $\frac{3}{4}$ full. Solution must cover the items in the tank.
4. Immerse cassette(s) into ultrasonic solution.
5. Cover tank with lid and set cleaning time for 20 minutes. Time required for effective cleaning may vary, depending on contents and the particular unit. Refer to the manufacturer's directions.
6. Drain instruments, rinse thoroughly, and place in dryer.
7. Drain solution each day at the end of clinic. The contaminated solution is considered infectious and must be drained wearing PPE.
8. Drain, rinse, and disinfect the ultrasonic cleaning unit each day.
9. Test the ultrasonic monthly to evaluate its operation and cleaning efficiency.
 - a. Cut 3 pieces of regular weight aluminum foil, approximately 4 inches by 5 inches.
 - b. Suspend pieces of foil in the tank, so that half of each piece is below the solution level. Make sure that the foil does not touch the sides or bottom of the tank. The foil should remain in the activated solution for 5 minutes.
 - c. The cleaning foil should be held to a light source to check for pitting/holes. The goal is even distribution of pitting across all 3 pieces of foil. If no holes are present, the unit is not cleaning efficiently.

Central Georgia Technical College Department of Dental Hygiene Waterline Asepsis Procedure

Daily Procedures

1. Add water to the reservoir bottle weekly or as needed.
2. Be careful not to touch the tubing inside when taking the bottle off and putting it on. Contamination of the tubing would result in contamination of the water.
3. Add an ICX Tablet to the water bottle.
4. Purge lines for 2 minutes at the beginning of every day to purge any residual water.
5. Purge lines for 30 seconds between each patient.
6. Empty the water bottle at the end of the week and store the water bottle at the operatory countertop on a dry paper towel. Empty all of the water out of the waterline until only air is coming out of each waterline at the unit.



Clinic Procedures and Policies

Central Georgia Technical College Department of Dental Hygiene Air Polishing

1. Review health history
2. Indications
 - a. Plaque and stain removal
 - b. Orthodontic appliances
 - c. Tooth surface preparation prior to placing sealants
3. Contraindications
 - a. Known communicable disease and respiratory disease (including congestive heart failure and swallowing problems)
 - b. Restricted sodium diet (renal disease, diuretics)
 - c. Dentin, cementum
 - d. Soft, spongy gingiva
 - e. Composite resins, cements, and other nonmetallic materials
 - f. Sulci
4. Armamentarium
 - a. Patient bib and safety glasses (remove contacts or keep eyes closed)
 - b. Patient towel to cover face
 - c. Non-petroleum lubricant
 - d. Air polishing unit, jet tip
 - e. High speed evacuation tip/saliva ejector
 - f. Student PPE (safety glasses, lab gown, mask, face shield, gloves, hair covering)
5. Patient Education – explain procedure and benefits to patient
6. Asepsis
 - a. pre-procedural rinse
 - b. eliminate aerosol production by using proper angulations

- c. use high volume evacuation with the help of assistant, when possible
7. Patient Position at 45 degree angle using direct vision
8. Preparation of Unit
- a. Fill powder chamber. Unit must be off in order to fill or empty powder chamber!
 - b. Check to make sure all water/air lines are connected
 - c. Turn on air polishing unit
 - d. Flush water lines for 2 minutes
 - e. Test water spray over sink to verify proper water/powder ratio is achieved
9. Air polishing Procedure
- a. Prepare patient (Protective attire, antimicrobial rinse, and lip lubricant)
 - b. Protect soft tissue from direct spray (cupping patients lip, retracting cheek and tongue, using 2 x 2 gauze)
 - c. Use sweeping motion with air abrasive tip approximately 3-4mm from tooth surface. Do not direct spray into sulcus. Keep proper angulation to eliminate aerosol production and increase patient comfort
 - i. 60° on anteriors
 - ii. 80° on posteriors
 - iii. 90° on occlusals
11. Follow proper procedures for equipment maintenance and storage

Reference: Darby, Michelle. (2014). Dental Hygiene Theory and Practice, 4th ed. St. Louis: Saunders Elsevier.

Central Georgia Technical College Department of Dental Hygiene Appointment Planning

To effectively provide dental hygiene care, it is important to be able to accurately estimate the amount of time and number of appointments needed to complete treatment based on patient needs. Patient variables to take into consideration include: time availability, cooperation, and condition of oral tissues. A systematic procedure is planned prior to appointments to ensure thoroughness in the removal of deposits and stain, increase efficiency, decrease operating time and increase patient comfort and confidence in the clinician.

1. Utilizing patient assessment data, determine the number of appointments that may be required to complete dental hygiene care.
2. The patient's periodontal rating, as well as, the calculus rating will determine the number of appointments necessary to complete patient treatment.
3. Record on appropriate forms the appointment procedures that are required for the patient.
4. When multiple appointments are necessary, students will be guided by clinical faculty on how to divide the appointments. Quadrant scaling/debridement may be indicated for periodontally involved patients, as well as patients with heavy calculus.
5. When 2 quadrants are completed at one appointment, treatment of a mandibular and maxillary quadrant on the same side of the mouth is recommended. This is preferred because it gives the patient an untreated side on which to comfortably chew. It also creates an environment that permits healing, which can then be compared to the opposite side of the mouth that still requires treatment.
6. Utilize Appointment Planning Guide.

Appointment Planning Guide (Four hour appointment)

The following appointment planning guide has been designed to assist students in determining the appropriate amount of time to allow for patient treatment and services.

Degree of Difficulty I (Child and Recall Patient)

Patients in this category can be easily completed in one appointment. Instructor approval is required if a second appointment is to be scheduled due to extenuating circumstances (lengthy medical history, patient is late etc.)

Degree of Difficulty I (Adolescent/Adult)

Patients in this category can be completed in one-two appointments in most cases. Instructor approval is required if a third appointment is to be scheduled due to extenuating circumstances (lengthy medical history, patient is late, X-ray difficulties, etc.)

Degree of Difficulty II

Patients in this category can be completed in one or two appointments in most cases. Instructor approval is required if a third appointment is to be scheduled due to extenuating circumstances (lengthy medical history, patient is late, X-ray difficulties, etc.)

Degree of Difficulty III

Patients in this category can be completed in two to three appointments in most cases. Instructor approval is required if a fourth appointment is to be scheduled due to extenuating circumstances (lengthy medical history, patient is late, X-ray difficulties, tenacious calculus, etc.)

Degree of Difficulty IV

Patients in this category can be completed in three appointments in most cases. Instructor approval is required if a fourth appointment is to be scheduled due to extenuating circumstances (lengthy medical history, patient is late, tenacious calculus, etc.)

Central Georgia Technical College Department of Dental Hygiene Appointment Sequence

Prior to Appointment:

- Complete Clinic Prep Sheet if Patient is a Recare/TBC Patient
- Review proper clinic attire policy
- Have all necessary clinic armamentarium
- You will use same mask to clean unit and for patient treatment
- Do not leave the clinic floor without permission from your assigned instructor
- If you have questions they are to be directed to your assigned instructor (this is at all times when you are in clinic)

Appointment 1 (New Patient or Recare Patient):

- Set up unit – be ready to seat patient by 8:00/1:00
- Review Medical/ Dental History (MDH) – be sure it is complete – ask questions
- Vitals
- Instructor to Check MDH (Initial Check-in)
- Take radiographs if needed
- EO
- IO
- Calculus charting
- Chart probing and other periodontal charting
- Check in with Instructor
- Informed Consent/Treatment Plan – completed with Instructor
- Present to patient and have patient sign
- PASS/OHI
- Complete Treatment from Treatment Plan for this appointment (Scale, dental chart)
- Calculus Check (If applicable)
- Rescale any missed areas
- Dismiss patient - Check with instructor before dismissing patient (by 11:45/4:45)
- Walk patient to reception area with fee sheet and survey
- Document
- Clean unit

Appointment 2 (To Be Continued: TBC):

- Set up unit (be ready on time)
- Always remember to review previous appointment –Be sure to complete Clinic Prep Sheet
- Update MDH – six questions
- Take MDH to instructors desk
- Blood Pressure
- Check and update previous assessments (IO) – this should be done quickly
- Instructor to Check MDH (Initial Check-in)
- Review Treatment Plan with Instructor
- PASS/ OHI
- Complete Treatment from Treatment Plan for this appointment (Scale)
- Calculus Check
- Rescale any missed areas
- Dental Charting
- Polish
- Floss
- Final Check out
- Fluoride - varnish
- Dismiss patient – check with instructor before dismissing patient
- Walk patient to reception area with fee sheet and survey
- Document
- Clean unit

Central Georgia Technical College Department of Dental Hygiene Care of Removable Dental Prostheses/Appliances

Patients should be questioned about the method and frequency of denture or appliance care. The dentures should be examined and the current method of care reviewed at each appointment. Like natural teeth, removable appliances can accumulate deposits and harbor bacteria which irritate oral tissues. Inadequate oral tissue care and denture hygiene practices are major causes of oral lesions under dentures. Complete dental hygiene care includes the cleaning of removable appliances.

1. Inspect prosthesis/appliances with patient, using this opportunity to demonstrate proper appliance care using new denture brush.
2. Place appliance in zip lock bag with water to prevent drying. Write patient's name and unit number on outside of bag with permanent marker.
3. Take appliance to sterilization room.
4. Wearing PPE's with treatment gloves, discard water from bag and cover appliance with Stain and Tarter Remover.
5. Seal bag expelling as much air as possible.
6. Place sealed bag in a glass container filled with water and then into the ultrasonic and cover with lid.
7. Set timer for approximately 10-15 minutes. If alternative commercial solution is used, check with manufacturer's directions.
8. After specified time, remove bag from the ultrasonic unit.
9. Pour off solution and rinse appliance with water, inspect and brush it. Rinse thoroughly with cool water. Any residual Stain and Tartar Remover can cause irritation/ulcers of oral tissues.
10. Place cleaned appliance in baggie and cover with water and a small amount of mouth rinse.
11. If calculus remains, use minimal hand scaling for the removal of adherent deposits using a curette to avoid scratching denture teeth or any acrylic part of the denture. Ask Instructor for assistance prior to any scaling.
12. Pour off water and hand the baggie with the prostheses to the patient. Send brush home with the patient. Do not re-use Denture Brushes on another patient.

Central Georgia Technical College Department of Dental Hygiene Chart Documentation

At the completion of the appointment it is important to accurately record all services rendered. Remember: If it is not written down or typed in the patient's chart– it didn't happen. Be sure to include all of the following information when documenting the appointment:

1. Patients CC (Chief Complaint) in quotations
2. Vital signs
3. IO/EO Exam
4. Plaque Index (include score)
5. OHI given (be specific)
6. Radiographs taken (type taken or reason not taken)
7. Gracey/Curet sequence/ Cavitron/ (specify quads cleaned)
8. Anesthesia if used (type and how much used)
9. Polish/Prophy jet
10. Fluoride (type)
11. Other services such as impressions, sealants, etc
12. Any lesions (be specific with description)
13. Any decay (tooth# & surface)
14. Periodontal status including that patient has been informed (ADRA explained)
15. Any referrals
16. Recall interval or N.V. (next visit) information
17. Student signature
18. Fee information (Warner Robins Campus)

How to Write A SOAP Note:

A SOAP Note is a document usually used in the medical or dental field to capture a patient's details in the process of treatment. This is one of the many formats that are used by professionals in the health sector.

SOAP stands for the following:

S-Subjective: This is what the patient explains, basically where the problem is and is usually in the form of narration. "25 year old female, NP presents for routine prophy. MH/DH. CC: "stain on teeth".

O-Objective: This is what the health professional makes use of the patient's narration that is an objective observation of the patient's problem. "EO/IO WNL, Vitals taken (BP: 120/80, T: 98.6, P: 60, R: 14), charting, plaque index 35%, gingivitis present.

A-Assessment: Here the health professional looks at the various concerns of the patient. Apart from that, it includes the professional opinion of the clinician base on the subjective and objective findings. "Lt. calc. lower ant. AAP I, Mod. Caries risk"

P-Plans: These are the measures to be taken or the treatment needed to achieve the objectives. "OHI, Bass t-brush method & water flosser recommended. I explained the nature of the disease and ADRA was given. Scaled & Cavitron Q 1-4. Selective polishing. 5% sodium F12 varnish. NV: sealants on #3 & #14"

Central Georgia Technical College Department of Dental Hygiene Charting

1. Assemble armamentarium, including mirror, explorer, air, Dentrix software and keyboard, red/blue pencil and pen.
2. Maintain asepsis throughout procedure.
3. Properly position patient and equipment.
4. Remove, as appropriate, appliances/prostheses
5. Explain procedure to the patient.
6. Ensure patient comfort and safety.
7. Dry area to be charted with gentle applications of air and adjust position and lighting to allow adequate visualization.
8. Use direct or indirect vision to inspect all surfaces.
9. Note all conditions of the teeth using the Central Georgia Technical College charting protocol, including but not limited to the following:
 - a. Amalgam restorations
 - b. Crowns
 - c. Inlays/Onlays
 - d. Missing teeth for which status is not known until radiographic examination.
 - e. Fixed/removable bridges
 - f. Full dentures
 - g. Composite/Resin restorations
 - h. Extracted teeth
 - i. Labioversion, linguoversion, etc.
 - j. Bridges
 - k. Implants
 - l. Supernumerary tooth (teeth)
 - m. Rotated teeth
 - n. Unerupted and partially erupted teeth
 - o. RCT (when evident or shown on radiograph)
10. Call charting to instructor when requested during assessment check:
 - a. Begin with appropriate first tooth (may be tooth #A or tooth #3, depending on patient's dentition).
 - b. Give complete status of all teeth normally present according to patients dentition.
 - c. Correctly call findings using G.V. Black's Classification System when appropriate.
 - d. Use appropriate terminology or abbreviations.

Central Georgia Technical College Department of Dental Hygiene Clinic Assistant Grade Sheets

-5 pts from final grade if
no name or date and/or
not in instructor box

FLOATER ASSISTANT EVALUATION

STUDENT _____ DATE _____ GRADING INSTRUCTOR _____

SEMESTER: **DHYG 1111 DHYG 2020 DHYG 2090 DHYG 2140**

	√ or X	Points
CLINIC PREPARATION – 30 points		
Arrives IN CLINIC at 7:45 for AM clinic and 12:45 for PM clinic		
Wear proper clinic attire		
All equipment is checked before turning on/using		
Check and restock appropriate clinic supplies as needed (paper towels, soap, mouth rinse, etc)		
Assist other students with preparation to seat patients		
Take sterilization bags to sterilization		
Other:		
DURING CLINIC SESSION – 35 points		
Assist student operators		
Responds to lights and ensure lights are covered when leaving floor (Macon)		
Sign in times on clinic sign-in sheet and inform the instructor (Macon) and Assists in notifying instructor that student clinician is ready for evaluation (Warner Robins)		
Keep counters and floors neat and clean		
Keep trash compacted into waste container at sink		
Assist in all areas of clinic as needed		
Good rapport with students, instructors, staff, and patients		
Stays busy as necessary and does not disrupt clinic by talking to other students		
Other:		
CLINIC CLOSING PROCEDURES – 35 points		
Assure that clinic is in proper closing position; all patient chairs, operator stools, unit lights, designated water bottles, and units are off		
Assures all ultrasonic scalers are unplugged (except for H2O & airline) - Wednesday PM (Macon) Thursday PM (Warner Robins)		
All sinks are cleaned and rinsed; all water facets turned off; all countertops are clean and dry; all trash cans are pulled (including Radiology Area); keyboards turned off		
Restroom is clean and floor is clean; stocked with paper towels and soap		
Properly flushes evacuation system - Wednesday PM (Macon) Thursday PM (Warner Robins)		
Assist student operators at the end of clinic		
Remains in clinic until ALL assistants are done and dismissed by instructor		
Other:		
Critical Errors – Asepsis, Patient Safety, etc. Automatic minus 50 pts		
Instructor Comments:	Grade	_____ /100

**IF LEAVING CLINIC FLOOR INFORM YOUR INSTRUCTOR
IF STUDENT LEAVES FLOOR WITHOUT PERMISSION THEY WILL RECEIVE A ZERO FOR THIS GRADE**

Revised 03/2023

-5 pts from final grade if
no name or date and/or
not in instructor box

RADIOLOGY ASSISTANT EVALUATION

STUDENT _____ DATE _____ GRADING INSTRUCTOR _____

SEMESTER: DHYG 1111 DHYG 2020 DHYG 2090 DHYG 2140

	√ or X	Points
CLINIC PREPARATION – 30 Points		
Arrive at 7:45 for AM clinic and 12:45 for PM clinic.		
Wears proper clinic attire.		
All equipment is checked before turning on/using. Report any loose wires or connections, or any problems to the Radiology Instructor.		
Puts away all trash cans, including Radiology, Clinic Lab, and Sterilization Area		
Obtains Radiology Log Book (Warner Robins) or Radiology Paperwork (Macon)		
Cleans all Radiology Units and Lead aprons		
Get rooms and PAN ready to receive patients – turn units on		
All supplies and forms available/ Restocks radiology cabinets with supplies		
All phosphor plates accounted for - #2 #1		
All bite sticks accounted for- _____		
Scans, erases, and barriers phosphor plates as needed.		
Set computer up properly for PAN and Digital X-rays		
Other:		
DURING CLINIC SESSION – 35 Points		
Keep sign-up sheet and radiograph log current for each clinic session.		
Correctly mounts and prints FMX/BWX exposures with patient name, date and dentist name (Macon) and correct unit # (Warner Robins) on all radiographs.		
Notify student if retakes are needed.		
Do not clean x-ray room until necessary retakes are complete.		
Has dentist review all films taken and ensures (s)he has completed the proper diagnosis form		
All intraoral equipment bagged, labeled, and taken to sterilization area.		
Good rapport with students, instructors, staff, and patients		
Assist in all areas of clinic as needed (other Assistants, Operators, and Faculty).		
If indicated, calls patient's dental office to request recent radiographs.		
Completes 2 Quality Assurance Forms (Patient Chart Audits)		
Other:		
CLINIC CLOSING PROCEDURES – 35 Points		
All counter tops clean, dry, and clutter free; sink scrubbed.		
All litter disposed of and removed.		
All rooms disinfected and ready for next clinic session		
All lights, keyboards, and equipment turned off (PM Session only)		
Radiograph log put in proper place at end of session.		
Remains in clinic until ALL assistants are done and dismissed by instructor		
All phosphor plates accounted for - #2 #1		
All bite sticks accounted for- _____		
Critical Errors – Processing, Asepsis, Patient Safety, etc. Automatic minus 50 pts		
Instructor Comments:	Grade	_____ /100

**IF LEAVING CLINIC FLOOR INFORM INSTRUCTOR
IF STUDENT LEAVES FLOOR WITHOUT PERMISSION THEY WILL RECEIVE A ZERO FOR THIS GRADE**

Revised 03/2023

STERILIZATION ASSISTANT EVALUATION

-5 pts from final grade if
no name or date and/or
not in instructor box

STUDENT _____ DATE _____ GRADING INSTRUCTOR _____

SEMESTER: DHYG 1111 DHYG 2020 DHYG 2090 DHYG 2140

	✓ or X	Points
CLINIC PREPARATION – 30 Points		
Arrives at 7:45 for AM clinic and 12:45 for PM clinic		
Wears proper clinic attire		
All equipment is checked before turning on/using;		
Mix disinfecting solution as needed, soap and water as needed. Follow manufacturer's instructions on container		
Ensures items have been sterilized - Critical		
Distribute all sterilized instruments to correct student unit and appropriate areas		
Restock supplies used for instrument preparation (indicator tape/strips, gauze)		
Obtain distilled water at beginning of session		
Clean/drain correct autoclaves according to schedule/instructions		
STATIM: Empty the discharge bottle and refill with water to just above the MIN line		
Check fluid levels and function of Assistinas according to schedule		
Spore Test in Autoclaves and Statim according to schedule		
Fill ultrasonic cleaners according to schedule and instructions; degasses ultrasonic by running without instruments for one cycle		
Other:		
DURING CLINIC SESSION – 35 Points		
Set up/read spore test according to schedule/instructions		
All instruments and equipment pre-cleaned/oiled properly – Instruments in ultrasonic cleaner, handpieces in Assistina, ultrasonic tips rinsed		
Properly wraps instruments with gauze and indicator strips. Correct information written on outside.		
Load trays in autoclaves properly and assure they are operating properly.		
Places integrator strip in each autoclave load		
Properly performs removable dental appliance cleaning procedures (and shows instructor)		
Checks inventory closets and restocks as needed		
Keep water wiped off counters and floors; keep trash in waste bins compacted.		
Good rapport with students, instructors, staff, and patients		
Assist in all areas of clinic as needed		
Other:		
CLINIC CLOSING PROCEDURES – 35 Points		
All equipment is turned OFF at end of day; Documents any mechanical problems in the clinic		
Clean Assistinas and drivers according to schedule/instructions		
Drain/clean autoclaves and Statim according to schedule/instructions		
Drain/clean ultrasonic cleaners according to schedule/instructions		
Inventory doors closed and locked; informs instructor of any low clinic supplies		
Assist student operators at the end of clinic		
Remains in clinic until ALL assistants are done and dismissed by instructor		
Signs all maintenance sheets		
Other:		
Critical Errors – Asepsis, Patient Safety, etc. Automatic minus 50 pts		
Instructor Comments:	Grade	_____/100

**IF LEAVING CLINIC FLOOR INFORM INSTRUCTOR
IF STUDENT LEAVES FLOOR WITHOUT PERMISSION THEY WILL RECEIVE A ZERO FOR THIS GRADE**

Revised 3/2023

-5 pts from final grade if
no name or date and/or
not in instructor box

RECEPTION ASSISTANT EVALUATION

STUDENT _____ DATE _____ GRADING INSTRUCTOR _____

SEMESTER: DHYG 1111 DHYG 2020 DHYG 2090 DHYG 2140

	√ or X	Points
CLINIC PREPARATION – 30 Points		
Arrives at 7:45 for AM clinic and 12:45 for PM clinic		
Wears proper clinic attire – this includes no chewing gum		
Assists with patient check-in		
Give patient chart and completed medication sheets (include patient's name and date) to the clinician as soon as patient arrives and paperwork complete		
Does Quality Assurance Chart check as instructed by receptionist		
Other:		
DURING CLINIC SESSION – 35 Points		
Assist receptionist in filing and pulling charts for next clinic		
Assist receptionist in answering telephone, following protocol		
Assist receptionist in calling and confirming appointments		
Make packets of necessary pages for patients (recare and new patients)		
See that all files (checklists, etc.) are kept neat and in alphabetic order		
Goes through charts to find and document patients who need appointments		
Good rapport with students, instructors, staff, and patients		
Other:		
RECEPTION CLOSING PROCEDURES – 35 Points		
Reception area is straightened and in orderly fashion		
All litter disposed of properly		
Assist receptionist and student clinicians at the end of clinic		
Remains in clinic until ALL assistants are done and dismissed by instructor		
Other:		
Critical Errors – Confidentiality, Patient Safety, etc. Automatic minus 50 pts		
Instructor Comments:	Grade	_____/100

Revised 03/2023

SCHEDULE APPT	
*REFERRAL FIRST	

Central Georgia Technical College Referred to Clinic: I II III IV
Screening Form

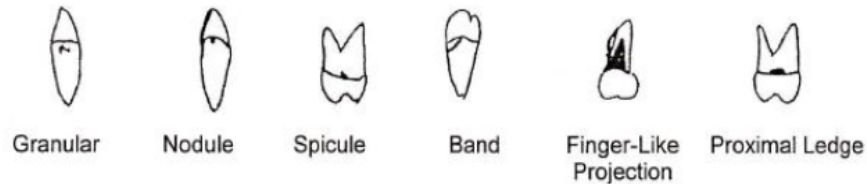
Patient's Name: _____ Student Requested: _____

Student Screener: _____ Date Screened: _____

Directions:

- A. Conduct a medical history and take patient vital signs.
- B. Get instructor's or dentist's permission to proceed.
- C. Do a cursory screening for obvious lesions and pathologies.
- D. Classify the patient for these characteristics by using an estimation, not tooth by tooth evaluation:
 1. Calculus Deposits – visual (use air), explore proximal surfaces only for estimate
 2. Periodontal Skill Level – condition of gingiva, probe proximal surfaces only for estimate, mobility
 3. Count # of Teeth Present
 4. Existing Conditions
 5. Treatment Considerations
 6. Patient reports pain: YES _____ NO _____
- E. Dentist prescribes radiographs and transfers patient to student in Radiology Rotation

CALCULUS FORMATION; REFERENCE GUIDE



Calculus Deposits: Circle the calculus classification

Class 0	No Calculus	No calculus, light stain. Requires little or no scaling
Class I	Simple	Possible light to moderate stain. Light supra- and/or subgingival calculus located on less than ¼ of the teeth.
Class II	Light/Moderate	Possible light to moderate stain. Light amounts of supra- and/or subgingival calculus on less than ½ the teeth.
Class III	Moderate	Possible light to moderate stain. Moderate amounts of supra- and/or subgingival calculus located on more than ½ the teeth.
Class IV	Moderate/Heavy	Possible moderate to heavy stain. Moderate to heavy supra- and subgingival calculus involving more than ½ the teeth.
Class V	Heavy	Possible moderate to heavy stain. Heavy supra- and subgingival calculus involving more than ¾ the teeth

2. Periodontal Skill Level: Circle Periodontal Skill Level

Case Type	Probing Depths	Bleeding	Mobility
0	<4 mm	None	No
I	4 mm	Localized Points	No/Slight
II	5 mm	Generalized Points	Slight +1
III	6 mm	Moderate-Heavy	Moderate 2
IV	7 mm	Heavy	Severe 3

Revised 1/2019

Teeth Present: Count and record the total number of teeth present:

Right		Left
Premolars _____	Anteriors _____	Premolars _____
Molars _____		Molars _____
Premolars _____	Anteriors _____	Premolars _____
Molars _____		Molars _____

Indicate by circling Yes or No for Orthodontic Bands

Treatment Considerations: Indicate treatment needed by placing X after each consideration:

- _____ Medically or Physically compromised
- _____ Immediate referral to a physician for a medical concern (*MARK BOX ON FRONT)
- _____ Immediate referral to an oral surgeon for a suspicious lesion (*MARK BOX ON FRONT)
- _____ Immediate referral to general dentist (*MARK BOX ON FRONT)
- _____ Possible periodontal case study
- _____ Possible state board patient
- _____ # of Sealants

Previous Radiographs: FMX____ Panorex ____ BWX____ Date Taken _____

Radiographs Needed: FMX____ Panorex ____ BWX____

Student's Signature

Instructor's or Dentist's Signature

Patient Compliance Agreement

I have been informed of the preliminary findings from this screening appointment and the approximate cost of treatment here at the Central Georgia Technical College Dental Hygiene Clinic. Clinical decisions for further treatment may result after x-rays and periodontal classification are interpreted. Referrals and follow-up with your personal dentist may be a possibility as well. I understand that since this is a teaching institute I will be assigned to a student whose level of education requires the learning experience my dental condition provides. I am aware that the student who will be treating me expects me to arrive on time for my appointments and that being late or missing any appointments could result in discontinuation of my treatment since the student must have a patient in every clinic session in order to receive a passing grade for the clinical course. I understand that each appointment will be up to three hours long and that multiple appointments may be required to complete my treatment. My signature indicates my commitment to the student's learning experience and my intent to attend all appointments or call at least 24 hours in advance to cancel my appointment so that the student can find a patient to replace me.

Patient's Signature

Revised 1/2019

Rubric for Clinic Assistant Grades

Clinic Preparation - 30 pts	30 pts	24 pts	16 pts	8 pts	0 pts
DHYG1111 - # of X's	0	1-2	3-4	5-6	7+
DHYG2020 - # of X's	0	1-2	3-4	5	6+
DHYG2090 - # of X's	0	1-2	3	4	5+
DHYG2140 - # of X's	0	1	2	3	4+

During Clinic Session - 35 pts	35 pts	27 pts	18 pts	9 pts	0 pts
DHYG1111 - # of X's	0	1-2	3-4	5-6	7+
DHYG2020 - # of X's	0	1-2	3-4	5	6+
DHYG2090 - # of X's	0	1-2	3	4	5+
DHYG2140 - # of X's	0	1	2	3	4+

Clinic Closing - 35 pts	35 pts	27 pts	18 pts	9 pts	0 pts
DHYG1111 - # of X's	0	1-2	3-4	5-6	7+
DHYG2020 - # of X's	0	1-2	3-4	5	6+
DHYG2090 - # of X's	0	1-2	3	4	5+
DHYG2140 - # of X's	0	1	2	3	4+

Central Georgia Technical College Department of Dental Hygiene Clinic Grading Criteria

The Dental Clinical Evaluation System enables faculty to evaluate student performance and provide constructive feedback. Each component is essential to the dental hygiene process of care. The following categories will be evaluated:

Assessment:

- Medical/Dental History
- Extraoral/Intraoral Assessment
- Periodontal Assessment
- Dental Charting **Oral Hygiene Instruction Treatment:**
- Dental Hygiene Care Plan – Informed Consent
- Periodontal Debridement
- Supplemental Therapy
- Deposit Removal **Quality Assurance:**
- Treatment Record documentation
- Comprehensive Care/Clinical Judgment
- Professionalism/Ethics

GRADE TABULATION

The grade in each category above is calculated using the MAJOR/MINOR system that follows:

Major	Minor
MDH/Vital Signs	
Fails to follow designated procedure for "yes" responses	Poor pt. mgmt.: inappropriate scheduling or appt procedure for medical condition
Is not familiar w/meds/medical status/precautions for pt (protocols for angina, diabetes, asthma, etc.)	Does not correctly complete/update demographic information
*Does not determine the need for premedication	Doesn't use correct technique when taking BP
*Begins tx w/o determining and recording VS	Is unaware of pt's past medical problems
*Failure to have pt. sign MDH	Tobacco use not noted
*Does not take a new MDH when indicated	Incorrect ASA Classification
*No Alert Label(s) affixed (when indicated)	Did not circle "yes" answer in red (each)
*Failure to have instructor approve MDH prior to assessment	Does not correctly complete information at top of gradesheet (each area)
Fails to follow protocol when BP too high	
No Oral Medicine sheet when indicated	
EO/IO *Oral Assessment not complete	Fails to document findings correctly

MDH/Vital Signs	
Fails to follow up on previously documented pathology	Fails to document proper occlusal relationship (each incident)
Fails to detect obvious findings	Does not determine the need for a consult
Fails to have clean mirror, explorer, probe readily accessible for faculty	Improper patient /operator positioning
Fails to have patient wear safety glasses	Fails to detect minor abnormalities
	Procedure not explained before beginning
	Patient given wrong stain, calculus classification

Major	Minor
Periodontal Assessment	
*Does not probe	Does not use correct probing technique
Patient assigned incorrect Periodontal Class	Does not have radiographs displayed
Every 3 errors in recession/probing depth measurements by >1mm	Every error in recession/probing depth measurement by >1mm
Fails to note bleeding sites	
Fails to note mobility or furcation (per tooth)	
Dental Charting *Fails to chart restorations	Does not document findings correctly
Transfers caries to record before faculty eval.	Does not label/date updates correctly
Every 3 charting errors	Every error in charting
Alters previous dental charting	Does not use proper technique for caries assessment (air, transillumination, explorer)
Oral Hygiene Instruction	
*Does not record proper indices	Does not show/explain disclosed areas to pt.
Does not include patient in setting goals for improved oral health	Does not suggest appropriate oral physiotherapy (OPT) aids per individual patient presentation
Fails to provide current information on tobacco effects on oral health when indicated	Does not refer patient to appropriate agencies for tobacco cessation
Does not explain indices and results to patient	Does not evaluate pt's physical, mental, or financial ability to use suggested OPT aids
	Does not explain and/or demonstrate OPT aids

Periodontal Assessment	
	Fails to evaluate parafunctional habits and provide current info on effects of oral health
Treatment: Care Plan-Informed Consent	
*No treatment care plan	Assigning incorrect Degree of Difficulty
Does not discuss problem list/oral health status/appointment plan with patient	Problem list and/or care plan require slight revision
*Periodontal Health Status Form (PHSF) not completed when indicated	# of appointments are inappropriate for patient's needs or student's skill level
*Failure to sign PHSF, treatment plan: student/patient	Does not recommend proper radiographs
*Patient not informed of perio. health status	Does not document findings correctly (each)
Referral not marked when indicated	Appointment plan/sequencing is inappropriate or unrealistic
Pt signature on tx plan preceded faculty assessment	
Treatment: Periodontal Debridement	
Cassette does not contain necessary instruments;	Inappropriate use of detection skills (air, explorer)
Instruments not sharp/stone not available	Improper patient/operator positioning
Does not clean removable prosthesis properly	Cassette/instruments not neat and orderly
*Tissue trauma	Inappropriate deposit removal techniques
Deposit removal form not initiated prior to check-off; Clean mirror not available for faculty	Inappropriate instrument grasp, adaptation, activation, and/or lateral pressure
Does not floss following polishing	
Incorrect handpiece speed	
Does not select proper polishing agent/grit for restorations/stain	
Treatment: Supplemental Therapy (Fluoride Chemotherapeutics)	
Leaves patient during therapy	
Does not provide patient instruction (post tx)	Patient instructions need minor revisions

Periodontal Assessment	
Does not have proper armamentarium for therapy	Fails to document therapy in Treatment Record
Does not recognize that supplemental therapy is indicated	Does not use correct technique for therapy
Fails to prevent ingestion of excess chemotherapeutic agents (saliva ejector, head tilt, isolation)	
Quality Assurance: Does not establish and/or record recall interval	Treatment Record Documentation Each error/omission in patient record
Referral to MD/DDS not recognized, sent or documented	Chief complaint not recorded in record
Clinical write up not neat or legible	Failure to place current year sticker
Failure to document pt's perio. condition in write-up	Every spelling/grammatical error in pt record
Medical alert sticker(s) in wrong location (should be INSIDE record cover)	Failure to write patients name on patient's chart and or paperwork (each incidence)
Quality Assurance: Does not use correct pen/pencil during check	Comprehensive Care /Clinical Judgment Recall interval inappropriate for patient
*Failure to follow infection control protocol	Every 5 minutes past the end of clinic
Failure to give and/or document post-op instructions when indicated	Failure to write patients name, age, or date on any clinic paperwork (each incidence)
Failure to have calculus or faculty check prior to pt dismissal	*Failure to sign in on radiology log if pt has been tx planned for x-rays
Failure to have radiographs displayed w/dentist evaluation	*Failure to follow ionizing radiation policy (forgetting to use lead apron, overexposure)
Cleaning supplies/glove box, etc. left on sink area	*Failure to follow established clinical protocol
*Failure to recognize contraindicated procedures	
Quality Assurance: *Professionalism/Work Ethic infraction as noted by faculty (recorded in Prof/WE notebook)	Professionalism/Ethics
Lab coat not put in locker room when not in use	*Breach of confidentiality related to release of medical information

The number of allowed major and minor errors and scoring is different for every clinic lab course as well. The example shown is for DHYG 1111.

Clinic I	3	2	1	0
Assessment	Ma 0	Ma 1-2	Ma 3-4	Ma 5+
	Mi 0	Mi 1-4	Mi 5-6	Mi 7+
OHI	Ma 0	Ma 1-2	Ma 3-4	Ma 5+
	Mi 0	Mi 1-4	Mi 5-6	Mi 7+
Tx	Ma 0	Ma 1-2	Ma 3-4	Ma 5+
	Mi	Mi	Mi	Mi
	0	1-4	5-6	7+
Deposit Removal	see guide			
Quality Assurance	Ma 0	Ma 1-2	Ma 3-4	Ma 5+
	Mi	Mi	Mi	Mi
	0	1-4	5-6	7+

Ma - Major Error

Mi - Minor Error

In addition, scoring of calculus charting errors and hard/soft deposit removal errors is different for each semester with increased point deductions for calculus not charted or deposits that remain. Scoring for each clinic lab course is presented in the following examples:

Calculus Charting Errors

DHYG1111 CALCULUS CHARTING ERRORS - PER QUAD

Calculus Case Type	0	1	2	3	4	5	Grade
Errors Allowed	0	0	0	0	0	0	3
Errors Allowed	1-5	1-5	1-5	1-5	1-5	1-5	2
Errors Allowed	6-8	6-8	6-8	6-8	6-8	6-8	1
Errors Allowed	9+	9+	9+	9+	9+	9+	0

DHYG2020 CALCULUS CHARTING ERRORS - PER QUAD

Calculus Case Type	0	1	2	3	4	5	Grade
Errors Allowed	0	0	0	0	0	0	3
Errors Allowed	1-4	1-4	1-4	1-4	1-4	1-4	2
Errors Allowed	5-7	5-7	5-7	5-7	5-7	5-7	1
Errors Allowed	8+	8+	8+	8+	8+	8+	0

DHYG2090 CALCULUS CHARTING ERRORS - PER QUAD

Calculus Case Type	0	1	2	3	4	5	Grade
Errors Allowed	0	0	0	0	0	0	3
Errors Allowed	1-3	1-3	1-3	1-3	1-3	1-3	2
Errors Allowed	4-5	4-5	4-5	4-5	4-5	4-5	1
Errors Allowed	6+	6+	6+	6+	6+	6+	0

DHYG2140 CALCULUS CHARTING ERRORS - PER QUAD

Calculus Case Type	0	1	2	3	4	5	Grade
Errors Allowed	0	0	0	0	0	0	3
Errors Allowed	1	1	1	1	1	1	2
Errors Allowed	2-3	2-3	2-3	2-3	2-3	2-3	1
Errors Allowed	4+	4+	4+	4+	4+	4+	0

Hard/Soft Deposit Removal

DHYG1111

Calculus Case Type	0	1	2	3	4	5	Grade
Deposits Remaining	0	0	0	0	0	0	3
Deposits Remaining	1-2	1-2	1-2	1-5	1-6	1-7	2
Deposits Remaining	3-5	3-5	3-5	6-7	7-8	8-9	1
Deposits Remaining	6+	6+	6+	8+	9+	10+	0

DHYG2020

Calculus Case Type	0	1	2	3	4	5	Grade
Deposits Remaining	0	0	0	0	0	0	3
Deposits Remaining	1	1	1	1-3	1-4	1-5	2
Deposits Remaining	2-3	2-3	2-3	4-5	5-7	6-8	1
Deposits Remaining	4+	4+	4+	6+	8+	9+	0

DHYG2090

Calculus Case Type	0	1	2	3	4	5	Grade
Deposits Remaining	0	0	0	0	0	0	3
Deposits Remaining	0	1	1	1-2	1-3	1-5	2
Deposits Remaining	1	2	2-3	3-4	4-6	6-7	1
Deposits Remaining	2+	3+	4+	5+	7+	8+	0

DHYG2140

Calculus Case Type	0	1	2	3	4	5	Grade
Deposits Remaining	0	0	0	0	0	0	3
Deposits Remaining	0	0	1	1	1-3	1-4	2
Deposits Remaining	0	1	2	2-3	4-5	5-6	1
Deposits Remaining	1+	2+	3+	4+	6+	7+	0

Percentage weights in each category are different for each clinic lab course with increasing emphasis on deposit removal as students' progress in the program. The following chart indicates the clinic lab course and the percentage weights assigned to each category:

Course	Assessment	Oral Hygiene Instruction	Treatment	Deposit Removal	Quality Assurance
DHYG 1111	35%	15%	25%	15%	10%
DHYG 2020	25%	10%	20%	35%	10%
DHYG 2090	15%	10%	15%	55%	5%
DHYG 2140	10%	5%	10%	70%	5%

Central Georgia Technical College Department of Dental Hygiene Clinic Rules

1. Students entering the clinic area during clinic sessions must be in full uniform or lab coat.
2. Lab coat should be removed prior to leaving clinic or entering reception area.
3. Full uniform must be worn at all times during clinic sessions.
4. Personal discussions or any discussions pertaining to patients while patients are in the clinic or reception area will not be tolerated. If discussions concerning a patient's treatment or condition are necessary, care must be taken to ensure privacy is maintained.
5. Patient records are the property of Central Georgia Technical College Dental Hygiene Clinic and must not leave the Dental Hygiene Clinic.
6. Each student is responsible for carrying out the duties of his/her assignment.
7. Students are responsible for recruiting their clinical patients. Although the Dental Hygiene Department assists in the scheduling of patients, the ultimate responsibility rests with the student.
8. Students shall NOT bring food or drink into the Dental Hygiene Clinic.
9. Cell phones are not allowed in the clinic area. Keep them OFF in your locker.
10. Each student is responsible for maintaining cleanliness of his/her assigned unit and area.
11. Students shall be in the clinic 15 minutes before the start of a clinic session.
12. Students will be considered tardy if unit is not set up by the beginning of the clinic session and points will be deducted from your grade.
13. Patients will be escorted through the entry door into the clinic for treatment.
14. No observers (i.e. patient's family, friends, etc.) are permitted in the clinic. Persons accompanying the patient must wait in the reception area. An exception may be made if assistance is needed from a caregiver of a special needs patient.
15. Children shall not be allowed in treatment area with parents who are being treated.

16. During clinic sessions, students must be present in the clinic and must stay busy with dental hygiene related tasks and duties.

17. Students may not leave the facility during clinic hours unless permission has been granted by Clinic Coordinators or Program Director.

18. Following treatment, students must complete a walk out statement and collect payment for each patient treated in the clinic. The walk out statement should be completely filled out and should designate type of payment received. Payment is received by Receptionist along with the walk out statement.

19. The receptionist and/or student schedules the patient according to their recare schedule based on individual needs.

Central Georgia Technical College Department of Dental Hygiene Comprehensive Patient Care Policy

Central Georgia Technical College Department of Dental Hygiene is a facility that serves a dual purpose. Not only does this institution provide the educational experience necessary to train competent dental health professionals, but it provides an invaluable service to the people of the community as well. It is our obligation to ensure that the needs of both the dental hygiene student and the patient are met.

Comprehensive treatment for each patient must be consistently delivered; therefore, it is the goal of this facility to ensure that treatment needs are met and/or appropriate referrals are given for each patient.

After the initial patient assessment has been performed, students will formulate a proposed treatment plan. Before beginning treatment, student MUST consult with his/her clinical faculty member for approval of the tentative plan. After treatment plan approval has been obtained and initialed by faculty member, student must present proposed treatment plan to the patient. Patient and student MUST sign bottom of treatment plan prior to initiating any treatment.

Following completion of comprehensive treatment as verified by clinical faculty, patients must be informed in writing of their need for referral. This referral is documented on the patient's comprehensive chart and communicated verbally and in writing to the patient via the "Treatment Record/Services Rendered" form (clinical dentist/faculty must sign referral after final checkout appointment or earlier in the appointment cycle if need for immediate referral is noted).

Students must attempt to complete treatment for every patient under his/her care. In the event that the patient terminates treatment (or other circumstances arise that prevent completion of treatment) students must provide information regarding the circumstances to the appropriate clinical instructor. Students may not terminate treatment for any patient without the permission of his/her clinical instructor. In addition, students must document patient non-compliance in the patient's chart to support suspension/termination of care.

Recognizing that first year student clinicians are in the initial stages of skill development, patients may be scheduled at a later date to complete treatment.

Central Georgia Technical College Department of Dental Hygiene Critical Incident Document

The following errors will be classified as Critical Incident errors and represent a breach in the Dental Hygiene Code of Ethics. Each infraction will result in an automatic "0" in category in which it occurred and a Critical Incident Report.

Assessment

1. Failure to take or update medical history. (New history form needs to be completed every 3 years)
2. Failure to have instructor approve medical history prior to assessment.
3. Failure to recognize contraindicated procedures.
4. Breach of confidentiality related to release of medical information.
5. No medical alert label affixed to record or documented on clinic paperwork (when indicated).
6. Failure to determine the need for antibiotic premedication.
7. Failure to chart restorations.
8. Begins treatment without determining and recording vital signs.
9. Failure to have patient/guardian sign medical/dental history.

Oral Hygiene Instructions

1. Does not record appropriate indices.
2. Does not provide Oral Hygiene Instructions.

Treatment Plan

1. No treatment care plan.
2. Failure to sign treatment plan – student/patient.

Quality Assurance

1. Failure to sign in on Radiology Log if patient has been treatment planned for radiographs.
2. Failure to follow ionizing radiation policy (includes forgetting to use lead apron, overexposure of patient)
3. Failure to follow established clinical protocol (leaving unit with gloved hands whether or not gloves are clean, treating a patient who requires premedication and has not premedicated)
4. Professionalism/Work Ethic infraction as noted by faculty (to be recorded in Professionalism/Work Ethic Notebook)
5. Failure to follow infection control protocol.
6. Patient dismissed without faculty approval.

A point will be deducted from a student's final grade for committing any Critical Incidents during the semester, and an additional point will be deducted for each subsequent infraction with a maximum amount of critical incidents being 3. If a student commits 3 critical incidents, they will be dismissed from the dental hygiene program. For example: 2 Critical Incidents=2 point deducted; 3 Critical Incidents= 3 points deducted and dismissal from the program.



Dental Hygiene Program Critical Incident Report

Student Name: _____ Date: _____

Faculty: _____ Clinic Lab Course: DHYG _____

See Critical Incident Documentation to determine Category of specific incident.

Assessment Error: _____

Asepsis Error: _____

Patient Safety Error: _____

Treatment Error: _____

Professionalism: _____

Student Response: _____

Student Signature _____ Date: _____

Faculty Signature _____ Date: _____

Original to be placed in student's record; copy to be placed in Critical Incident Notebook

A point will be deducted from a student's final grade for committing any Critical Incidents during the semester, and an additional point will be deducted for each subsequent infraction with a maximum number of critical incidents being 3. If a student commits 3 critical incidents, they will be dismissed from the dental hygiene program. For example: 2 Critical Incidents=2 point deducted; 3 Critical Incidents= points deducted and dismissal from the program.

Central Georgia Technical College Department of Dental Hygiene Desensitization of Hypersensitive Teeth

1. Identify hypersensitive teeth (i.e. upon instrumentation, stream of air, or by patient report).
2. Select appropriate desensitizing procedure and prepare armamentarium.
3. Patient Education
 - a. Explain procedure and possible outcomes including additional applications.
 - b. Stress importance of personal daily oral hygiene.
 - c. Recommend avoidance of foods that heighten sensitivity (refined sugar, citrus fruits and their juices).
4. Armamentarium
 - a. Mirror, explorer, cotton pliers
 - b. Patient bib, cotton rolls, air/water syringe tip
 - c. Desensitizing product and applicator
5. Application
 - a. Treatment surfaces must be clean, dry and isolated.
 - b. Follow manufacturer's directions.
 - c. Briefly apply air to tooth surface to confirm sensitivity and to serve as a baseline for treatment evaluation.
 - d. Reapply air to treated area to determine effectiveness by patient report. Retreat if necessary.
6. Home Application
 - a. A desensitizing dentifrice, such as one containing potassium nitrate or stannous fluoride may be recommended.

Central Georgia Technical College Department of Dental Hygiene Extraoral and Intraoral Examination

A careful overall observation of each patient and a thorough examination of the oral cavity and adjacent structures are essential for patient assessment prior to dental treatment. Recognition, treatment, and follow-up of specific lesions may be of definite significance to the general and oral health of the patient. At the completion of the extraoral and intraoral examination, findings must be documented in the patient's record using precise, descriptive terms.

1. Explain the procedure to the patient prior to beginning the examination.
2. Make an overall appraisal of the patient's physical characteristics. Observe gait, symmetry and color of skin.
3. Bilaterally palpate the parietal scalp, hairline, occipital nodes, temporal and frontal region. Bilaterally palpates the parotid salivary glands, facial expression, muscles, maxillary sinus area, submandibular, sublingual and mental areas. Swellings and tenderness may indicate infection, blockage, or tumors in the glands.
4. Place finger tips just anterior to the tragus of each ear. Ask patient to open as wide as possible and close while you observe the Temporomandibular joint. Make a note of tenderness, crepitus (popping and clicking), and any deviation on opening. Asymmetries may be indicative of malocclusion, TMJ abnormalities, or masses in the soft tissue adjacent to the TMJ.
5. Manually palpate the posterior and anterior cervical chain lymph nodes down to the clavicle. Palpate the thyroid gland and anterior midline cervical region.
6. For the intraoral exam follow all criteria for handwash, safety glasses, mask and a new pair of gloves. Give patient safety glasses to wear. Explain to the patient the procedure of the intraoral exam and place patient in a supine position with proper lighting.
7. Visually inspects the lips and entire oral cavity using the mirror.
8. Bidigitally palpates the lips when lips are opened. Observe frena on maxillary and mandibular regions. Bidigitally palpates the vestibules and cheeks. Examines the dorsal, ventral and lateral borders of the tongue using a 2 x 2 gauze square. Bimanually examines the floor of the mouth, sublingual and submandibular glands and lingual frenum. Examines the hard and soft palate and uvula and tonsillar region. Examines the maxillary tuberosity and retromolar areas. The condition of the teeth and current restorations are examined. Documents all findings on the proper form in patient record.

Central Georgia Technical College Department of Dental Hygiene Health History Data-Assessment

The health history is completed by the patient and verified by the clinician at the first appointment and then reviewed at each subsequent appointment to verify and document changes on the medical history update. This must be signed and dated by clinician and patient. A complete and thorough health history provides information concerning a patient's health, including recording of current vital signs. The health history enables the dental hygienist to:

- Identify client needs related to oral health and disease and provide comprehensive dental hygiene care
- Assess overall physical and emotional health and nutritional status
- Identify conditions that necessitate precautions to ensure that oral healthcare meet the patient's need for safety and that medical emergencies are prevented
- Assist in the medical and dental diagnosis of various conditions
- Identify conditions for which the patient should be referred for evaluation
- Establish baseline information about the client's health status

Because the state of a patient's health is constantly changing, it is necessary to obtain an updated health questionnaire before oral examination procedures. The health history form constitutes a legal document and should be completed by the patient in non-erasable ink (no pencil) and signed and dated by the patient to indicate its accuracy. A new health history form should be completed every three years.

1. Obtain and review patient records from previous appointments if available. However, a recall patient must still complete a medical history update. It is advisable to compare any previous records with the current questionnaire.

a. NEW PATIENT (Adult – 18 and over) Completely fill out the general, dental and medical information sections of the health history form in ink.

b. NEW PATIENT (Child or minor – under 18) Parent or guardian must completely fill out the general, dental and medical information sections of the health history form in ink. A child under the age of 18 must ALWAYS be accompanied by a parent or guardian.

3. Establish good communication and rapport with patient.

4. Check health questionnaire for completeness. All blank answers must be addressed. If the answer is "none," "unknown," or "not applicable," the blank must still be filled in with the appropriate answer.

5. Identify responses that require follow-up questions.
 - a. Any positive or YES responses should be circled in red and fully explained.
 - b. Positive responses may be followed up in comment section.
6. Check to ascertain that the patient, parent or guardian in the case of a minor, has signed and dated both the health questionnaire/consent form.
7. It is the student's responsibility to look up any medications taken by the patient and note any contraindications to dental treatment.
8. When indicated, labels for medical alerts, allergies, and need for premedication should be affixed to patient's record.
9. Medical alerts, conditions, premedications, allergies, etc. are noted.
10. Determine ASA Classification and note on clinical grade sheet(s).
11. Take and record vital signs and compare to previous readings if available. Follow Blood Pressure Guidelines if necessary.
12. Bring pertinent information to instructor's attention and seek consultation with clinic dentist and/or patient's physician if indicated.
13. Entries should be carefully written in blue ink and legible; mistakes should be neatly lined out (1 line only) and initialed. Since the patient's chart is a legal record, mistakes should never be erased, covered with correction fluid, or lined out until entry is illegible.
14. Information in the health history is confidential and may not be discussed with anyone who is not directly involved with the patient's treatment.

Patient records must not be removed from the dental hygiene clinic.
Patient records must not be kept in lockers or roly-carts.
Patient records must always be available.

Central Georgia Technical College Department of Dental Hygiene HIPAA Policy and Release of Records

Central Georgia Technical College's Health Science Department will implement and adhere to the HIPAA Act of 1996. All students who will be attending to patients/clients will receive HIPAA education and training. It is the practice and philosophy of the Health Professions programs to protect the interest of patients and to fulfill the legal obligations mandated under HIPAA.

Definition:

Protected Health Information (PHI) is any information that identifies an individual such as:

- The individual's past, present or future physical or mental health; OR
- The provision of health care to the individual; OR
- The past, present or future payment for health care.

Information is deemed to identify an individual if it includes either the patient's name or any other information taken together that enables someone to determine an individual's identity, such as, date of birth, gender, medical record number, address, phone number, email address, social security number, or full face photograph.

- All patients records (the chart, the surgical schedule and any other information, verbal or written, and any notes taken from the record of facility) are confidential.
- Students must be protective of patient information once it is removed from the clinical setting. (i.e., notes not left on desks, in classrooms, in cafeterias, or out for any public viewing). No patient names will at any time be removed from the clinical facility.
- Students must not identify patients, patient care team members or other persons by name in written work, notes or other exercises for learning purposes. In such instances, the use of initials is appropriate.
- Students will not discuss patients, staff or care issues in public (i.e., with friends or family, or in public places such as the shuttle bus, cafeterias, lounges, bars, restaurants, hairdresser, etc.).

Implications for Students

HIPAA has important implications for Health Profession students and their education. Protecting the privacy of your patients' health information must be foremost in your mind as you are considering how you will communicate what you are learning with faculty, clinical staff, and fellow students. When preparing case specific presentations, papers, discussions, and reports, you must avoid disclosing patient information that could identify the patient.

Consequences

All students will have written and verbal instruction on the student's legal obligation to safeguard protected health information during clinical experiences. This legal obligation is in accordance with federal privacy standards delineated in the Health Insurance Portability and Accountability Act (HIPAA).

All students will be instructed to review clinical site information forms and files and abide by applicable rules and regulations of the affiliating clinical facility with regard to professional conduct. *Please insert program specific consequences*

In addition, students will have to satisfactorily complete a training course and quiz at different clinical locations. A record of satisfactory completion of any training course will be kept on the student's file.

Social Media

All health science professions students are expected to comply with the Health Professions Policy on HIPAA. Each student will also be trained specifically to each clinical site's HIPAA information. Social media posts are included when referring to confidentiality and privacy acts. Social media posts on Instagram, Facebook and Twitter regarding patient procedures, hospital staff, and patient diagnoses are prohibited. Posting information about an event of any kind at the hospital is a violation of HIPAA and could be the cause for dismissal from the program. If a student has a question about an event in clinical or if the student is upset about something that happened in clinical, the student should consult program faculty or their clinical preceptor immediately.



Patient Authorization for Release of Dental Records

I authorize Central Georgia Technical College's Dental Hygiene Department to

disclose information from the dental records of _____
(patient name)

Address: _____

City: _____ State: _____

Phone Number: _____ Date of Birth: _____

Specific reports to be disclosed:

- X-Ray films
- Exam Records
- Entire Health Records (including, but not limited to, information regarding medical/dental treatment, demographics, and referral documents)
- Other (specify): _____

Specific reports to be disclosed to:

- I will pick up the copies of my records.
- Mail copy of my records to: _____ patient _____ other (specify below)

Name: _____

Address: _____

Phone #: _____ Fax #: _____

Signature of Patient (or Patient Representative) Date

Printed Name of Patient or Patient Representative

Central Georgia Technical College Department of Dental Hygiene Instrumentation with Hand-Activated Instruments

The elimination of surfaces that promote plaque retention and formation is essential to achieving a healthy periodontium. Hand instruments (scaling and root planing strokes) are used to mechanically remove surface irritants (plaque and calculus) from the teeth in order to maintain or promote the health of the periodontium. Although calculus removal is secondary to plaque removal, it is an important part of the periodontal debridement process. Calculus harbors plaque and lipopolysaccharides (LPS), also called endotoxins, which must be removed for tissue healing to occur. Also, a patient's home care can be facilitated by calculus removal. However, keep in mind that professional instrumentation makes a limited contribution to arresting the progression of disease without daily plaque control measures by the patient.

1. Establish correct patient and operator positions to obtain maximum visibility and accessibility.
2. Select appropriate instrument and determine the correct cutting edge.
3. Grasp the instrument with a modified pen grasp and establish a finger rest (fulcrum).
4. For subgingival instrumentation, insert the curet beneath the gingival margin at a 0 to 40 degree angulation.
5. Adapt toe-third/tip-third of cutting edge to tooth surface by rolling the instrument handle.
6. Establish correct face-to-tooth angulation between 70 and 80 degrees (>45 and <90 degrees).
7. Activate working stroke:
 - a. Press against the tooth with ring finger (fulcrum or finger rest).
 - b. Apply lateral or inward pressure against the instrument handle with index finger and thumb.
 - c. Activate a short pull stroke in a coronal direction (away from the junctional epithelium).
 - d. Use wrist activation for strength and control.
8. Use a series of short, overlapping vertical and oblique strokes to remove deposits.
9. Maintain adaption by rolling instrument handle between fingers.
10. Use a systematic sequence for increased efficiency in calculus removal.

References

- Nield-Gehrig, Jill S. (2012). *Fundamentals of Periodontal Instrumentation & Advanced Root Instrumentation*. 7th ed. Philadelphia: Lippincott Williams & Wilkins.
- Darby, Michelle L. (2014). *Dental Hygiene Theory and Practice*. 4th ed. St. Louis: Saunders Elsevier.

Central Georgia Technical College Department of Dental Hygiene Instrument Sharpening

Hand-activated instruments must be sharp for efficient and effective instrumentation with minimal tissue trauma. Instruments should be sharpened at the first sign of dullness and may require sharpening during the dental hygiene appointment to maintain sharpness. A sharp cutting edge allows reduction in (1) operating time, (2) clinician fatigue and stress, (3) possibility of burnishing calculus. Sharp cutting edges will allow improvement in instrument control and tactile sensitivity. Sharpening procedures are an essential and integral part of instrumentation. The technique used is Stationary Instrument/Moving Stone Method. The stone used is the Diamond Head Ceramic Stone, which requires no oil or water. To determine instrument sharpness a plastic stick or saliva ejector is used.

The Sharpening Process:

1. Place the instrument with your non-dominant hand.
2. Position the terminal shank at 90°.
3. Face the toe of the instrument toward you.
4. The face of the blade will be parallel with the floor.
5. Brace your non-dominant elbow and forearm on the stable work surface.
6. Keep the terminal shank positioned at 90°, perpendicular to the floor.
7. Hold the instrument in a very secure modified pen grasp.
8. Hold the sharpening stone in your dominant hand.
9. Place your thumb against the side of the stone nearest you.
10. Place your fingers on the side of the stone closest to the working surface.
11. Confine your grasp to the lower one-half of the stone.
12. Instrument design determines the correct application of the sharpening stone to the instrument.

Gracey (Area-Specific) Curette – 1 cutting edge:

1. Sharpen only the larger, outer cutting edge.
2. Place the face of the instrument (not the terminal shank) parallel to the floor.
3. Place the stone against the heel of the cutting edge.
4. Position the stone at 90°.
5. Tilt the upper part of the stone to 110°.
6. Move the stone in short rhythmic strokes against the cutting edge- heel, middle, toe, maintaining the stone at a consistent 110° angle.
7. Sharpen only the larger, outer cutting edge.
8. Carefully adapt the stone in small sections – heel, middle and toe. This will preserve the curved shape.

Sickle Scaler – 2 cutting edges

1. Place the stone against the heel one-third of the cutting edge.
2. Position the stone at 90°.

3. Tilt the upper part of the stone to 110°.
4. Move the stone in short rhythmic strokes (heel, middle and toe) against the cutting edge, maintaining at a consistent 110° angle at the heel of the instrument.
5. Proceed to the middle one-third of the blade and repeat the sharpening process.
6. Finish at the toe one-third with a downstroke.
7. To sharpen the opposite edge, place the stone against the heel one-third of the opposite cutting edge.
8. Position the stone at 90°.
9. Tilt the upper part of the stone to 110°.
10. Move the stone in short rhythmic strokes (heel, middle and toe) against the cutting edge, maintaining the stone at a consistent 110°.
11. Proceed to the middle one-third of the blade and repeat the sharpening process.
12. Finish the toe one third with a downstroke.

The Universal Curette – 2 cutting edges

1. Place the stone against the heel one-third of the cutting edge.
2. Position the stone at 90°.
3. Tilt the upper part of the stone to 110°.
4. Move the stone in short rhythmic strokes (heel, middle and toe) against the cutting edge, maintaining the stone at a consistent 110° angle.
5. Proceed to the middle one-third of the blade and repeat the sharpening process.
6. Round the toe with continual downward strokes, rotating around the toe of the curette.
7. To sharpen the opposite edge, place the stone against the heel one-third of the opposite cutting edge.
8. Position the stone at 90°.
9. Tilt the upper part of the stone to 110°.
10. Move the stone in short rhythmic strokes (heel, middle and toe) against the cutting edge, maintaining the stone at a consistent 110° angle.
11. Proceed to the middle one-third of the blade and repeat the sharpening process.
12. Round the toe with continual downward strokes, rotating around the toe of the curette.

Central Georgia Technical College Department of Dental Hygiene Live Work Policy

1. Dental Hygiene Preventive Services are offered to the public. Fees are kept to a minimum and are collected when services are rendered.
2. Patients under the age of 18 must be accompanied at all times by a parent or legal guardian.
3. Appointments may be scheduled by telephone. Walk-ins are accepted on space availability.
4. All patient records are kept confidential.
5. All work will be performed by students under the supervision of a licensed dentist or dental hygienist faculty member.
6. All patients (or guardians of patients under the age of 18) must complete and sign a health history form prior to any exam or treatment.
7. Patients will receive an explanation of recommended treatment, treatment alternatives, the option to refuse treatment at any time, risks of not undergoing treatment, and the expected outcome of various treatments. Patients (or guardians of patients) must sign an individualized treatment plan prior to initiating any treatment.
8. Appointments will be forfeited if patient is more than 15 minutes late and has not contacted the dental hygiene receptionist.
9. The CGTC Dental Hygiene Clinic is able to provide comprehensive dental hygiene care; however, patients must follow up with a visit to a private dentist for comprehensive dental care and/or other dental specialist if indicated.
10. Students may render services on each other with an instructor's approval.
11. An itemized list of charges for each service is completed for each patient at the time fees are collected. Fees are collected by dental hygiene staff members and money is deposited at the Cashier's Window.
12. An itemized income and expense sheet is completed for each semester that live work is performed in the clinics.

Central Georgia Technical College Department of Dental Hygiene Mixing Laboratory Chemicals

Evacuation System Cleaner - unit suction system to be completed weekly

1. Wear heavy-duty utility gloves with standard personal protective Equipment (PPE) when preparing or working with the solution.
2. Avoid contact of the solution with eyes, skin, and clothing.
3. ALWAYS read and follow label directions and precautions.
4. Fill gallon container with hot water.
5. Add 4 tubes of Pro E-Vac to gallon dispenser (Warner Robins) or 2 scoops (8g) of Vac Attack to gallon dispenser (Macon) and mix well.
6. Turn on low and high speed suction valves and place in the dispenser.
7. Aspirate 16 oz of solution for slow speed suction; aspirate 16 oz of solution for high speed suction (32 oz total per unit). One dispenser of solution will be enough for 4 units in the clinic.

Ultrasonic Cleaner

1. Wear heavy-duty utility gloves with standard PPE when preparing or Working with the solution.
2. Avoid contact of the solution with eyes, skin, and clothing
3. ALWAYS read and follow label directions and precautions.
4. For general cleaning of contaminated instruments, use 3 even squirts of Patterson Super Concentrated Enzymatic Ultrasonic Cleaning Solution (Warner Robins) or 4 ounces (1 full scoop) of Enzymax Solution (Macon) to one full tank of warm water.

Central Georgia Technical College Department of Dental Hygiene Occlusion

Types of facial profiles

1. Mesognathic- having slightly protruded jaw
2. Retrognathic- (convex) having a prominent maxilla and a retruded mandible.
3. Prognathic- (concave) having a prominent, protruded mandible and a normal maxilla.

Mal-relationship of groups of teeth

1. Crossbite
 - a. Anterior- Maxillary incisors are lingual to mandibular incisors.
 - b. Posterior- Maxillary or mandibular posterior teeth are either facial or lingual to their normal position.
2. Edge to edge
 - a. Anterior- Incisal surfaces of maxillary teeth occlude with the incisal surfaces of the mandibular teeth.
 - b. Posterior- Molars and premolars occlude cusp to cusp when viewed mesiodistally.
3. Openbite- Lack of occlusal or incisal contact between maxillary and mandibular teeth because they have failed to reach the line of occlusion.
4. Overjet- The horizontal distance between the labioincisal surfaces of the mandibular incisors and the linguoincisor surfaces of the maxillary incisors.
5. Underjet- Maxillary teeth are lingual to mandibular teeth.
6. Overbite- Vertical distance by which the maxillary incisors overlap the mandibular incisors.

Malposition of individual teeth

1. Labioversion- a tooth that has assumed a position labial to normal
2. Linguoversion- position lingual to normal
3. Buccoversion- position buccal to normal
4. Supraversion- elongated above the line of occlusion
5. Torsoversion- turned or rotated
6. Infraversion- depressed below the line of occlusion
7. Transversion or Transposition- tooth is in the wrong order in the arch

Normal/Ideal Occlusion

1. Facial- Mesognathic
2. Molar- Mesiobuccal cusp of the maxillary 1st permanent molar occludes with the buccal groove of mandibular 1st permanent molar

3. Canine- Maxillary permanent canine occludes with the distal ½ of the mandibular canine and the mesial ½ of the mandibular 1st premolar

Malocclusion Classifications

A. Class I/ Neutroccclusion

1. Facial- Mesognathic
2. Molar- Mesiobuccal cusp of the maxillary 1st permanent molar occludes with the buccal groove of mandibular 1st permanent molar.
3. Canine- Maxillary permanent canine occludes with the distal ½ of the mandibular canine and the mesial ½ of the mandibular 1st premolar, but with malposition of individual teeth or groups of teeth.
4. Variations that may occur in Class I
 - a. Crowded maxillary or mandibular anterior teeth
 - b. Protruded or retruded maxillary incisors
 - c. Anterior crossbite
 - d. Posterior crossbite
 - e. Mesial drift of molars due to premature loss of teeth.

B. Class II/ Distocclusion

1. Facial- Retrognathic
2. Molar- buccal groove of mandibular molar is distal to the mesiobuccal cusp of maxillary 1st permanent molar by a width of ½ a premolar.
3. Canine- distal surface of mandibular canine is distal to mesial surface of maxillary canine by width of a ½ a premolar.
4. Division 1
 - a. Description: The mandible is retruded and all maxillary incisors are protruded.
 - b. General types of conditions that occur in this division: deep overbite, excessive overjet, abnormal muscle function (lips), short mandible, or short upper lip.
5. Division 2
 - a. Description: the mandible and one or more maxillary incisors are retruded
 - b. General types of conditions that occur in this division: maxillary lateral incisors protrude while central incisors retrude, crowded maxillary anterior teeth, or deep overbite.
6. Subdivision
 - a. One side is Class I, the other is Class II (may be Division 1 or 2)

Central Georgia Technical College Department of Dental Hygiene

Operator Positioning

Maxillary Arch

Sextants 1 & 3: Light above patient's chest; light beam is rotated up. Patient is in supine position with chin up.

1. Buccal of Sextant 1: Use mirror for retraction of cheek, patient turns away from you, use direct vision, sit at 9 to 10 o'clock
2. Lingual of Sextant 3: Use mirror for illumination, patient turns away from you, use direct vision, sit at 9 to 10 o'clock
3. Buccal of Sextant 3: Use mirror for retraction of cheek, patient turns toward you, use indirect and direct vision, sit at 10 to 11 o'clock
4. Lingual of Sextant 1: Use mirror for indirect vision, patient turns toward you, use indirect and direct vision, sit at 10 to 11 o'clock

Sextant 2 (Canine to Canine): Light above patient's chest; light beam is rotated up. Patient is in supine position with chin up.

1. Maxillary Facial Surfaces Toward You : No mirror, patient facing straight, use direct vision, sit at 8 to 9 o'clock
2. Maxillary Facial Surfaces Away From You : No mirror, patient facing straight, use direct vision, sit at 12 o'clock
3. Maxillary Lingual Surfaces Toward You : Use mirror for indirect vision, patient facing straight, use indirect vision, sit at 8 to 9 o'clock or 12 o'clock
4. Maxillary Lingual Surfaces Away From You : Use mirror for indirect, patient facing straight, use indirect vision, sit at 12 o'clock

Mandibular Arch

Sextants 4 & 6: Light above patient's head. Patient is in semi-supine position with chin down.

1. Buccal of Sextant 4: Use mirror for retraction of cheek, patient turns toward you, use direct vision, sit at 10 to 11 o'clock
2. Lingual of Sextant 6: Use mirror for retraction of tongue, patient turns toward you, use direct vision, sit at 10 to 11 o'clock
3. Buccal of Sextant 6: Use mirror for retraction of cheek, patient turns slightly away from you or faces straight, use direct vision, sit at 9 o'clock
4. Lingual of Sextant 4: Use mirror for retraction of tongue, patient turns away from you or faces straight, use direct vision, sit at 9 o'clock

Sextant 5 (Canine to Canine): Light above patient's head. Patient is in semi-supine position with chin down.

1. Mandibular Facial Surfaces Toward You : No mirror, patient facing straight, use direct vision, sit at 8 to 9 o'clock

2. Mandibular Facial Surfaces Away From You : No mirror, patient facing straight, use direct vision, sit at 12 o'clock
3. Mandibular Lingual Surfaces Toward You : Use mirror for indirect vision, patient facing straight, use indirect vision, sit at 8 to 9 o'clock
4. Mandibular Lingual Surfaces Away From You : Use mirror for indirect, patient facing straight, use indirect vision, sit at 12 o'clock

Central Georgia Technical College Department of Dental Hygiene Oral Hygiene Instructions

Patient education is crucial to the oral health care of the patient. The services provided by the dental hygienist are both preventive and therapeutic in nature. Dental and dental hygiene clinical services have a limited probability of long-range success if the patient does not understand why they have been rendered. In addition, the patient must understand the importance of his/her role in maintaining his/her oral health. Individual oral health care regimens can be evaluated periodically by specific oral indices. By comparing sequential scores, the patient's success or failure in modifying his/her daily oral hygiene routine can be evaluated.

The clinician will be providing knowledge, demonstration, patient participation and reinforcement using the following protocol:

1. Prepare the patient:
 - a. Review the patient's record.
 - b. Question patient as to personal goal for oral health.
 - c. Ascertain patient's knowledge of plaque control.
 - i. Definition of plaque
 - ii. Objectives of plaque control
 - iii. Techniques for plaque removal
 - iv. Frequency of plaque removal
2. Evaluate Patient's Oral Status
 - a. Evaluate oral cavity for health and disease
 - i. Hard tissue
 - ii. Soft tissue
 - b. Evaluate patient's oral hygiene routine
 - c. Disclose teeth
 - d. Evaluate teeth for location and amount of plaque
 - i. Patient assessment of own mouth
 - ii. Clinician assessment
 - e. Perform needed indices
 - f. Determine instructional needs of patient
 - i. Age
 - ii. Previous habits
 - iii. Dexterity
 - iv. Present dental knowledge
3. Demonstrate Oral Hygiene Technique
 - a. Demonstrate selected plaque control concepts with patient
 - i. Toothbrushing
 - ii. Interproximal cleaning (flossing)
 - iii. Other aids

- b. Demonstrate proper oral hygiene technique to remove existing plaque with brush, floss, other aids and mirror.
 - c. Have patient re-demonstrate new oral hygiene techniques in their own mouth.
4. Evaluate Patient's Knowledge
- a. Determine patient's current comprehension of plaque control.
 - b. Determine need for additional knowledge and/or oral hygiene technique reinforcement.
 - c. Perform post-instructional indices.
 - d. Schedule patient for re-evaluation (recall).
 - e. Record oral hygiene instruction given and evaluation on patient's record.

**Central Georgia Technical College Department of Dental Hygiene
Patient Classification (Degree of Difficulty and Periodontal Classification)**

Assigned Number	Description	Examples and Exceptions
0	Plaque, no calculus, light stain	Example: No calculus throughout
I	Light to moderate stain. Light supra- and/or sub-gingival calculus located on less than 1/4 of the dentition (approximately 8 teeth)	<p>Example: Very light chalky/grainy calculus on the mandibular anterior teeth. May present interproximal and on facial and lingual surfaces</p> <p>Example: Slight calculus deposits, but firmly attached across the mandibular anterior teeth and distal surfaces of the first and second molars</p> <p>Exception: No calculus, yet over-contoured crowns or many overhangs</p> <p>Exception: No calculus, yet advanced periodontal disease including furcations and severe recession</p>
II	Light to moderate stain. Light amounts of supra- and/or sub-gingival calculus located on less than 1/2 of the dentition (9-14 teeth)	Example: Light amounts of calculus deposits, firmly attached, across the mandibular anterior teeth, and interproximal on molars and premolars
III	Light to moderate stain. Moderate amounts of supra- and/or sub-gingival calculus located on more than 1/2 of the dentition (approximately 15-20 teeth)	Example: Calculus deposits, firmly attached, supra- and sub-gingivally throughout the patient's mouth
IV	Moderate to heavy stain. Moderate to heavy amounts of supra- and sub-gingival calculus (ledges) located on more than 1/2 of the dentition (approximately 18-20 teeth)	Example: Calculus deposits firmly attached throughout the patient's mouth. These deposits may present as ledges/rings circumferentially around the patient's teeth.
V	Moderate to heavy stain. Heavy amounts of supra- and sub-gingival calculus (ledges) located on more than 3/4 of the dentition (approximately 21 or more teeth)	Example: Calculus deposits firmly attached (extremely hard) throughout the patient's mouth. These deposits will present as ledges/rings circumferentially around the patient's teeth.

Classification of Periodontal Case Type

Assigned Number	Classification	Description
H	Healthy	Healthy tissue, no gingival changes. No clinical attachment loss (CAL), Gingival sulcus depths 0-3 mm
G	Gingival Disease	Changes in color, gingival form, position, surface appearance. Bleeding present. Localized mild, chronic gingivitis. Gingival pocket depths 0-5 mm. May have pseudo-pockets, but no CAL.
I	Stage I Periodontitis	Gingival inflammation into the deeper periodontal structures and alveolar bone crest, with slight bone loss. Generalized mild to moderate chronic gingivitis. CAL 1-2 mm and may have Periodontal pocket depths. No tooth loss due to periodontal disease.
II	Stage II Periodontitis	Horizontal bone loss and may have generalized recession. CAL of 3-4 mm. No tooth loss due to periodontal disease.
III	Stage III Periodontitis	Increased destruction of periodontal structures. Loss of bone support. May be accompanied by tooth mobility and furcation involvement and generalized recession. CAL of 5 mm or more. Probing depths 6mm or more. Vertical bone loss 3mm or greater. Tooth loss of 4 or less teeth due to periodontal disease.
IV	Stage IV Periodontitis	Major loss of alveolar bone support, usually accompanied by tooth mobility and furcation involvement and generalized recession. CAL of 5 mm or more. Tooth loss of 5 teeth or more due to periodontal disease. In need of complex rehabilitation to restore function.

- Grade A: Slow Rate of Progress
- Grade B: Moderate Rate of Progress
- Grade C: Rapid Rate of Progress

Central Georgia Technical College Department of Dental Hygiene Patient Questionnaire



DENTAL HYGIENE PROGRAM PATIENT SURVEY

Student _____ Date: _____

Instructions: We value your opinion to better assist us in providing quality patient care in our clinic. Check the box which most closely describes your experience.

	Yes	No	N/A
1. When I contacted the clinic to make an appointment, I was treated in a courteous manner.			
2. The conduct of the staff at the reception desk was professional and efficient.			
3. I understand my responsibilities and rights as a patient.			
4. The student who treated me had a professional appearance (clean uniform, neat, and well groomed).			
5. The student clearly explained my oral condition and each procedure performed.			
6. The student provided thorough and clear oral hygiene instructions and had me repeat them to demonstrate that I understood the instructions.			
7. The student had a good patient rapport with me and was courteous.			
8. The student answered all of my questions to my satisfaction.			
9. The student displayed professionalism throughout the appointment.			
10. The instructor treated me with courtesy and respect.			
11. The clinic facility and equipment was clean, modern and safe. The care I received by the student was thorough, safe and equal to or better than the care I have received in a private dental office.			

We welcome your comments! Please comment on something you particularly liked or disliked about your experience today _____

**Thank you for taking the time to provide us with this information.
Please give to the receptionist as you leave.**

Revised 1/2019

Central Georgia Technical College Department of Dental Hygiene Patient Record Evaluation

CGTC Dental Hygiene Program Completed Chart Review for Quality Assurance

Patient Name: _____ Clinician: _____

Reviewed by: _____ Faculty _____

Category	Findings	Remedy
Patient Dental File		
Patient's name on file correctly		
Correct year sticker affixed to file		
Medical History/Update Form		
Filled Out Completely		
Signed by Patient, Dentist, and Student		
Patient Rights/ Medical Release Form		
Signed by Patient		
Radiographs		
Radiographic Release Signed by Patient		
All radiographs present and labeled correctly		
Intra-Extra Oral Exam		
Patient Info, Date, and Student's Name		
All Areas Complete		
Periodontal Charting		
Probing Completed at Visit		
Patient Treatment Plan		
Patient Info, Date, and Student's Name		
Case Types Noted		
Signed by Instructor		
Signed by Student		
Caries Risk Assessment		
Form complete with all information & signatures		
Hard tissue Charting		
Patient Info, Date, and Student's Name		
Signed by Instructor		
Services Rendered Form		
Signed by Student and Instructor		
Case types and Recare Schedule recorded		
Tx Record Completed matches Tx Plan		
Dental Care Plan		
Form complete with all information & signatures		

of Infractions: _____ Reviewer Signature: _____ Date: _____

Revised 1/2019

Central Georgia Technical College Department of Dental Hygiene Patient Treatment Sequence

Definition: Instructor check – Evaluation and Grade

Dismissal check – Feedback, tissue evaluation (i.e. similar to a supervised situation with a dentist).

1. Obtain and review chart; Greet patient in waiting room MDH (to patient)
2. Seat patient
3. Review/update MDH; Wash hands; Take vital signs; place alert stickers if needed; obtain patient signature and your signature; Pharmacology sheet to be filled out if necessary
4. Instructor Check
5. Sign up in notebook if radiographs are indicated
6. Expose any indicated radiographs.
7. Place patient napkin
8. Request patient pre-rinse with antibacterial rinse
9. Open instruments
10. Wash hands-Glove-Mask
11. Begin Assessment Phase
 - a. Extra/Intraoral, gingival exam
 - b. Occlusion and deposit evaluations
 - c. Probing exam and periodontal exam
12. Begin Planning Phase
 - a. Calculate patient Degree of Difficulty (I, II, III, IV), Polishing, OHI
 - b. Assess need for radiographs and include radiographic needs in the treatment plan. Display most recent radiographs
 - c. Formulate treatment plan; include pre-rinse, scaling (i.e. per quadrant), reevaluation, selective polishing
13. Instructor Check – Assessment and Planning
 - a. After you ask for a check, you can do Dental Charting if instructor is busy
 - b. Indicate assessment errors on grade sheet
 - c. Make corrections on patient record
14. Disclose and perform Plaque Index
15. Give OHI
16. Scaling. Follow your treatment plan. Obtain Local Anesthesia, if needed. If treatment plan changes are necessary due to tissue response or amount and quality of calculus, consult with instructor and document changes in patient record.
17. Calculus Check (TBC patients only). This is always done prior to patient dismissal. Ask for feedback if time allows.
18. Instructor Check – Scaling for grade: no feedback after completion. A scale check cannot be given unless time allots for rescale if indicated.

19. Instructor Check – Polishing after completion of all quadrants. For grade: no feedback after completion. Check polishing/flossing yourself with disclosing and air. Remove any remaining deposits. Disclose prior to Faculty Evaluation. You are to assist with air during the polish evaluation.
20. Fluoride application
21. Remove patient napkin
22. Remove mask and gloves
23. Wash hands
24. Collect fee and fill out Walkout form
25. Set up recall system: make your own recall information
26. Dismissal Check – Fees and Walkout form given to receptionist. Let your instructor know that you are now dismissing the patient
27. Dismiss patient (give Referral Form if needed), 15 to 20 minutes prior to the end of the clinic session
28. Complete paperwork and present to instructor for grading (Should include Next Visit information)
29. Disinfect and secure unit; be sure to sign off with Clinic Assistants
30. Sterilize instruments

**Central Georgia Technical College Department of Dental Hygiene
Pediatric Patient Care Policies**

Children under the age of 18 must be accompanied by a parent or legal guardian. If a family member or family friend accompanies the child, then the parent or guardian must provide written documentation (with a signature) allowing the family member or family friend to authorize treatment provided in the CGTC Dental Hygiene Clinic. Children aged 16-17 years old who drive themselves to their CGTC Dental Hygiene Clinic appointment must provide written documentation (with a signature) stating that the child is able to make decisions and to give authorization regarding treatment, medications, and dental hygiene procedures for his or her own care. Below is a form that may be completed in order to satisfy this requirement:

Authorization- Non-Parent/Guardian to Accompany Patient

Periodically there may be times when you are unable to bring your child to the CGTC Dental Hygiene Clinic for an appointment and need to rely on a family member or family friend. We understand these circumstances; however, we must have a written authorization letter allowing this person to accompany your child(ren). The person bringing your child(ren) will need to present a photo identification at time of service.

This authorization gives the person permission to bring your child(ren) in, speak to the dentist or faculty member, given authorization for treatment, medication, certain dental hygiene procedures such as radiographs, fluoride treatments, and sealants and also make general health decisions.

I, _____, give the person(s) listed below permission to bring my child(ren) to the CGTC Dental Hygiene Clinic and to discuss and share medical information about my child(ren). I further authorize them to see all necessary medical records and make health care decisions of a routine nature as determined at the sole discretion of the CGTC Dental Hygiene dentist or faculty member.

I also give them authority to make more serious or urgent health care decisions in the event I cannot be reached or where it is of an emergency nature where there is not sufficient time to seek out my specific consent.

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Name of Person (allowed to bring child)

Relationship

Name of Person (allowed to bring child)

Relationship

Signature (Parent or Legal Guardian)

Date

Central Georgia Technical College Department of Dental Hygiene Periodontal Charting

Information displays total attachment loss, periodontal case type, furcation involvement, gingival bleeding and suppuration points.

1. Asepsis
 - a. Refer to section on Asepsis
2. Patient Positioning
 - a. Refer to section of Positioning
3. Procedure
 - a. Use a systematic order in inspection. Dentrix software provides a systematic sequence. Student must periodontal chart entire dentition prior to classification of patient.
 - b. Use red/blue pencil to record measurements and mark on charting form or use the Dentrix software in the clinic computer.
 - c. Periodontal entries are recorded along with the date of entry.
 - d. Never erase on any clinical record form– if necessary, draw one line through error, initial, date, and write correction.
 - e. Sulcus and pocket depth to be identified and measured by use of a periodontal probe.
 - f. Probe entire circumference of tooth-record all depths at mesiobuccal, direct buccal, distobuccal, mesiolingual, direct lingual, and distolingual and record the 6 readings on charting form in proper box or in Dentrix software. Readings with 4mm and above are recorded in red.
 - g. Bleeding points are charted in red (small dot in area of bleeding on tooth chart near the apex of tooth). Bleeding points are noted in Dentrix in the Bld box on the right-side of the probing chart.
 - h. Suppuration points are charted in blue (small blue dot in area of suppuration). Bleeding points are noted in Dentrix in the Sup box on the right-side of the probing chart.
 - i. Mobility is charted in blue. Mobility is noted in Dentrix in the Mobility box (0, 1, 2, 3, 4) on the right-side of the probing chart.
 - j. Furcation is charted in blue near the furcation entrance on tooth root. Furcation involvement is noted in Dentrix on the selected tooth in the FG box on the right-side of the probing chart.
 - k. Recession is recorded in the recession box (Dentrix PD box) and clinical attachment loss (CAL) is calculated and recorded.

Central Georgia Technical College Department of Dental Hygiene Periodontal Referral Criteria

Patients who meet the following criteria should be referred to a periodontist for evaluation:

1. Chronic periodontitis with probing depths greater than 5 mm, furcation involvement, and/or problematic gingival recession
2. Aggressive (localized, generalized) periodontitis
3. Periodontitis associated with systemic diseases (such as diabetes mellitus)
4. Periodontitis with significant or increasing tooth mobility
5. Periodontal lesions adjacent to necrotic (or endodontically treated) teeth
6. Refractory (considered nonresponsive to treatment) or recurrent periodontitis (responsive, but still headed downhill)
7. Patients who have aesthetic concerns about the interplay between teeth, restorations, and the gingiva or alveolar arches
8. Patients with mucocutaneous disorders affecting the oral soft tissues (e.g. pemphigus, lichen planus)

**Central Georgia Technical College Department of Dental Hygiene
Photo Consent Form**



The undersigned does hereby authorize Central Georgia Technical College (CGTC) Dental Hygiene Program to photograph:

Name (please print)

for clinical treatment purposes only.

The undersigned authorizes CGTC Dental Hygiene Program to permit the use and display of said photograph in their own dental chart or to be used in the classroom for learning purposes.

Accepted and agreed:

Signature of Subject

Signature of Witness

Date

Central Georgia Technical College Department of Dental Hygiene Selective Polishing

Polishing the teeth at the completion of a dental hygiene appointment has been a “traditional” practice in dental care. This practice appears to be more of a “habit” than a beneficial service for the patient. Polishing should not be performed on a routine basis for all patients. The removal of extrinsic stain should be the primary reason to polish the dentition. The time that is generally allotted for polishing can better be spent in helping the patient master plaque control techniques. Maintenance of periodontal health depends on effective daily plaque control by the patient. Stains incorporated within calculus or dental plaque can be removed with hand instruments and/or ultrasonic scalers. Extrinsic stain is not an etiologic factor for periodontal diseases; and deplaqueing can be accomplished effectively using ultrasonic instrumentation.

1. Determine whether polishing is needed.
2. Select the method and abrasive agent that will produce the least amount of scratching or enamel removal.
3. Connect handpiece to the dental unit.
4. Position patient in a supine position; provide patient with eyewear.
5. Connect a disposable prophylaxis angle with a rubber cup to handpiece.
6. Fill rubber cup with abrasive paste and establish a finger rest. Hold the rubber cup to that the rim is almost in contact with, but not touching, the tooth surface as handpiece is activated with the foot control (rheostat).
7. Polish only those surfaces that have objectionable esthetics.
8. With the cup rotation at a slow, steady speed, adapt a portion of the cup rim to the tooth surface. Apply light pressure, keeping the cup in contact with the tooth for a few seconds and keeping the working end moving at all times.
9. Maintain a finger rest (fulcrum), use vertical, oblique, or horizontal stroke direction.
10. Use established sequence to minimize time and increase efficiency.
11. Use floss to remove debris from all proximal surfaces.
12. Allow patient to rinse thoroughly with water.
13. Have faculty member evaluate plaque and stain removal.
14. Apply fluoride treatment following polishing procedure.
15. After completion of appointment, discard disposable angle.
16. Prepare handpiece for sterilization according to manufacturer’s directions.

Central Georgia Technical College Department of Dental Hygiene Ultrasonic Techniques

The use of ultrasonic devices aids the clinician in rapid removal of moderate to heavy calculus deposits and stain resulting in much less hand fatigue. Other indications for using an ultrasonic device is for removal of biofilm, endotoxins, and debris from root surfaces, debridement of furcation areas, and removal of orthodontic cement and overhang margins of restorations.

1. Equipment needed

- a. Face shield
- b. Gloves, mask, eyewear, lab coat for clinician
- c. Eyewear, face drape, paper towel for patient
- d. Ultrasonic unit
- e. Insert (standard or thin)
- f. Subgingival explorer
- g. Mouth mirror
- h. Suction

2. Preparation

- a. Turn on ultrasonic unit and allow water to flow through handpiece for 2 minutes at beginning of appointment (or 30 seconds between patients).
- b. Select a straight angled tip and insert into water-filled handpiece of ultrasonic unit.
- c. Holding handpiece over sink, adjust water and power to desired setting. Tip should emit a mist of water without excessive dripping.

3. Positioning

- a. Place patient in an appropriate supine position: have patient tilt head toward right or left depending on area being treated and place suction appropriately. Provide protective eyewear, drape, and paper towels.

4. Grasp

- a. Use a modified pen grasp that is light.

5. Fulcrum

- a. Use a conventional, opposite arch, cross arch, or other fulcrum.
- b. Use intraorally for standard designs and extraorally for precision thin designs.

6. Mirror Use

- a. Use mostly direct vision, but mirror can be used for retraction

7. Adaptation

- a. Explore or visually locate deposit. Position side of insert tip on tooth surface.
- b. Apply insert tip at no more than a 15° angle to tooth surface.
- c. Adapt back or lateral surfaces of tip parallel to long axis of tooth.
- d. Step on foot control to activate insert (depressing foot control halfway activates water for rinsing; depressing all the way activates ultrasonic vibrations)
- e. Use a walking, tapping, and/or sweeping motion.
- f. Use quick, controlled, overlapping, multidirectional strokes with standard inserts; use slower movement with precision thin inserts.
- g. Do not apply excessive lateral pressure.
- h. Stop periodically to allow complete evacuation.
- i. Evaluate progress and product with visual exam and/or explorer.
- j. Re-treat areas with manual or mechanical instruments.

****Note:** Tip must be covered with specially designed plastic sheath before using on titanium implant surfaces.

8. Documentation

- a. Record services rendered in patient record
- b. Follow current infection control protocol

Contraindications:

Patients with unshielded pacemaker

Patients with communicable diseases such as hepatitis, TB, strep throat, and respiratory infections

Patients with demineralized tooth surfaces, exposed dentin associated with sensitivity.

Primary and newly erupted teeth

Porcelain, amalgam, or composite restorations.

Patients that are immunosuppressed, have uncontrolled diabetes, chronic pulmonary disease, cardiovascular disease with secondary pulmonary disease, have swallowing difficulties, and/or children with primary teeth only.

Central Georgia Technical College Department of Dental Hygiene Use and Care of Custom Fluoride Trays

1. At bedtime, remove partial or full dentures from the mouth. Brush teeth thoroughly with soft toothbrush and regular toothpaste. Floss teeth by sliding the floss up and down each side of each tooth. Note: It is very important to remove all food and plaque from between teeth before using fluoride. Food and plaque can prevent the fluoride from reaching the surface of the tooth.

2. Place a thin ribbon of the fluoride gel into each upper and lower fluoride tray so that each tooth space has some fluoride. Either 0.4% stannous fluoride (Gel Kam) or 1.1% sodium fluoride (Clinpro 5000) may be used. The fluoride can be spread into a thin film that coats the inside of the trays, by using a cotton-tipped applicator, finger or toothbrush.

3. Seat the trays on the upper and lower teeth and let them remain in place for 5 minutes. Only a small amount of fluoride should come out of the base of the trays when they are placed, otherwise, there may be too much fluoride in the trays.

4. After 5 minutes, remove the trays and thoroughly expectorate (spit out) the residual fluoride. Very Important - do not rinse mouth, drink or eat for at least 30 minutes after fluoride use.

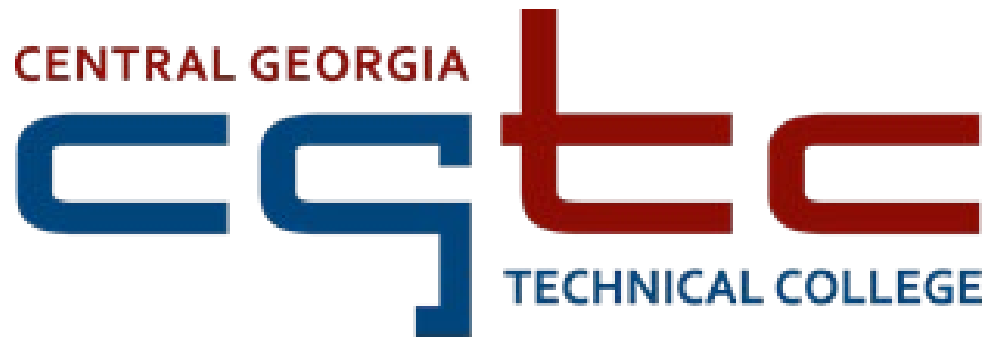
5. For head and neck radiation patients, begin using fluoride in the custom trays no longer than one week after radiotherapy is completed. Repeat daily for the rest of your life!! Remember that tooth decay can occur in a matter of weeks if the fluoride is not used properly.

Care for Fluoride Carriers (Trays)

1. Rinse and dry the trays thoroughly after each use. Clean them by brushing them with a soft-bristled toothbrush and liquid hand soap. Do not use hot water as this could lead to distortion.

2. Professional cleaners such as Polident and Efferdent are also available for soaking appliances.

3. Do not boil the trays or leave them in a hot car as they may warp or melt.



Radiology Procedures and Policies

Central Georgia Technical College Department of Dental Hygiene Criteria for Evaluating Dental Radiographs

The following criteria are currently used to evaluate radiographs taken in the Central Georgia Technical College dental hygiene clinic. These criteria serve as guidelines to determine if radiographs are considered diagnostic or if retake films will be required.

Clinical Criteria:

1. The Guidelines for Prescribing Dental Radiographs supported by the American Dental Association will be followed when determining the radiographic requirements for each individual patient.
2. Critical thinking should be utilized for every radiograph obtained to determine each patient's individual needs, and any required modification of technique as determined by each patient's unique circumstances.
3. All safety measures described in the Central Georgia Technical College dental clinic's Ionizing Radiation Policy must be exercised at all times for both the patient and the dental radiographic operator.
4. The student is required to assist the patient in updating their medical history form and this form must be properly signed by the patient. Also, the patient, student, and supervising faculty member must have signed the updated Dental Hygiene Program Patient's Rights Policy. The student will not perform any radiographic procedures prior to these acts being completed.
5. The student must be able to utilize good patient management.
6. A lead apron and thyroid shield will be utilized as required.
7. Proper sterilization techniques for the film holders and proper disinfection of the operatory must be performed.

Film Series:

Complete Full Mouth Radiographic Survey (FMX) – Adult:

This survey consists of twenty radiographic images including eight anterior periapical projections, and twelve posterior projections.

Complete Full Mouth Radiographic Survey (FMX) – Pedodontic:

This survey consists of two to four horizontal bitewing projections and maxillary and mandibular topographical occlusal projections.

Horizontal Bitewings – Adult: This survey consists of four posterior projections.

Vertical Bitewings – Adult: This survey consists of four posterior projections.

Horizontal Bitewings – Pedodontic: This survey consists of from 2 to 4 horizontal bitewing projections.

PERIAPICAL RADIOGRAPHS

Periapical Radiograph Criteria:

1. The radiograph should be an acceptable representation of the area to be viewed.
2. Critical thinking should be utilized for every radiograph obtained to determine each patient's individual needs, and any required modification of technique as determined by each patient's unique circumstances.
3. The film-embossed dot/Scan-X letter should be located at the incisal or occlusal surface on each radiograph.
4. The radiographic density should be acceptable. Each radiograph should not be too dark or too light.
5. There should be at least 3 mm of alveolar bone visible beyond the apex of the teeth in each radiograph.
6. There should be at least a 2-3 mm margin between the incisal or occlusal surfaces of the teeth and the edge of the film.
7. The interproximal surfaces between the teeth should be readily visible.
8. Each radiograph should be free of processing and handling errors.

SPECIFIC CRITERIA: PERIAPICAL RADIOGRAPHS

Maxillary Molar Periapical {size 2 film/phosphor plate/sensor}

The radiograph should include all of the maxillary 1st, 2nd, and 3rd molars including the crowns and apices. The interproximal contacts should be open between the maxillary 1st and 2nd molars, and the maxillary 2nd and 3rd molars. It is customary but not required to include a portion of the distal of the maxillary 2nd premolar to ensure all of the maxillary 1st molar is in the film.

Maxillary Premolar Periapical {size 2 film/phosphor plate/sensor}

The radiograph should include the distal portion of the crown of the maxillary canine with the inner enamel wall, all of the crowns of the 1st and 2nd maxillary premolars, and at least the mesial ½ of the maxillary 1st molar crown. The apices of the maxillary 1st and 2nd premolars as well as the apex of the MB root of the maxillary 1st molar should be included in the radiograph. The interproximal contacts should be open between the maxillary canine and 1st premolar, the maxillary 1st and 2nd premolars, and the maxillary 2nd premolar and 1st molar.

Maxillary Canine Periapical {size 1 film/phosphor plate/sensor}

The radiograph should include all of the maxillary canine and lateral incisor including the crowns and apices. The interproximal contact between the maxillary canine and lateral incisor should be centered on the film and open. It is characteristic in this specific radiograph for the contact between the maxillary canine and 1st premolar to be overlapped.

Maxillary Central Incisor-Lateral Incisor Periapical {size 2 film/phosphor plate/sensor}

The radiograph should include all the crowns and apices of both maxillary central incisors and both maxillary lateral incisors. The interproximal contact between the maxillary central incisors should be centered and open on the radiograph. Also the contacts between the maxillary central incisors and lateral incisors should be open.

Mandibular Central Incisor-Lateral Incisor Periapical {size 1 film/phosphor plate/sensor}

The radiograph should include all the crowns and apices of both mandibular central incisors and both mandibular lateral incisors. The interproximal contact between the mandibular central incisors should be centered and open on the radiograph. Also the contacts between the mandibular central incisors and lateral incisors should be open.

Mandibular Canine Periapical {size 1 film/phosphor plate/sensor}

The radiograph should include all of the mandibular canine and lateral incisor including the crowns and apices. The interproximal contact between the mandibular canine and lateral incisor should be centered on the film and open. It is characteristic in this specific radiograph for the contact between the maxillary canine and 1st premolar to be overlapped.

Mandibular Premolar Periapical {size 2 film/phosphor plate/sensor}

The radiograph should include the distal portion of the crown of the mandibular canine with the inner enamel wall, all of the crowns of the 1st and 2nd mandibular premolars, and at least the mesial ½ of the mandibular 1st molar crown. The apices of the mandibular 1st and 2nd premolars as well as the apex of the MB root of the mandibular 1st molar should be included in the radiograph. The interproximal contacts should be open between the mandibular canine and 1st premolar, the mandibular 1st and 2nd premolars, and the mandibular 2nd premolar and 1st molar.

Mandibular Molar Periapical {size 2 film/phosphor plate/sensor}

The radiograph should include all of the mandibular 1st, 2nd, and 3rd molars including the crowns and apices. The interproximal contacts should be open between the mandibular 1st and 2nd molars, and the mandibular 2nd and 3rd molars. It is customary but not required to include a portion of the distal of the mandibular 2nd premolar to ensure that all of the mandibular 1st molar is in the film.

BITEWING RADIOGRAPHS

Bitewing Radiograph Criteria {Interproximal Survey}:

1. The radiograph should be an acceptable representation of the area to be viewed.
2. Critical thinking should be utilized for every radiograph obtained to determine each patient's individual needs, and any required modification of technique as determined by each patient's unique circumstances.
3. The radiographic density should be acceptable. Each radiograph should not be too dark or too light.
4. The maxillary and mandibular teeth should be evenly distributed on each radiograph.
5. The occlusal plane should be straight horizontally.
6. The interproximal spaces should be opened and readily visible.
7. The interproximal bone at the crest of the alveolar process should be visible without superimposition of the crowns of the adjacent teeth.
8. The crowns of the teeth should not be magnified or distorted.

SPECIFIC CRITERIA: HORIZONTAL BITEWINGS

Premolar Horizontal Bitewing {size 2 film/phosphor plate/sensor}

The radiograph should show an equal distribution of both arches including the distal portion of the crowns of the maxillary and mandibular canines with the inner enamel wall, the crowns of the maxillary and mandibular premolars, and the crowns of the maxillary and mandibular 1st molars. The alveolar crest of bone should be visible for both the maxillary and mandibular arches. The interproximal contacts should be open between the maxillary and mandibular canines and 1st premolars, the maxillary and mandibular 1st and 2nd premolars, and the maxillary and mandibular 2nd premolars and 1st molars. It is characteristic to be able to view the maxillary and mandibular 2nd molars in this radiograph as well. These structures as well as the interproximal contacts between the maxillary and mandibular 1st molars and 2nd molars are not required in this radiograph.

Molar Horizontal Bitewing {size 2 film/phosphor plate/sensor}

The radiograph should show an equal distribution of both arches including the crowns of the maxillary and mandibular 1st, 2nd, and 3rd molars. The alveolar crest of bone should be visible for both the maxillary and mandibular arches. The interproximal contacts should be open between the maxillary and mandibular 1st and 2nd molars, and the maxillary and mandibular 2nd and 3rd molars.

SPECIFIC CRITERIA: VERTICAL BITEWINGS

Premolar Vertical Bitewing {size 2 film/phosphor plate/sensor}

The radiograph should show an equal distribution of both arches including the distal portion of the crowns of the maxillary and mandibular canines with the inner enamel wall, the crowns of the maxillary and mandibular premolars, and the mesial ½ of the crowns of the maxillary and mandibular 1st molars. The alveolar crest of bone should be visible for both the maxillary and mandibular arches. The interproximal contacts should be open between the maxillary and mandibular canines and 1st premolars, the maxillary and mandibular 1st and 2nd premolars, and the maxillary and mandibular 2nd premolars and 1st molars.

Molar Vertical Bitewing {size 2 film/phosphor plate/sensor}

The radiograph should show an equal distribution of both arches including the distal ½ of the crowns of the maxillary and mandibular 1st molars, the entire crowns of the maxillary and mandibular 2nd molars, and the entire crowns of the maxillary and mandibular 3rd molars when they are fully erupted. The alveolar crest of bone should be visible for both the maxillary and mandibular arches. The interproximal contacts should be open between the maxillary and mandibular 1st and 2nd molars, and the maxillary and mandibular 2nd and 3rd molars.

Pediatric Bitewing {size 0, size 1, or size 2 film/phosphor plate/sensor}

The radiograph should show an equal distribution of both arches including the distal portion of the crowns of the maxillary and mandibular primary canines with the inner enamel wall, and the crowns of the maxillary and mandibular primary 1st and 2nd molars. The interproximal contacts should be open between the maxillary and mandibular primary canines and primary 1st molars, and the maxillary and mandibular primary 1st and 2nd molars.

Central Georgia Technical College Department of Dental Hygiene Darkroom Protocol

Proper adherence to darkroom protocol is essential in the acquisition of diagnostic radiographs. The following steps for processing radiographs must be followed to ensure that the level of quality is sufficient:

Daily:

- Check the solution levels in the automatic processors and verify that adequate levels of solution are present in the replenisher bottles.
- Evaluate the developer and fixer solutions for clarity and the possible need for replacement of the solutions or cleaning of the unit. If more solution is required remember that the developer has black labeling and the fixer has red labeling. Do not allow any fixer solution to splash into the developer solution.
- Evaluate the condition of the processor rollers to determine if cleaning is required.
- Close the covering lids of the automatic processors and plug the unit into the electrical outlet.
- Water switches in the pump room **MUST** be turned on prior to turning on the automatic processor.
- Turn “on” the automatic processors.
- After the READY light comes on, run a cleaning film through the processor at NORMAL SPEED. Evaluate the cleaning film to see if it may need to be run again or if the rollers require cleaning.
- When the processors’ temperature reaches 82 degrees F, they are ready for use.
- Follow the protocol in the Radiology Infection Control Policy to process the radiographs.
- Run the films through the processors at NORMAL SPEED in a slow methodical sequence to decrease the chances of the film becoming overlapped.
- After all the films have been ejected from the processors, collect them and mount them according to the Mounting Dental Radiographs protocol.
- At the end of the clinic period, turn the automatic processors off and unplug the units from the electrical outlet on the wall. Turn the water switches off in the pump room. Keep the lids closed on the automatic processors to prevent evaporation of the solutions overnight.

Weekly:

- Follow the procedures in the Stepwedge Protocol to ensure the processors are operating efficiently.
- Remove the rack assemblies and place them in the corresponding plastic buckets. Do not drip solution into the adjacent tanks. Take them to the lab.
- Spray the rollers with Spray 2000 cleaner. Rotate the rollers while scrubbing them thoroughly with the included sponges and warm water.
- Rinse the rack assemblies thoroughly.
- Replace the rack assemblies into the automatic processor.

Mid-Semester:

- Remove the rack assemblies and place them in the corresponding plastic buckets. Do not drip solutions into the adjacent tanks. Take them to the lab.
- Spray the rollers with Spray 2000 cleaner. Rotate the rollers while scrubbing them thoroughly with the included sponges and warm water.
- Rinse the rack assemblies thoroughly.
- Drain the developer and fixer tanks and perform the Monthly Cleaning Procedure for the automatic processors.
- Replace the rack assemblies into the automatic processors.

End of Semester:

- Remove the rack assemblies and place them in the corresponding plastic buckets. Do not drip solutions into the adjacent tanks. Take them to the lab.
- Spray the rollers with Spray 2000 cleaner. Rotate the rollers while scrubbing them thoroughly with the included sponges and warm water.
- Rinse the rack assemblies thoroughly.
- Drain the developer and fixer tanks and perform the Cleaning Procedure for the automatic processors.
- Replace the rack assemblies into the automatic processors.

Central Georgia Technical College Department of Dental Hygiene Dental Radiograph Mounting

Film mounting and film viewing require a radiographic view box or computer monitor and an opaque film mount (film). Labial mounting is the accepted technique with the embossed dot pointing out (film). The dot should also be oriented towards the occlusal/incisal of every periapical film due to the exposure technique (film). For bite wing films the dot should be down or toward the floor of the mouth. The following procedures for mounting dental radiographs are to be followed in the dental hygiene clinic at Central Georgia Technical College.

- Wash and dry your hands.
- Turn on the view box (film).
- Label the film mount with the following information:
 - Patient's name
 - Date of the exposure
 - Student's name who took the radiographs
- Examine each radiograph to identify the orientation of the embossed dot. You should only handle the radiographs by the edges of the film to prevent fingerprints. Place each film on the top of the view box with the embossed dot pointing up.
- Sort the radiographs into three groups. One group for bite wing films, one for anterior periapical films, and one group for posterior periapical films.
- Arrange the radiographs on the work surface of the view box in anatomic order. Normal anatomic landmarks should be used to determine anterior from posterior, and maxillary from mandibular films.
- Place each film in the corresponding frame of the film mount and secure it. The following order for mounting the films is suggested:
 - Maxillary anterior periapicals
 - Mandibular anterior periapicals
 - Bite wings o Maxillary posterior periapicals
 - Mandibular posterior periapicals

Central Georgia Technical College Department of Dental Hygiene Guidelines for Prescribing Dental Radiographs

These recommendations are subject to clinical judgement and may not apply to every patient. They are to be used by dentists only after reviewing the patient's health history and completing a clinical examination. Even though radiation exposure from dental radiographs is low, once a decision to obtain radiographs is made it is the dentist's responsibility to follow the ALARA Principle (As Low as Reasonably Achievable) to minimize the patient's exposure.

Type of Encounter	Patient Age and Dental Developmental Stage				
	Child with Primary Dentition (Prior to eruption of first permanent tooth)	Child with Transitional Dentition (After eruption of first permanent tooth)	Adolescent with Permanent Dentition (Prior to eruption of third molars)	Adult, Dentate or Partially Edentulous	Adult, Edentulous
New Patient being evaluated for oral diseases	Individualized radiographic exam consisting of selected periapical/occlusal views and/or bitewings if proximal surfaces cannot be visualized or probed	Individualized radiographic exam consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images	Individualized radiographic consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images. All full mouth intraoral radiographic exam is preferred when the patient has clinical evidence of generalized oral disease or a history of extensive dental treatment		Individualized radiographic exam, based on clinical signs and symptoms
Recall Patient with clinical caries or at increased risk of caries	Posterior bitewing exam at 6-12 month intervals if proximal surfaces cannot be examined visually or with a probe			Posterior bitewing exam at 6-18 month intervals	Not applicable
Recall Patient with no clinical caries and not at increased risk for caries	Posterior bitewing exam at 12-24 month intervals if proximal surfaces cannot be examined visually or with a probe		Posterior bitewing exam at 18-36 month intervals	Posterior bitewing exam at 24-36 month intervals	Not applicable

Type of Encounter	Patient Age and Dental Developmental Stage				
	Child with Primary Dentition (Prior to eruption of first permanent tooth)	Child with Transitional Dentition (After eruption of first permanent tooth)	Adolescent with Permanent Dentition (Prior to eruption of third molars)	Adult, Dentate or Partially Edentulous	Adult, Edentulous
Recall Patient with periodontal disease	Clinical judgment as to the need for and type of radiographic images for the evaluation of periodontal disease. Imaging may consist of, but is not limited to, selected bitewing and/or periapical images of areas where periodontal disease (other than nonspecific gingivitis) can be demonstrated clinically.				Not applicable
Patient (New and Recall) for monitoring of dentofacial growth and development and/or assessment of dental/ skeletal relationships	Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of dentofacial growth and development or assessment of dental and skeletal relationships	Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of dentofacial growth and development, or assessment of dental and skeletal relationships. Panoramic or periapical exam to assess developing third molars	Usually not indicated for monitoring of growth and development. Clinical judgment as to the need for and type of radiographic image for evaluation of dental and skeletal relationships		
Patient with other circumstances including, but not limited to, proposed or existing implants, other dental and craniofacial pathoses, restorative/ endodontic needs, treated periodontal disease and caries remineralization	Clinical judgment as to need for and type of radiographic imaged for evaluation and/or monitoring of these conditions				

ADA Guidelines on Dental Radiography and Pregnancy

The American Dental Association (ADA) recommends the use of dosimeters and work practice controls for pregnant dental staff/students who work with X-rays.² Studies of pregnant patients receiving dental care have affirmed the safety of dental treatment.^{11, 12} The American College of Obstetricians and Gynecologists Committee on Health Care for Underserved Women reaffirmed its committee opinion in 2017: “Patients often need reassurance that prevention, diagnosis, and treatment of oral conditions, including dental X-rays (with shielding of the abdomen and thyroid) ... [is] safe during pregnancy.”¹³

References:

ADA website: <https://www.ada.org/en/member-center/oral-health-topics/x-rays>

2. American Dental Association Council on Scientific Affairs and U.S. Food and Drug Administration. Dental radiographic examinations: Recommendations for patient selection and limiting radiation exposure. 2012. Accessed February 18, 2019.

11. Giglio JA, Lanni SM, Laskin DM, Giglio NW. Oral health care for the pregnant patient. *J Can Dent Assoc* 2009; 75(1):43-8.

12. Michalowicz BS, DiAngelis AJ, Novak MJ, et al. Examining the safety of dental treatment in pregnant women. *J Am Dent Assoc* 2008; 139(6): 685-95.

13. American College of Obstetricians and Gynecologists Committee on Health Care for Underserved Women. Committee Opinion: Oral health care during pregnancy and through the lifespan. American College of Obstetricians and Gynecologists August 2013 (Reaffirmed 2017). Accessed February 18, 2019.

Central Georgia Technical College Department of Dental Hygiene Infection Control for Radiation

It is essential that infection control be practiced in all phases of clinical procedures including radiographic ones. The following guidelines have been developed to ensure the effectiveness of infection control. These guidelines must be practiced when exposing and processing radiographs.

1. Protective eyewear, masks, and powder-free gloves will be worn during radiographic procedures.
2. Place a clear disposable bag over the tube head to avoid contamination.
3. Cover the exposure control handpiece with a barrier.
4. Barriers should be placed on any surfaces exposed radiographs will come in contact with.
5. Place exposed film/phosphor plate in a plastic cup.
6. Wipe down each film/phosphor plate with Sanicloth.
7. Remove and dispose your contaminated gloves.
8. Load film/phosphor plate into the processor, holding film ONLY on the sides.
9. Remove and dispose all barriers from the radiographic equipment.
10. Disinfect all radiographic surfaces, the film processor, darkroom surfaces, darkroom light switches, and darkroom doorknobs.
11. Sterilize film holders.
12. When manually processing radiographs, the developer, rinsing, and fixer containers, as well as the thermometer, and any other surfaces touched by contaminated gloves must be disinfected.

Central Georgia Technical College Department of Dental Hygiene Ionizing Radiation Policy

Maximum Permissible Dose

Radiation protection standards dictate the maximum dose of radiation that an individual can receive. The maximum permissible dose (MPD) is defined by the National Council on Radiation Protection and Measurement (NCRP) as the maximum dose equivalent that a body is permitted to receive in a specific period of time. The MPD is the dose of radiation that the body can endure with little or no injury.

The NCRP published the complete set of basic recommendations specifying dose limits for exposure to ionizing radiation in 1987, 1991, and 1993. This most recent report states the current MPD for occupationally exposed persons, or persons who work with radiation (e.g., dental radiographers), is 5.0 rem/year (0.05 Sv/year). For non-occupationally exposed persons, the current MPD is 0.1 rem/year (0.001 Sv/year). In the case of pregnant women, it is recommended that exposure to the fetus be limited to 5 mSv (0.5 rem), not to be received at a rate greater than 0.5 mSv (0.05 rem) per month.

Maximum Accumulated Dose

Occupationally exposed workers must not exceed an accumulated lifetime dose. This is referred to as the maximum accumulated dose (MAD). MAD is determined by a formula based on the worker's age. To determine the MAD for an occupationally exposed person, the following formula is used:

$$\text{MAD} = (N - 18) \times 5 \text{ rem/year}$$

$$\text{MAD} = (N - 18) \times 0.05 \text{ Sv/year}$$

In this formula N refers to the person's age in years. (Note that 18 years of age is the minimum age required for a person to work with radiation.)

ALARA Concept

The ALARA concept states that all exposure to radiation must be kept to a minimum, or "as low as reasonably achievable". To provide protection for both patients and operators, every possible method of reducing exposure to radiation should be employed to minimize risk. The radiation protection measures detailed in this document can be used to minimize patient and operator exposure, thus keeping radiation exposure "as low as reasonably achievable."

Clinic Policy

Each of the following concepts should be strictly followed to provide a safe work environment for both the dental radiography operator and the patient.

- The Guidelines for Prescribing Dental Radiographs by the American Dental Association will be followed when prescribing radiographs.
- Radiographs are only to be obtained for those patients who have completed and signed a medical history form as well as the Dental Hygiene Program Patient Rights Policy.
- No radiographs shall be made on a patient who is receiving “whole body radiation.”
- The student may only obtain radiographs for their patient after gaining the approval and signature of the supervising instructor.
- Students must use proper infection control measures as explained in the Radiology Infection Control Policy when exposing and processing radiographs.
- The lead apron and thyroid collar should be worn when intraoral radiographs are obtained on patients. A panorex lead apron may be used for all panorex radiographs.
- The machinery in the radiology clinic may only be utilized by students with proper supervision by the clinical faculty.
- The machinery in the radiology clinic must remain turned off when not in use.
- Dosimeters are to be worn by pregnant patients and will be monitored on a monthly basis.
- Ultra-speed D film/phosphor plate/sensor must be used when exposing radiographs.
- The RINN XCP beam alignment devices should be used when obtaining intraoral radiographs.
- Unnecessary exposures to the patient will be avoided by utilizing correct film placement, cone alignment, and processing techniques.
- The student should observe the impulse dial setting before each exposure to ensure the correct setting is used.
- The mA and kVp is preset for intraoral radiographs and cannot be changed by the student.
- The student must stand six feet or greater away from patient before exposing radiographs. Students must never stand in the direct line of the x-ray beam when exposing radiographs.
- Pregnant students or faculty must be out of range of scattered radiation before exposing x-ray.
- No retakes will be obtained without the student first gaining approval from the supervising instructor.
- The maximum number of retake films for an FMX is three (3).
- All radiographs taken must be entered into the radiology log.
- Proper processing techniques should be used to avoid unnecessary retakes.
- The processed radiographs will be mounted as explained in the Mounting Dental Radiographs policy.
- The student is expected to evaluate and interpret each film under the supervision of an instructor, using pre-printed grade sheets.
- All radiographs {including retakes} must be listed in the progress notes of the patient chart. The type of film obtained as well as the number of exposures must be documented.

- Digital radiography on patients requires the same steps and sequences until the film plates are ready to be “scanned” into the computer and the results printed for evaluation and stored in patient’s record (Warner Robins Campus).
- Faculty **MUST** observe each student and use the competency “checklist” as students enter digital radiographs into the computer (Warner Robins Campus).
- Radiographic equipment will be monitored daily by the instructors.
- Dental hygiene faculty will maintain records of equipment repair.

**Central Georgia Technical College Department of Dental Hygiene
Procedure for Requested Duplicate Film X-rays**

1. Make a duplicate of the radiographs, according to instructions (film). Print a copy of digital radiographs.
2. Following information should be on the duplicate:
 - a. Patient's complete name
 - b. Date original radiographs were exposed
 - c. Designate patient's Right or Left
3. Duplicate sets of radiographs are given to department secretary to be mailed or emailed (encrypted) to the patient's dentist.
4. Radiographic Release form must be filled out by the patient (or guardian/caregiver) and signed in order for the Dental Hygiene Department to release any radiograph duplicate. This applies to both mailed and hand-carried radiographs.
5. The original printed or set of film radiographs is to remain in the patient's chart.
6. Document all procedures in patient's chart under services rendered.


Central Georgia Technical College Department of Dental Hygiene Taking Digital Intraoral X-rays

Intraoral Scan-X

1. First, make sure SCAN X machine is on and patient is established.
2. Click on patient chart icon.
4. Click on acquire x-ray icon (looks like digital xray)
5. When “new exam” box appears, click “CANCEL”
6. Select Scan icon (looks like a #1 size film)
7. Scan image box will appear – click SCAN
8. Click on Intraoral Standard and Click OK.
9. The lights on the Scan X machine will turn green.
10. Place film in the slots. When all film have shown on screen, click DONE.
11. Click “Assign Images to a Series”
12. Click “New Series” button on bottom of screen
13. Select type of BWX or PA you have taken and Click OK.
14. Drag x-ray film to appropriate box.
15. Once you have placed all x-rays, then right click each one and rotate if needed.
16. Click OK
17. Select “View Exam” icon (looks like a opened folder with a tooth under it)
18. Click box with most current x-rays twice.
19. The film will open. Then, click on each picture (double click the last picture)
20. Print and save image.

Intraoral Digital Sensors

1. Turn on the Planmeca x-ray unit on the wall (on/off switch is on bottom of the unit).

2. Before using the computer, make sure the exposure time on the x-ray control panel (mounted on the wall) is set to one of the following:
 - a. For an average adult patient: 0.12 seconds
 - b. For a child or petite adult: 0.08 seconds
 - c. For a large adult or a big-boned adult: 0.16 seconds
3. Log into the computer using **B101** & password **dentalhy** (Warner Robins) or have your instructor log into the computer (Macon).
4. Connect the appropriate size sensor (Size One or Size Two).
5. Click on the Appointments icon shown on Desktop and insert **your assigned ID & personal password** (Macon) or **1111** (Warner Robins).
6. Maximize the Appointment Book screen.
7. There are two ways to find a patient:
 - a. If the patient is on the current day schedule in Dentrix, you can then left-click once on the appointment book, then click the **Tooth** icon on the appointment book page.
 - b. If the patient is not scheduled, but is an established patient, click on the **Tooth** icon on the appointment book page. Then search for your patient in the **Select Patient** Box. Highlight your patient and click **OK**.
8. Make sure the screen is maximized.
9. Look at the actual digital sensor to make sure it is properly attached: a green light should be displayed. A flashing light indicates that it is not connected.
10. Select the **Digital Sensor** icon (typically located above the #5).
11. The DEXIS Image Screen appears. On the top left side, the **Tooth** icon should be highlighted in gold. If not, select the **Tooth** icon. Click on the **Acquire X-ray** icon. It is located on the top right side of the screen. 
12. The **Intra-Oral X-ray** Box appears. There are four series that you can select: 2HBWX, 4VBWX, 4HBWX, or FMX.
 - a. If you need to take a PA, you can select the particular tooth that you want to expose.

13. Once you choose the type of x-ray, the **CDR Intra-Oral Sensor** Box appears on the left side of the screen.
14. On Step #2, the **green light** should be displayed.
15. On Step #3, select "General Dentistry".
16. On Step #4, the **Automatically Accept Image** Box should be checked.
17. You are ready to expose the patient to radiation.
18. After the first x-ray exposure, the image will appear for a few seconds. The next image is ready for exposure.
19. Once you have taken all x-rays, close both the **CDR Intra-Oral Sensor** and the **Intra-oral X-ray** Boxes.
20. Your images are displayed on the screen.
 - a. To rotate your image, select the image and select the **Rotate** icon at the top of the screen.
 - b. To move your image, place your cursor over the top middle part of the image and use the left-click function of your mouse to move the image to a new location.
 - c. To enlarge an image, double-click on the image.
 - d. To print the images, select the **Printer** icon located at the top middle part of the screen; it is located next to the X icon.
21. Select **File** and **Exit** at the end of the day. Turn off Planmeca unit.
22. Log-off of computer at the end of the day and shut down computer at the end of the week.

Central Georgia Technical College Department of Dental Hygiene Taking Digital Panorex X-rays

Preparations before Patient Entry

1. Turn on the panorex machine (under flat panel of the machine).
2. Log into the computer with the user ID **B101** & password **dentalhy** (Warner Robins) or by radiology student log-in (Macon) and set-up the Planmeca system.
3. Click on the Appointments icon shown on Desktop and insert **your assigned ID & personal password** (Macon) or **1111** (Warner Robins).
4. There are two ways to find a patient:
 - a. If the patient is on the current day schedule in Dentrix, you can then left-click once on the appointment book, then click the **Tooth** icon on the appointment book page.
 - b. If the patient is not scheduled, but is an established patient, click on the **Tooth** icon on the appointment book page. Then search for your patient in the **Select Patient** Box. Highlight your patient and click **OK**.
5. Enlarge your patient's chart.
6. Left-click on the black box at bottom right of patient's chart.
7. At the top left of the screen, click the **MAN** icon.
8. At the top right of the screen, click on the **Acquire Radiation** icon.
9. Select the X-ray type: **Panorex X-ray** and click "**Start**"
10. Place a disposable bite stick on the panorex machine (Macon) or plastic bag barrier on the bite block (Warner Robins).
11. Have patient remove any metal items (eyeglasses, jewelry, hearing aids) and dentures.
12. Reset the machine by touching **ENTRY** on the digital panel (Warner Robins).
13. Place a lead apron on the patient with it covering the back and shoulders, when feasible. The thyroid collar is the most important aspect of the lead apron in dentistry (if it cannot be used to obtain a diagnostic panorex x-ray, then it is not recommended to be used by the American Dental Association). Reference:

[https://www.ada.org/~media/ADA/Publications/ADA%20News/Files/Dental Radiographic Examinations 2012.pdf?la=en](https://www.ada.org/~media/ADA/Publications/ADA%20News/Files/Dental_Radiographic_Examinations_2012.pdf?la=en)

14. Before placing patient in Panorex machine, set the chin rest area to be slightly high so the patient is reaching rather than slumping.
 - a. The shoulders should be pulled back, the feet should be together, the neck and chest should be flexed and stretched out, and patient should be looking in the mirror the entire time.

Preparation before Patient Exposure

1. Have patient hold onto the handlebars. Have them move feet forward slightly, using your feet as a guide.
2. Select the correct radiation dosage setting: Child, Adult, or Large Adult. Select correct jaw size and shape (Macon).
3. Activate the positioning lights. For the midsagittal line, there are two ways to check this:
 - a. If patient does not have any deviation of the nasal septum or the maxillary anterior teeth, you can use the line between #8 & #9 as a guide.
 - b. If the patient has some deviation, then use the bridge of the nose as a guide.
4. For the Frankfort plane, use the patient's inferior orbit of the eye FIRST. Then, locate the tragus (situated at top of external auditory canal).
 - a. PLEASE NOTE: When adjusting the height of the Panorex Machine to correct the Frankfort plane, please use two beeps at a time. If you use three beeps at one time, it will cause the machine to increase in speed and that can be VERY uncomfortable for the patient.
5. After you have set the positions, adjust the mirror to face the patient.
6. Set the forehead rest and temple rests.
 - a. For the forehead button, you press the button one at a time until it touches the patient's forehead (Warner Robins).

- b. For the temple button, you press the temple button once to close temple supports (Macon) or you hold down the button until it stops (Warner Robins).
7. Advise patient to swallow and then place tongue on the roof of the mouth. Advise them to stand still until the Panorex machine stops moving.

Patient Exposure and Post-exposure

1. Press the exposure button for the ENTIRE duration. At first, it pauses for a few seconds so do not panic. Please keep your finger on the exposure button until you hear three beeps (Warner Robins) or after it returns to the HOME position (Macon). If you receive an error, please ask your instructor for assistance.
2. At this time, advise your patient to come out of the machine.
3. The Radiology Assistant will remove contaminated items. Ask your patient to retrieve any personal items.
4. Review the Panorex image on the monitor, then exit out of your patient's chart on computer monitor.
5. The Radiology Assistant will press the RESET button (Warner Robins: located on the Panorex machine pad or the control panel pad situated on the wall).

Health Sciences Addendum Sept. 1, 2023

Policies and Procedures for Clinical Education

2023

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Student Drug/Background Procedures

Healthcare Professionals and students are held in high regard because of the inherent responsibilities assumed by their role with patients, and the trust the public places on their profession to do no harm.

For this reason, Central Georgia Technical College Health Science Department is committed to maintaining a drug-free workplace and academic environment in compliance with the Federal Drug Free Workplace Act of 1988 and in accordance with the policies and procedures of The Technical College System of Georgia.

For health and safety concerns and policies of our clinical partner affiliates, criminal background checks and drug screening are a mandatory requirement for every student who enters Health Science Programs at Central Georgia Technical College.

CGTC Clinical partner affiliates have the right to refuse to let a student participate in clinical based on the results of the background check and/or the urine drug screen

The following is a list of offenses for which an arrest, charge, or conviction could prevent a student from placement in a healthcare facility: (List is not all inclusive)

- Murder or Felony Murder
- Attempted Murder
- Rape
- Armed Robbery or Robbery
- Aggravated Assault
- Aggravated Battery
- Crimes against children
- DUI
- Theft by taking (O.C.G.A. § 16-8-2), by deception (O.C.G.A. §16-8-3) or by conversion (O.C.G.A. § 16-8-4);
- Forgery (in the first or second degree);
- Violations of Chapter 13 of Title 16 of the Official Code of Georgia
- Annotated relating to controlled substances; and
- Any other offense committed outside of the State of Georgia that would have been considered one of the above crimes if committed in Georgia.

For the **foregoing reasons**, health professions students will be cleared for clinical courses prior to the start of the program or in some programs, prior to the start of the first clinical course. If a student receives a violation of criminal activity during the course of the program, the faculty may request an updated background check.

Students will be cleared according to the following:

1. Through a third, party vendor that provides investigation services concentrated on healthcare background screening.
2. Most clinical affiliates utilize credentialing vendors such as Pre-Check, Verified or ACEMAPP but other vendors may be utilized depending upon the program and/or the clinical affiliate.
3. Background checks through Pre-Check, Verified and ACEMAPP include:
 - Positive identification
 - Maiden/AKA name search
 - Criminal history searches
 - National Sex Offender Registry Search
 - Motor vehicle driving record
 - OIG Sanction Check (Office of Inspector General)
 - 10 Panel Drug Testing
 - Varication of Social Security number
4. Central Georgia Technical College's Health Science Clinical Coordinator receives criminal background checks and drug screens to review and then releases to the clinical affiliate. This information is kept confidential and will not be shared with other students, staff members or faculty members.
5. If a student is denied participation by the initial host affiliate, the college will attempt to place the student in an alternative educational/applied learning experience if another appropriate placement site is available.
6. If clinical placement is not possible, then the student will be advised on their inability to meet the objectives of the course. If course objectives cannot be met, the student will be withdrawn from the program.
7. When a student is withdrawn or no showed for a positive criminal background check and/or drug screen, the registrar's office will need to be contacted for a registration hold on the student. This is to prevent the student from being added back into the course/program without prior advisement/approval.

Reasonable Suspicion Testing at the Clinical Site

Clinical sites may request a student do a random urine drug test for reasonable suspicion in the event of an exposure, accident or incident involving patient care. Facts that could give rise to reasonable suspicion include, without limitation: They

- Observed possession or use of illegal drugs or alcohol; the odor of alcohol or drugs;
- Impaired behavior such as slurred speech; decreased motor coordination; difficulty in maintaining balance;
- Clinical exposure to blood or other potentially infectious materials because of contact with sharps;
- Accidental falls, emergencies or incidents that would cause an injury to the student or patient at the clinical site.

Students having a confirmed positive drug test could be subject to dismissal from the clinical site, up to and including dismissal from the program, in accordance with established program and departmental disciplinary policies and procedures.

Health Examinations and Immunizations

Prior to placement at a hosting clinical affiliate, students must:

1. Submit a health history form as specified by the college and clinical affiliate
2. Pass and submit a current physical exam as specified by the college and clinical affiliate.
3. Negative TB skin test or negative T-spot blood test as specified by the college and clinical affiliate. If positive a chest x-ray must be done.
4. Submit documentation of the required immunizations as specified by the college and clinical affiliate. (See required Vaccines/Immunizations chart below)

The student must provide their prospective programs and the clinical affiliate with evidence of satisfactory completion of the exam and immunizations that indicate the student’s health status will permit them to complete clinical without risk of harm to themselves, patients, or others. Failure to provide proof of such will restrict student's attendance at clinics.

The student will retain the original of all health required health documents, but will provide copies that will be kept in the educational program secured area. CGTC will provide the clinical affiliate with copies of their immunizations and health screening results as required. **NOTE: Students can only seek exemption form an immunization as allowed by the clinical affiliate.**

List of required immunizations/vaccinations

Required Immunizations/Vaccines	Documented Evidence of Immunity Required
Measles, Mumps & Rubella (MMR)	Documentation of 2 doses of MMR Or Laboratory evidence of immunity (positive blood titers)

Required Immunizations/Vaccines	Documented Evidence of Immunity Required
Tetanus, Diphtheria & Pertussis (Tdap)	Documentation of 1 dose of Tdap every 10 years.
Varicella (Chicken Pox)	Documentation of 2 doses of vaccine Or Laboratory evidence of immunity (positive blood titers) History of disease DOES NOT always satisfy this requirement
Hepatitis B	3 doses of the vaccine and/or Laboratory evidence of immunity (positive blood titer) or Hepatitis Declination if allowed by the clinical affiliate.
Influenza	Documentation of Annual Influenza Vaccine – this vaccine is typically available beginning in September

Note: For those clinical affiliates who utilize credentialing vendors such as Verified or ACEMAPP; many if not all the same Health Examinations and Immunizations documents are required to be uploaded to those vendor sites by the student.

Completion of Basic Life Support/CPR Course

Cardio-Pulmonary Resuscitation (CPR) is an emergency procedure performed during cardiac and/or respiratory arrest to maintain circulation and respiration until emergency services arrive. All students will be required by professional standards and health facility requirements to successfully have CPR certification.

Proof of current Health Care Provider CPR certification including adult, child and infant with AED is required for the entire duration of the program. Only American Heart Association BLS provider card will be accepted.

HIPAA and Protected Health Information

Central Georgia Technical College’s Health Science Department will implement and adhere to the HIPAA Act of 1996. All students who will be attending to patients/clients will receive HIPAA education and training. It is the practice and philosophy of the Health Professions programs to protect the interest of patients and to fulfill the legal obligations mandated under HIPAA.

Definition:

Protected Health Information (PHI) is any information that identifies an individual such as:

- The individual’s past, present or future physical or mental health; OR
- The provision of health care to the individual; OR
- The past, present or future payment for health care.

Information is deemed to identify an individual if it includes either the patient’s name or any other information taken together that enables someone to determine an individual’s identity,

such as, date of birth, gender, medical record number, address, phone number, email address, social security number, or full face photograph.

- All patients records (the chart, the surgical schedule and any other information, verbal or written, and any notes taken from the record of facility) are confidential.
- Students must be protective of patient information once it is removed from the clinical setting. (i.e., notes not left on desks, in classrooms, in cafeterias, or out for any public viewing). No patient names will at any time be removed from the clinical facility.
- Students must not identify patients, patient care team members or other persons by name in written work, notes or other exercises for learning purposes. In such instances, the use of initials is appropriate.
- Students will not discuss patients, staff or care issues in public (i.e., with friends or family, or in public places such as the shuttle bus, cafeterias, lounges, bars, restaurants, hairdresser, etc.).

Implications for Students

HIPAA has important implications for Health Profession students and their education. Protecting the privacy of your patients' health information must be foremost in your mind as you are considering how you will communicate what you are learning with faculty, clinical staff, and fellow students. When preparing case specific presentations, papers, discussions, and reports, you must avoid disclosing patient information that could identify the patient.

Consequences

All students will have written and verbal instruction on the student's legal obligation to safeguard protected health information during clinical experiences. This legal obligation is in accordance with federal privacy standards delineated in the Health Insurance Portability and Accountability Act (HIPAA).

All students will be instructed to review clinical site information forms and files and abide by applicable rules and regulations of the affiliating clinical facility with regard to professional conduct. ***Please insert program specific consequences***

In addition, students will have to satisfactorily complete a training course and quiz at different clinical locations. A record of satisfactory completion of any training course will be kept on the student's file.

Social Media

All health science professions students are expected to comply with the Health Professions Policy on HIPAA. Each student will also be trained specifically to each clinical site's HIPAA information. Social media posts are included when referring to confidentiality and privacy acts. Social media posts on Instagram, Facebook and Twitter regarding patient procedures, hospital staff, and patient diagnoses are prohibited. Posting information about an event of any kind at

the hospital is a violation of HIPAA and could be the cause for dismissal from the program. If a student has a question about an event in clinical or if the student is upset about something that happened in clinical, the student should consult program faculty or their clinical preceptor immediately.

Special Populations/Disability Accommodations

If you have a disability and require reasonable classroom accommodations, please register with the Office of Special Populations in Office C-123 (Warner Robins Campus) or Office J-105 (Macon Campus). Additionally, the Office of Special Populations provides student-centered comprehensive support services and events that promote equity, enhance the educational experience, foster success, and contribute to the economic self-sufficiency of students who are members of special populations. Services are available to students who are economically disadvantaged (receiving Pell funds or TANF), physically/mentally disabled, single parents, homeless, out-of-work, English learners, and those enrolled in non-traditional careers for their gender. A student who believes they may fall under one or more special population categories or has a disability of any type should refer to the [Special Populations](#) webpage. Office of Special Populations staff may be reached at specialpops@centralgatech.edu or by phone at 478-218-3229 (Warner Robins Campus) or 478-476-5137 (Macon Campus).

Student Complaints/Grievances

As set forth in its student catalog, Central Georgia Technical College (CGTC) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, creed or religion, national or ethnic origin, sex (including pregnancy, sexual orientation, and gender identity), disability, age, political affiliation or belief, genetic information, veteran or military status, marital status, or citizenship status (except in those special circumstances permitted or mandated by law).

The following person has been designed to handle inquiries regarding the non-discrimination policies: The Title VI/Title IX/Section 504/ADA Coordinator for CGTC nondiscrimination policies is Cathy Johnson, Executive Director of Conduct, Appeals & Compliance; Room A-136, 80 Cohen Walker Drive, Warner Robins, GA 31088; Phone: (478) 218-3309; Fax: (478) 471-5197; Email: [cajohnson@centralgatech.edu](mailto:cjohnson@centralgatech.edu).

CGTC is committed to fostering a safe, productive learning environment. Title IX and our school policy prohibits discrimination on the basis of sex. Sexual misconduct — including harassment, domestic and dating violence, sexual assault, and stalking — is also prohibited at our college. If you wish to speak confidentially about an incident of sexual misconduct, want more information about filing a report, or have questions about school policies and procedures, please contact our Title IX Coordinator above. More information concerning the formal and informal grievance procedures can be found in the college's online catalog^[1].

^[1] <https://www.centralgatech.edu/about-cgtc/grievance-procedure>

Our school is legally obligated to investigate reports of sexual misconduct, and therefore it cannot guarantee the confidentiality of a report, but it will consider a request for confidentiality and respect it to the extent possible.

Infectious Diseases at Clinical Sites

The clinical affiliate must ensure that students do not pose a direct threat to the health and safety of its patients. To that end, a clinical affiliate may require students who are recovering from an infectious disease, to undergo a health examination. This is done to determine that s/he is free from an infectious disease, before returning to the clinical site.

Inclement Weather/Emergency School Closing

3. If CGTC Campuses has called off classes, the student is not required to attend clinical education or classes. Program course material will be covered later.
4. If classes have returned to their regular schedule and the student believes he/she cannot make it to the clinical setting due to inclement weather, road conditions, or other difficulties, it will be treated as an absence and the student should notify the Program Director/Clinical Coordinator and the Clinical Instructor at the assigned clinical setting.

Insurance

All students are required to pay for accident insurance. Health science students are required to purchase liability insurance in addition to the accident insurance. Students will be charged for liability insurance when the student begins clinical courses.

All fees are included in the cost of tuition and fees. Although health insurance is not a requirement, it is recommended that students have it. Students may be expected to assume financial responsibility for any cost incurred as a result of personal illness or injury sustained during clinical. Having health insurance can help to defray any such costs.

Smoke Free Campuses Clinical Affiliates

Most clinical affiliates are also smoke free campuses. Please make adjustments prior to the first day of clinical to reduce the need for smoking. Smoke free campuses includes buildings, grounds, roads, and parking lots that are owned by the clinical affiliate. If your vehicle is parked on the clinical affiliate's property then the policy extends to your vehicle as well. Smoking in school uniform is prohibited as well.

Breaks

In most situations, students are allowed a 30-minute lunch unless otherwise approved by the clinical coordinator. The on-site clinical instructor/preceptor will assign breaks and/or lunchtime. The student may take breaks in a location approved by the instructors. There should be no eating or drinking in the assigned department (unless the department has a “break” room and the student is allowed in that area). The student is allowed to leave the clinical setting **ONLY** if that site does not have a cafeteria. If the site does not have a cafeteria, the student must do the following:

- Clock out (if applicable)
- Go get their food
- Return to assigned area
- Clock in and eat
- Time should not exceed thirty minutes
- The on-site clinical instructor must assign breaks and/or lunchtime.
- The student may take breaks in a location approved by the instructors/preceptor.

Incident/Exposure Reporting

Occupational exposure means reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. Other potentially infectious materials are defined as semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, and amniotic fluid, saliva in dental procedures, or any bodily fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

If any student is stuck by a needle or other sharp or get blood or other potentially infectious materials in your eyes, nose, mouth, or on broken skin, immediately flood the exposed area with water and clean any wound with soap and water or a skin disinfectant if available. If the student is with a clinical instructor report this immediately to the instructor. If the student is with a preceptor report this immediately to the preceptor, and the CGTC instructor should also be notified. Seek immediate medical attention.

The CGTC instructor, or their assigned person, will follow guidelines outlined in the CGTC Exposure Control Plan for ensuring post – exposure follow-up and care. The instructor will make sure the appropriate follow-up paper work is completed and submitted to the CGTC Exposure Control Coordinator and the CGTC Human resources director. The student may also have forms to complete that are facility specific. The student may also have facility specific policies to adhere to.

Students are not required to use any specific treatment facility or hospital. Student can seek services at any provider of their selection. Once the student injury report is filed, CGTC Human Resources will send the student accident insurance information to the students email account.

The guidelines listed above also apply to exposure to Airborne pathogens such as Tuberculosis and COVID-19.

Please direct questions related to the Exposure Control Plan to the Exposure Control Coordinator at 478-757-3567. wbeacham@centralgatech.edu

Body Piercing/Tattoos/Facial Hair & Hair Color

Unless otherwise prohibited by state or federal law, students are required to follow the administrative policies, standards and practices of the affiliate when participating in educational/applied learning experiences. (TCSG Procedure: 5.1.2p.)

Technical Standards and Essential Functions

As a health care technology student, there is a variety of technical standards and essential functions that you should be able to fulfill to meet competency requirements for your program. Some of the following may be required.

1. Assist with lifting/moving patients from wheelchairs, stretchers, beds and an x-ray table and vice versa.
2. Lift, carry, and push/pull bulky, heavy equipment.
3. Reach overhead to move a ceiling mounted equipment.
4. Demonstrate the physical ability to stand and walk for long periods.
5. Demonstrate fine motor skills such as hand wrist movement, hand-eye coordination, and grasping objects for manipulation.
6. Possess visual skills necessary to carry out essential job functions.
7. Possess the ability to hear and correctly interpret what you heard.
8. Possess the ability to be oriented to time, place and person.

Your program director will provide you with a more detailed list. You can also refer to the following website for an idea of a list of technical requirements:

<https://www.onetonline.org/>

STUDENT COMPLAINT ATTESTATION FORM

Health Science Program Policy, Procedure and Essential Qualifications Sign Off Sheet

I, (Name) _____ (Student ID#) _____, understand the following:

HANDBOOK: As a student in the Health Science Program, I have received a copy of the program policies. These policies have been reviewed with me and I have had an opportunity to ask questions about any policy that I do not understand.

- As a health science student, I agree to follow the policies as written.
- I understand the associated consequences of not following program policies.
- I agree to strictly follow the code of ethics and the confidentiality clause guidelines.

Student Printed Name: _____

Student Signature: _____ Date: _____

HEALTH SCIENCE ESSENTIAL QUALIFICATIONS: The Program Essential Qualifications have been reviewed. I have been informed of the risks associated with essential tasks for my profession and exposure to blood and OPIM.

I authorize the Central Georgia Technical College’s Clinical Coordinator to release Criminal Background Check and Drug Screen results to clinical facilities. I understand that an adverse background and drug screen reports may prohibit participation at a hosting clinical affiliation site.

Student Printed Name: _____

Student Signature: _____ Date: _____