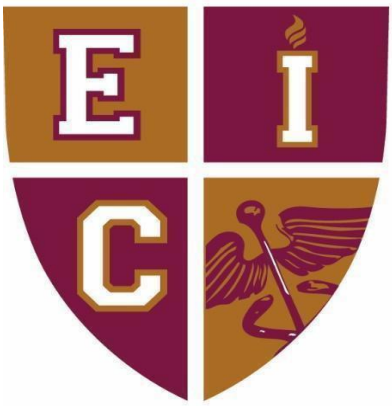

Eastern International College

Dental Hygiene Program

Clinical Manual

Main Campus: 684 Newark Ave. Jersey City, NJ 07306
Phone: (201) 216-9901 Fax: (201) 533-1027
www.eicollege.edu

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Eastern International College

Be it known that I, _____, agree to abide by the procedures, rules and regulations as outlined in the EIC CLINIC MANUAL for all clinical assignments and off-site rotations.

I understand that the nature of clinical courses includes pre-clinical and laboratory practice on student partners. Furthermore, I am cognizant of the fact that enrollment in the EIC Dental Hygiene Program carries with it the possibility of exposure to potentially infectious and hazardous materials.

I will be responsible for all equipment and other items borrowed from EIC to provide patient care. In the event an item is broken or lost, I may be obligated to pay EIC the amount to replace the item.

This clinical manual is subject to change.

_____

Student Signature and Date

Eastern International College

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SECTION I

Institutional Mission Statement

Eastern International College is a student-centered institution dedicated to the development of its diverse student body. The EIC curriculum and environment provide students with the opportunity to develop the knowledge and skills necessary to succeed in their professions of choice. This outcome is accomplished in each program through classroom lectures, active learning, hands-on experience, and is complemented by a general education segment of the curriculum. The college faculty and staff are focused on fostering student growth in critical thinking, decision-making, a positive self-image, and the development of social skills that will prepare all students to succeed. Student development is further encouraged through collegiate services and activities that enrich students personal and work lives.

The college strives to assure that our students and graduates are:

- Ethical and skilled persons dedicated to success in their careers and motivated to service others and their communities.
- Independent thinkers informed and enriched by a general education and career competencies.
- Lifelong learners skilled in and adaptable to new information and technologies.

The Eastern International College community will achieve these goals through dedicated teaching and scholarship, the provision of student support services that include career and personal development programs, the meaningful participation of all the constituencies of the EIC community in the educational process, and by treating each other with mutual respects and understanding.

Eastern International College Dental Hygiene Program Mission Statement:

The dental hygienist is the frontline, preventive person to assist patients to maintain good oral hygiene and avoid oral diseases. To achieve this, the training program will provide diverse opportunities in both didactic and clinical situations to develop competency in the discipline and to promote ethical conduct. The faculty role models are kept apprised of current theory and research through participation in continuing education and scholarly work. Faculty development is encouraged and supported. Community patient care is demonstrated through competent clinical services provided at an affordable fee.

HESI

The HESI Test is used to assess student competencies and readiness for entry into the dental hygiene program. The exam has been shown to help predict the likelihood of student success in dental hygiene programs. Specifically, the exam tests students across several academic domains, as well as results in a personality profile used to help identify each applicant's learning style.

Below is an outline of the exam:

- **Reading Comprehension –** Presents reading scenarios in order to measure reading comprehension; tests for skills such as identifying the main idea, finding meaning of words in context, demonstrating passage comprehension, making logical inferences, etc.
- **Vocabulary and General Knowledge –** Posits vocabulary that is commonly used in the English language, as well as that which is specific to the healthcare field.
- **Grammar –** Contains a basic grammar assessment, centering on parts of speech, common grammatical errors, etc.
- **Basic Math Skills –** Centers on math skills needed for the healthcare field, including basic addition, subtraction, multiplication, fractions, decimals, ratio and proportion, household measures, general math facts, etc.
- **Biology –** Covers basic concepts in biology, namely, biological molecules, metabolism, cells, cellular respiration, photosynthesis, etc.
- **Anatomy & Physiology –** Includes general medical terminology and anatomical structures and systems.
- **Learning Style –** Assesses the preferred learning style of the prospective applicant and offers test-taking and study tips suited to that learning style.

Introduction

This manual has been prepared to serve as a guide and reference for the dental hygiene student. It includes the clinical services goals and objectives, clinic policies, procedures, forms and evaluations.

Students must acquaint themselves thoroughly with the information in this manual and be responsible for following all the rules and regulations contained within. These procedures have been established to safeguard the wellbeing of all patients, students, faculty and staff.

A dental hygienist is a licensed member of a dental health team who provides educational, clinical and therapeutic services to the public in accordance with the New Jersey Dental Auxiliary Practice Act. Students in the Dental Hygiene Program are taught responsibility for professional judgment, ethical conduct, and infection control. They develop an effective and responsible style of communication to involve the patient as a partner as a necessary condition for restoring and maintaining the patient's oral health. Students treat a broad range of patients with varied characteristics and health conditions and are given the opportunity to work in a variety of healthcare settings with different population groups.

Prior to beginning clinical assignments, students must complete a medical form and have validated by a licensed doctor. Additional prerequisites to attending clinical sessions include providing proof of immunizations, medical and malpractice insurance, and CPR.

Any infraction of these rules and regulations, that affect patient care, will require temporary dismissal of the student from the clinic until Program and College Administrators decide.

The administrators of the program are entitled to modify these procedures when necessary to properly implement educational responsibility. Every effort will be made to apprise students of changes as soon as possible.

QUALITY ASSURANCE FOR PATIENT CARE

The goal of Eastern International College's Department of Dental Hygiene is to provide quality care to our patients. To accomplish this, a quality assurance program has been established.

Quality assurance measures the quality of care to our patients and involves the following key elements: Patient satisfaction, standard of dental hygiene care, chart audit and records management and follow up with completed/incomplete patients.

I. **Patient Satisfaction** - Patient surveys are conducted to review the opinions of patients about the quality of service they receive by the EIC dental hygiene student and staff.

II. **Standard of Dental Hygiene Care** - Evaluations are conducted by faculty members through student assessments and ongoing faculty observation and evaluation. Students will develop a self- evaluation mechanism to assess their ability to provide all components of the dental hygiene process of care (assessment, dental hygiene diagnosis, planning, implementation, and evaluation). This is done through the clinical journal, outcome and five week clinic rotation assessment. Evidence-Based (EB) practice technology research and literature are the foundation of EB decision making for treatment protocols in dental hygiene preventive services.

III. **Charting Auditing and Records Management** - Mechanism of evaluation is through the Quality Assurance Chart Review Audit Form. Faculty members along with students perform the audit by following the sequential order of the form. Once completed it is filed in the Quality Assurance Chart Review Log Binder.

IV. **Follow up with complete/incomplete patient** - Students maintain a "Complete/Incomplete Patient Listing" form that contains each patient treated at the Eastern International College dental hygiene program. The entry for each patient is marked complete or incomplete. For the patients that are incomplete, students contact the patient via U.S. mail, phone call or email to verify if the patient will continue clinical treatment. For patients complete will be placed on an appropriate recall program. The form will be completed at the end of the semester and handed into the clinical coordinator.

COMPETENCIES, GOALS AND OBJECTIVES

I Professionalism

1. To value and manage ethical issues of dental hygiene practice while maintaining current discipline philosophies demonstrated by:

   a. Explaining a professional code of ethics in all aspects of managing patient care.
   b. Identifying and reporting signs of abuse and neglect as required by law.
   c. Assuming responsibility and accountability for dental hygiene actions and services.
   d. Maintaining high integrity in relationships with patients/clients, colleagues, and other professionals.

2. To contribute to improving the knowledge, skills, and values of the profession of dental hygiene demonstrated by:

   a. Advancing the profession through service activities and affiliations with other professional organizations.
   b. Promoting and practicing lifelong learning of dental hygiene philosophy and advancements.
   c. Promoting the values of the profession to the public and other organizations both within and outside of the dental profession.

II. Oral Health Disease Prevention and Promotion

1. To provide educational services using appropriate interpersonal communication skills and educational strategies to promote optimal health for the individual client demonstrate by:

   a. Serving as a role model by promoting preventive health behaviors to maintain optimal oral and general health.
   b. Identifying the oral health needs of patients and assist them in the development of appropriate, individualized self-care regimens.
   c. Encouraging patients/clients to assume responsibility for their oral and general health becoming co-therapist with the dental professional.

2. To initiate and assume responsibility for health promotion and disease prevention activities developed for the diverse community population demonstrated by:

   a. Identifying services that promote oral health and prevent oral health diseases.
   b. Providing screening, referral, and educational services to bring consumers into the healthcare delivery system.
   c. Managing, assisting, and providing dental hygiene services in a variety of settings including hospitals, clinics, extended care facilities, community programs, and school settings.

III. Dental Hygiene Process of Care

1. To collect, analyze and accurately record baseline data on the general, oral, and psychosocial health status of patients/clients using methods consistent with the most current medical, dental and legal principles demonstrated by:

   a. Systematically collecting and analyzing the data to identify adult, pediatric, medically compromised patient/clients:
      1. Medical/dental histories
      2. Vital signs
      3. Extra/intra oral examination
      4. Periodontal and hard tissue examinations
      5. Oral radiographs
      6. Diverse indices
      7. Risk assessments (i.e., tobacco usage, systemic, caries, and periodontal disease.)

   b. Develop a comprehensive patient/client record as a legal document and maintain accurate patient/client treatment records with confidentiality.

   c. Identify patients at risk for a medical emergency.

2. To identify existing oral health problems, potential problems, etiologic factors and contributing factors using critical decision-making skills and to establish realistic goals and treatment strategies to maximize optimal oral health demonstrate by:

   a. Formulating a dental hygiene diagnosis and treatment care plan with continual evaluation considerations.
   b. Establishing oral health goals with the patient/client as an active participant or co-therapist.
   c. Developing a comprehensive plan incorporating a sequence of clinical treatment and implementation, educational promotion and continual support and reinforcement.
   d. Obtaining informed consent from the patient/client for all services.

3. To provide treatment that includes preventive and therapeutic services designed to achieve and maintain the oral health goals set for the dental hygiene professional and supported and agreed upon by the patient/client demonstrated by:

   a. Using current infection control protocol.
   b. Applying basic and advanced principles of dental hygiene instrumentation to debride the tooth surface without trauma.
   c. Controlling pain and anxiety by using appropriate anesthesia (topical) and behavioral modification techniques.
   d. Selecting and administering appropriate chemotherapeutic agents within the scope of current dental hygiene practice.
   e. Providing fluoride therapy both office-based and home use.
   f. Applying pit and fissure sealants.

g. Providing health education counseling.
h. Providing nutrition counseling as it applies to maintain oral health.
i. Providing life support measures to manage medical emergencies in the patient/client care environment.

4. To evaluate the effectiveness of planned clinical and educational services and modify, change when necessary to maintain optimal health demonstrated by:

a. Determining the clinical outcomes of dental hygiene care received and the effectiveness of that care by using indices, instruments, and examination techniques.
b. Determining patient/client's satisfaction with the dental hygiene care received and the oral health status achieved.
c. Developing and maintaining a continual care system (recall system) appropriate to the patent/client needs.
d. Continually self-evaluating the ability and dental hygiene service performed to the highest standard of care.

Clinical Services Goal:

To develop a well-rounded preventive specialist who is a competent clinician, educator, and problem-solver and who is empathetic and respectful to all patients, co-workers, peers, and faculty.

The Dental Hygiene Program promotes the attainment of these goals by functioning in a professional atmosphere that encourages respect and interaction among students, faculty, and administrators.

Failure to achieve and/or adhere to such standards will provide a basis for academic dismissal.

Students must strive to adhere to technical, behavioral, attitudinal, and professional standards of clinical performance.

CLINICAL SERVICES OBJECTIVES

Clinical Services I

Upon completion of Preclinical Sciences, the student will be able to perform the following dental hygiene services on a clinic patient(s). Throughout the semester, the student will continue to demonstrate these objectives with progressive independence and efficiency.

Skills related to Dental Hygiene Process of Care:

1. Obtain and record a comprehensive medical and dental history, including vital signs.

2. Perform and record data obtained from the following procedures:

a. Extra-oral and Intra-oral examination including a gross physical observation
b. Examination of the periodontium
c. Sulci and/or pocket depth
d. Assessment of the gingiva
e. Determination of mobility, fremitus, and furcation involvement

3. Organize and sequence a comprehensive treatment plan from collected data and assessment tools.

4. Utilize bleeding points and plaque indices to record and assess a patient's oral status.

5. Perform dental charting, including charting of deposits and assessment of occlusion.

6. Perform scaling and root debridement procedures.

7. Apply topical anesthetic.

8. Apply topical fluoride treatments.

9. Demonstrate and utilize appropriate and effective infection control and waste disposal techniques.

10. Demonstrate competency in the administration of PHP index on patients.

11. Demonstrate patient/operator positioning and time/motion management for efficient delivery of care.

12. Use effective, non-traumatic instrumentation.

13. Provide individualized self-care strategies and oral health management.

14. Assess patient attitudes toward preventive education, including nutritional counseling and smoking cessation.

15. Assess the need for supplemental fluoride therapy and make appropriate recommendations for use.

16. Maintain sharp instruments for patient treatment.

17. Remove soft deposits and stains.

18. Demonstrate preparation for medical emergencies.

19. Employ radiation safety principles prior to, during, and following exposure to ionizing radiation.

20. Expose, develop, evaluate and interpret intra-oral and extra-oral radiographs.

21. Prevent and/or manage medical emergencies.

Knowledge and Application of Prevention and Promotion for Oral Disease.

22. Recognize conditions that necessitate special consideration prior to and during treatment.

23. Discriminate pertinent and significant findings from those that are non-significant or within a range of normal.

24. Evaluate a patient's behavioral, cognitive, and psychomotor preparation for oral self-care strategies.

25. Evaluate the results of dental hygiene intervention.

26. Apply problem-solving skills when providing dental hygiene services.

Values/Beliefs in Professionalism

27. Value the need for consistently performing patient assessment at acceptable standards of care.

28. Maintain thorough and accurate records.

29. Apply principles of professional and ethical behavior when providing care.

30. Accept responsibility for one's actions.

Dental Hygiene Clinical Services II

Upon completion of Clinical Services II, the student will be able to perform the following additional dental hygiene services on a clinic patient(s). Throughout the semester the student will continue to build upon the previous semester objectives with considerable confidence, independence, and efficiency.

Skills related to Dental Hygiene Process of Care

1. Perform nutritional counseling with a focus on oral health.

2. Demonstrate the use of the intra-oral camera for patient education and documentation.

3. Place pit and fissure sealants.

4. Demonstrate ultrasonic instrumentation and air polishing.

5. Provide and demonstrate homecare instruction to patients on the use of adjunctive aids (i.e.,

power toothbrush, water irrigator, gingival stimulator).

Knowledge and Application of Prevention and Promotion for Oral Disease
Values/Beliefs in Professionalism

1. Analyze a patient's need for preventive, educational, and therapeutic dental hygiene services.

2. Synthesize patient assessment data in formulating treatment and maintenance plans.

3. Apply desensitizing agents.

4. Recognize need for pain control procedures beyond topical anesthesia.

Dental Hygiene Clinical Services III

Upon completion of Clinical Services III, the student will be able to perform the following additional dental hygiene procedures on a clinic patient(s). Throughout the semester, the student will continue to build upon the previous semester objectives with significant confidence, independence, and efficiency.

Skills related to Dental Hygiene Process of Care

1. Complete Mock ADEX Board documentation.

2. Demonstrate advanced instrumentation skills on periodontally involved patients.

3. Select appropriate patients and demonstrate placement of intrasulcular medicaments.

Knowledge and Application of Prevention and Promotion for Oral Disease
Values/Beliefs in Professionalism

1. Assess one's own ability to perform dental hygiene services at high levels of patient care.

Community Dentistry and Health Study Course Rotation: Second Clinical Year
Eastern International College Dental Hygiene Program students will participate in a variety of community experiences. It is an extension and requirement of the Community Dentistry and Health Study Course and will differ from the clinic rotation. Experiences may include opportunity for lesson planning and education of target audiences in differing environmental settings, oral cancer screenings and advocacy of oral access to care. Examples include the Head Start, WIC, nursing homes, senior centers, clubs, local schools, CHIP events, and Special Olympics. Rotations are assigned as part of DH-208 and will occur in the sixth semester. Attendance is required as part of clinic-required time. Attendance for all clinic courses must be maintained at 85% or higher, or risk course failure.

Progression In and Graduation from the Dental Hygiene Program

Any student earning a grade lower than (75) in any course designated with a DH prefix, may not progress in the program without repeating the course and earning a satisfactory grade. Therefore, the student may re-apply to the program. Students failing two or more DH courses are not eligible for readmission.

Students failing two or more of general education course(s) with a grade of less than 70% in one semester are not allowed to continue the program. Students failing one of the general education courses may not be eligible to graduate without earning a satisfactory grade in all general education courses. Therefore, earning satisfactory grades in all general education courses is likewise a requirement to continuation and graduation, as some of these courses are prerequisites for the Dental Hygiene core courses.

GRADING

Dental Hygiene Major Courses' Grading System

GRADE EQUIVALENT	PERCENT	GPA
A	95-100	**4.00**
A-	90-94	**3.75**
B+	85-89	**3.50**
B	80-84	**3.00**
C+	75-79	**2.50**
C	70-74	**2.00**
D+	65-69	**1.50**
D	60-64	**1.00**
F	59 and below	**0.00**
I	Incomplete	**N/A**
IF	Incomplete, converted to failing	**0.00**
W	Withdrawal	**N/A**
W F	Withdrawal	**N/A**
AU	Audit, No Credit	**N/A**
TR	**Transfer**	**N/A**

Passing Grade	Courses
C	**All General Education courses**

Note: For Dental Hygiene a grade less than a "C+" in any major course is considered unsatisfactory, and the course must be repeated. Dental Hygiene students must refer to the Dental Hygiene Program Clinical Manual for policy on failing a course.

Policy on Course Repetition

If a student fails one dental hygiene course during their time in the program, they may repeat the course once when it is offered again, provided space is available, and continue through the curriculum with the next cohort. However, if a student fails two dental hygiene courses at any point during the program, they will not be permitted to continue in the program. A maximum of only one dental hygiene course may be repeated.

Additionally, students must successfully complete all clinical requirements by the end of the scheduled clinic sessions to progress through the clinical courses. Students failing two or more general education courses with a grade below 70% at any point during the program will not be allowed to continue in the program. Failing a single general education course may delay graduation, as satisfactory completion of all general education courses is required for continuation and graduation from the program.

1. **Motor skills/physical health –** students must have sufficient physical ability and health to acquire specific technical skills that allow for the performance of the various oral hygiene procedures without inflicting harm to their well-being or that of their patients, peers, faculty, or staff. Ergonomic positioning of self and patient for the performance of palpation, percussion, auscultation, and other diagnostic procedures; manipulation of hand and motor instruments; basic life support; operating foot controls; positioning and moving dental equipment and responding to visual and aural equipment signals are among, but not all inclusive of the requisite skills.

2. **Sensory ability –** students must have adequate visual acuity to recognize and gather material from printed or handwritten formats, slides, receptors, videos, DVDs, and x-rays; to differentiate between variations in the depth of field, color, shade, size and shape of clinical findings or their diagrammatic representation; and to observe and respond to nonverbal communication. Auditory functions must be sufficient to facilitate communication with faculty, peers, and patients; and to recognize and respond to sound emanating from malfunctioning equipment. Tactile sensitivity is crucial in differentiating between normal and abnormal structures of the head and neck.

3. **Communication –** to provide effective patient care services and become an integral dental team member, the student must have sufficient command of English. Excellent communication skills are vital in gleaning information from lectures, texts, journals, and other written materials as well as conversations with dental personnel and to convey gleaned information to patients, peers, faculty, and staff. Writing skills are essential for documentation of clinical charts. Patient education, problem solving, and collaborative exercises are all dependent upon the students' ability to communicate effectively.

4. **Cognition –** administration of appropriate and timely dental hygiene care is a function of analysis, integration, and synthesis of a variety of sources. Problem solving requires the ability to

calculate, summarize and interpret written, oral, and diagrammatic/pictorial information. Furthermore, written documentation of relevant accurate and complete information in a prescribed, legally acceptable form is essential. Multi-tasking is also a requisite skill of the dental health care professional. The capacity to prioritize, in an appropriate sequence, may mean the difference between life and death in an emergency.

5. **Behavioral –** students must possess the emotional stability necessary to fully utilize his/her intellectual capability in providing the patient with appropriate, efficient, and safe treatment. This can be demonstrated by the exercise of good judgment; prompt completion of patient related responsibilities; development of compassionate and effective rapport with patients, peers, and faculty; adaptation to change; display of flexibility; compliance with programmatic procedures and policies as well as standards of academic integrity; tactful and congenial management of apprehensive patients; and acceptance of reasonable feedback and constructive criticism. Maintaining a calm demeanor in the face of stress that is inherent in the clinical treatment of patients is another demonstration of the attitudinal and behavioral maturity required for success.

Licensure to Practice Dental Hygiene in NJ

According to the Dental Auxiliary Practice Act of the State of New Jersey, all persons desiring to practice dental hygiene in New Jersey shall first secure a license from the Board of Dentistry, hereinafter referred to as the Board. An applicant for licensure as a dental hygienist shall submit a completed application to the Board, which shall contain the following information and materials:

1. A certification by the secretary or dean from an institution with an educational program in dental hygiene approved by the Commission on Dental Accreditation verifying that the applicant completed the educational program in dental hygiene;

2. A passport size photograph of the applicant certified by the secretary or dean of the institution from which the applicant has completed the program in dental hygiene;

3. The results of the successful completion of the National Dental Hygiene Board examination;

4. The results of the successful completion of the ADEX examination;

5. The results of the successful completion of the New Jersey Jurisprudence examination taken within one year of the date of application;

6. A certification by the Board of Dentistry in every state or jurisdiction in which the applicant holds a license to practice dental hygiene verifying that the applicant's license in that state or jurisdiction is in good standing;

7. An affidavit of good moral character; and

8. The application fee as set forth in N.J.A.C. 13:30-8.1

As part of its review of applicants for licensure as a registered dental hygienist, the Board shall

consider and evaluate any prior record of disciplinary action or pending disciplinary action against the applicant or investigation of the applicant in any other state or jurisdiction and the applicant's complete professional employment history.

The Board conducts a criminal background check as part of the licensure process. If the applicant has any issues to disclose, they should do so at this time. The applicant may be required to attend a hearing, at which time s/he may bring legal counsel. The final decision on licensure is at the Board's discretion.

Scope of Practice of Licensed Dental Hygienists in New Jersey

A licensed dental hygienist practicing under the direct supervision of a licensed dentist may:

1. Perform a complete prophylaxis including the removal of all hard and soft deposits from all surfaces of human natural and restored teeth to the epithelial attachments and the polishing of natural and restored teeth;

2. Perform root planning;

3. Provide prophylactic and preventive measures such as the application of fluorides and pit and fissure sealants and other recognized topical agents for the prevention of oral disease or discomfort;

4. Place intrasulcular therapeutic medications approved by the Food and Drug Administration, as directed by a dentist;

5. Examine soft and hard tissue of the head, neck, and oral cavity and note deformities, defects and abnormalities therein;

6. Fabricate athletic mouth guard appliances;

7. Isolate the operative field, including the placement and removal of rubber dams;

8. Place and remove matrices and wedges;

9. Place temporary sedative restorations;

10. Remove excess cement from crowns or other restorations and orthodontic appliances;

11. Remove sutures;

12. Fabricate and cement temporary crowns and bridges after preparation of tooth (teeth) by a dentist. This shall not include intra-oral occlusal adjustment;

13. Take impressions for diagnostic models and models to be used as counters for fixed or

removable prostheses;

14. Place amalgam and gold foil in a tooth for condensation by the dentist;

15. Place and remove retraction cords and medicated pellets;

16. Perform bite registration procedures to determine occlusal relationship of diagnostic models only;

17. Place and remove periodontal dressings and other surgical dressings;

18. Trial size (pre-select) orthodontic bands, wires, stainless steel crowns and temporary crowns intra-orally or on diagnostic models;

19. Remove arch wires and ligature wires;

20. Make radiographic exposures as permitted by the Department of Environmental Protection pursuant to N.J.S.A. 26:2D-24 et seq.;

21. Provide oral health education including dietary analysis and clinical instruction in order to promote dental health;

22. Apply topical anesthetic agents;

23. Take and record vital signs;

24. Retract patient's cheek, tongue, or other tissue parts during a dental procedure;

25. Remove such debris as is normally created in the course of treatment during or after dental procedures by vacuum devices, compressed air, mouthwashes and water;

26. Hold a curing light for any dental procedure. Such curing light shall not include a laser;

27. Take dental photographs including the use of intra-oral cameras;

28. Select shades of prosthetic appliances;

29. Assist a licensed dentist in the administration of nitrous oxide, provided the licensed dentist is physically present in the operatory at all times during the procedure; and,

30. With additional certification, administer local anesthesia.

A licensed dental hygienist practicing within an institution subject to the supervision of a New Jersey Licensed dentist in the institution may:

1. Perform a complete prophylaxis including the removal of all hard and soft deposits from all

surfaces of human natural and restored teeth to the epithelial attachments and the polishing of natural and restored teeth;

2. Perform non surgical periodontal therapy;

3. Provide prophylactic and preventive measures such as the application of fluorides and pit and fissure sealants and other recognized topical agents for the prevention of oral disease or discomfort;

4. Examine soft and hard tissues of the head, neck, and oral cavity and note deformities, defects and abnormalities therein;

5. Make radiographic exposures as permitted by the Department of Environmental Protection pursuant to N.J.S.A. 26:2D-24 et Seq.;

6. Provide oral health education including dietary analysis and clinical instruction in order to promote dental health;

7. Take and record vital signs; and

8. Take dental photographs, including the use of intra-oral cameras.

Programmatic Policies and Requirements

Academic integrity is of the utmost importance while establishing ethical modes of behavior necessary for the successful dental hygienist. Honesty is the foundation for all academic and scholarly pursuits. Any form of academic dishonesty is viewed by the faculty as a serious offense that undermines the bonds of trust and integrity among members of the college community. Students are expected to uphold these standards. Any breach or intent to breach the college's academic code of conduct shall result in disciplinary actions.

Academic dishonesty can take many forms, such as but not limited to cheating; plagiarism; any fraudulent act designed to gain or improve grades; accepting credit or any form of recognition not properly earned; multiple submissions of the same work for credit in more than one course or by more than one student; or using the facility without permission or supervision.

All forms of academic dishonesty, as defined below, are strictly forbidden and will result in disciplinary action. Attempted academic dishonesty, whether it is successful or not, will be treated as a violation of *Academic Integrity*.

Academic dishonesty includes, but is not necessarily limited to, the following:

Cheating: Giving or receiving unauthorized assistance in any academic exercise or examination, or using or attempting to use any unauthorized materials, information, or study aids in an examination or academic exercise, including but not limited to:

1. Copying from others, with or without their knowledge and/or consent, or allowing others to copy from one's own work.

2. Possessing or using a "cheat sheet" or study guide, or other notes, formulae, or written information not specifically authorized for use by the instructor.

3. Possessing or using notes, formulae, or other information in a programmable calculator or other electronic devices without explicit instructor permission.

4. Possessing or using a cell phone, pager, PDA, or other electronic device to send or obtain unauthorized information.

5. Taking an exam for another student or permitting someone else to take an exam for one.

6. Asking another to provide improper assistance on an exam or other academic exercise, or providing such assistance to another.
7. Providing or receiving information about all or part of an exam, including answers; for example, telling another student what was on an exam he or she has not yet taken, or requesting this information.

8. Collaborating on take-home exams or other academic exercises without explicit instructor permission.

9. Gaining or providing unauthorized access to examination materials.

Note: Possession of any prohibited unauthorized materials, information, study aids or device during an examination or academic exercise is an act of academic dishonesty, whether it is used, and disciplinary actions will be imposed.

Plagiarism: Using the ideas, information, or language of another without specific or proper acknowledgement, including but not limited to:

1. Using text or information from a source, whether print or electronic (that is, books, periodicals, websites, or online databases, *et cetera*) without correctly documenting the source.

2. Using direct quotation from a source without quotation marks, even if the source has been cited correctly.

3. Paraphrasing or summarizing the ideas or text of another work without documenting the source.

4. Modifying text from sources, for example, substituting a word or phrase for the original, while maintaining the original sentence structure or intent of the passage.

5. Using graphics, visual imagery, video, or audio without permission of the author or acknowledgment of the source.

6. Translating text from one language to another without citing the original work.

7. Obtaining packaged information, foreign language translation, or a completed paper from an online or other commercial source and submitting it as one's own work without acknowledgment of the source.

8. Presenting the work of another student as one's own, with or without permission.

9. Submitting work done previously for another class or purpose.

10. Creating false data or citing nonexistent or false sources.

Note: While failure to document correctly may not in and of itself constitute evidence of *intent* to plagiarize, inadvertent plagiarism is as serious an issue as malicious (deliberate) plagiarism. Instructors should make every attempt to distinguish between intentional and inadvertent plagiarism, especially in cases in which the student has not yet completed English Composition I and may be unaware of the correct form of documentation required, and disciplinary action should be commensurate with the offense. In no case should ignorance alone be accepted as an excuse.

Other Forms of Academic Dishonesty: Misrepresenting or falsifying academic achievement, gaining an unfair advantage, or engaging in or facilitating academic dishonesty, including but not limited to:

1. Misrepresenting or falsifying academic accomplishments, such as by altering computer or print records.

2. Deceiving an instructor or creating false excuses to obtain special consideration or an extension.

3. Continuing to work on an exam when the time allotted has elapsed.

4. Forging a signature.

5. Falsifying or inventing any information, data, or citation in an exam, essay, or other academic exercise.

6. Submitting substantial portions of any academic exercise more than once for credit without the prior authorization and approval of the current instructor.

7. Facilitating any of the above actions, or otherwise performing or completing work that another student then presents as his or her own.

8. Interfering with the ability of a fellow student or students to perform assignments.

9. Any unauthorized manipulation of patient documentation, forging of signatures or information is illegal and cause for immediate dismissal from the program, without opportunity for readmission.

Confidentiality/Attendance Policy

All patient medical and dental records are confidential. Students must respect the confidential nature of this information when discussing clinic patients. Discretion should be used as to when, where, and with whom information is discussed.

Students are not permitted to remove the patient's chart from the EIC dental hygiene clinic. Any infraction of this policy will constitute automatic probation and a grade of zero "0" will be given for how that patient's chart was mishandled, regardless of a student's performance on that patient. Students' personal files of clinical activity are also not to be removed from the dental hygiene suite. Removal of these files will result in a '0' for the day, regardless of the student's performance on that day. A dated and signed record of removal of charts or personal files will be maintained. A second infraction is cause for immediate dismissal from the program. Probationary status serves as a warning. Any further infractions of programmatic policies will result in dismissal from the program.

Maximum Opportunity for Learning

Dental team members must have an excellent attendance record, as patient treatment is planned with a schedule that is strictly adhered to and predicated upon every team member being present to fulfil their role. Students must demonstrate their ability to be present and depended upon during their enrollment in the dental hygiene program. That dependability is reflected in the grading process of the program.

It is necessary for students to be present during lectures and clinic to master the knowledge and skills necessary for becoming a competent dental hygienist. A classmate's notes do not provide the visual learning opportunities or the opportunity to question or actively participate in the learning process. Many students are visual and/or activity-based learners. The grade earned must reflect the amount of time present during classes, lectures, clinics and lab.

A professional puts aside personal inconveniences and always arrives to perform appointed tasks in a responsible and timely fashion. Each term there are specific clinic hours allotted so the student can develop the skills necessary to become a professional health care provider. It is the student's responsibility to utilize the entire session to provide patient treatment. Absences and tardy arrival to class will adversely affect the student's professionalism portion of his/her course grade. Students must be present for 85% of course hours to receive credit for the course. It is also the student's responsibility to inform instructors of absences. If absence is due to some planned activity, i.e., religious holiday or legal subpoena, then the instructor must be informed of this, in writing, two weeks ahead of the scheduled absence. If sudden, unexpected absence is unavoidable, the student must notify the instructor prior to the commencement of class. Students must call the Dental Hygiene Director or Course Instructor and leave a voicemail message prior to class start time.

Clinic Absenteeism

Unexcused absence will be factored into the final attendance grade. If you miss one class in a 15-week time frame your attendance grade would be 93%, two missed classed 86%, three missed classes 80% etc. Every time a student is late for class/clinic, or leaves early, a "0" will be given for the day. This will be factored into the final attendance grade.

Absence will be considered unexcused until proper documentation has been received.

Leave of Absence

Students applying for a leave of absence will be readmitted on a space available basis.

Returning Students

If for any reason a student applies for reentry following withdrawal or failure, if the absence has been more than a semester, the student may be asked to audit a previously passed clinical course prior to reentry to demonstrate a satisfactory level of clinical skills.

Student Illness

If a student becomes ill while on school property, he/she should inform another person immediately. This individual should remain with the ill student if possible and ask another person to obtain help immediately. If necessary, security personnel should also be notified immediately. All students must have in program records at EIC emergency contact names, phone numbers, and addresses.

An emergency kit and oxygen can be obtained from the dental hygiene clinic. Remember your emergency preparedness training and remain calm, keep those around you calm, and act with confidence and speed when responding.

Students with any contagious condition pose cross-contamination issues to patients, peers, faculty and staff. Such conditions must be reported to instructors, and a written clearance from a licensed physician will be required for the student to resume clinical activities.

Course Policies and Grading

1. Attendance is required, and a record of absences will be noted.
2. A written, signed, physician's note must be given to the instructor for absences exceeding two consecutive sessions, indicating the absences are excused.
3. Having more than three (3) unexcused absences in a class session (less than 85% attendance) will make you ineligible for tutorial sessions, and may seriously affect your ability to satisfactorily complete the course.
4. If an unexcused absence is on the day of a major exam it will be left to the instructor's discretion as to whether a make-up exam will be offered.
5. An unexcused absence from an examination will automatically result in a failure grade for that examination.
6. Quizzes will be given at the beginning of the class. Late arrivals will not be given extra time to complete the quiz. If you arrive at the end of the quiz, no make-up quizzes will be given and a grade of "0" will be recorded. If you are absent the day of a quiz, no make-up will be provided.

7. The student is responsible for all materials given through lectures, handouts, reading assignments, and class discussion, whether they are present or absent. It is the student's responsibility to check for assignments, announcements, e-mails and schedule changes on a regular basis.
8. Food, drinks, smoking, smokeless tobacco, and gum chewing are prohibited in class.
9. Cheating on any quiz, test or exam will result in an automatic "0" for both those giving and receiving information.
10. Plagiarism is the intentional use of someone's ideas or words without giving appropriate recognition to the author. This serious offense will result in failure of the course and is cause for dismissal from the program.
11. No one is to leave class during an exam without handing in his/her work.
12. Professionalism is always expected. Absences and lateness will be taken into consideration when professionalism grades are determined.
13. As a courtesy to the instructor and classmates, beepers and cell phones are to be placed on silent mode before entering class.
14. Participation Policy: It is expected that students will participate in 100% of scheduled clinical, laboratory and didactic experiences. Students who fail to participate in 85% of scheduled learning experiences will not achieve a satisfactory grade in the course.
15. Clinical and laboratory grades are comprised of proficiencies, skill evaluations and assignments. It is the student's responsibility to review the syllabus for all pertinent clinical/laboratory policies and procedures. Any infraction of these policies will be appropriately reflected in the student's final grade.
16. A student who receives a grade of less than 75% in either the theory, clinical or laboratory components will fail the course. Averages will not be rounded, meaning an 89.7 is a 89.

Pregnancy Policy

It is the sole responsibility of a pregnant student to submit to the program director a written medical clearance from the health professional monitoring the pregnancy. This statement must be written on official letterhead and include those activities in which the student may or may not participate. References to clinic, laboratory, radiology, and dental materials must be specifically included in the statement. If the health care professional recommends nonparticipation in any of the above courses, the student will not be permitted to attend said activities until medical clearance is again given. This may adversely affect a student's ability to complete specific courses and/or the program until the completion of gestation. Once the student has notified the program director of the pregnancy, the student will not be allowed to continue participating in the situations until the program director receives medical clearance in writing. If a student becomes pregnant, she must purchase the dosimetry badge that will be worn by her abdomen. The cost is $100 each new semester. The cost of a lost or misplaced fetal dosimetry badge is $100.

Eastern International College

Pregnancy Policy

I am aware of the potential hazards of ionizing radiation during pregnancy. I have discussed these hazards with my physician, who has advised me that I may participate in my required x-ray courses, so I may complete necessary requirements to graduate from the EIC dental hygiene program.

I further understand that to complete my course, I must partake of every safety precaution available to me. Those safety precautions include but are not limited to the wearing of a lead-lined apron while taking x-rays and removing myself from the x-ray room at the time the x-ray is in operation. Placing a dosimetry badge by my abdomen in addition to whole body dosimetry badge assigned to me at the beginning of the semester. Further, I agree not to enter any x-ray room while x-rays are in progress.

During my pregnancy, I am aware that I must purchase the dosimetry badge for that will be worn by my abdomen and that the cost is $100 each new semester. If I lose the badge it will cost $100.

I agree to release EIC and all supervisory staff and personnel from all liability for any known and unknown injuries to myself and unborn child now and in the future.

Signature (Student)_____Date_____

Signature (Faculty) _____Date_____

Signature (Chairperson)_____ Date_____

Eastern International College

PPE Safety Guideline Disclosure Form

It is the policy of Eastern International College to maintain a safe and healthy environment for our students. Personal Protective Equipment (PPE) is a necessary part of clinic/laboratory safety. Proper Personal Protective Equipment (PPE) is required according to the DH Clinic/Lab Safety Guidelines. Appropriate PPE must be worn at all time while in clinic/lab. Students not properly attired for clinic/laboratory activities will be forbidden from participating in clinic/lab sessions and will be marked absent for that session. Further disciplinary actions may be taken if student will not adhere to DH clinic/lab safety guidelines.

I, _____acknowledge that I have read and understood "PPE Safety Disclosure Form", and that I will adhere to these guidelines.

Student Name: _____

Student Signature: _____

Date: _____

CPR Certification

It is the responsibility of dental hygiene students to have and maintain Professional Rescuer CPR for the Health Care Provider and Standard First Aid Certification. The certification must be valid through the dental hygiene program. Students who fail to show proof of current certification will not be permitted into clinic. He/she must keep that certification current throughout the clinical experience at EIC. CPR is valid for two years. The student is responsible for maintaining current/renewal CPR certification. If he/she fails to remain current they will be ineligible to take the boards.

Student Physical Examination/immunization

Certified Background website: You will need to register with certifiedbackground.com and complete all requirements. You must be compliant to treat patients. This account must stay current throughout the duration of your dental hygiene education at EIC.

Complete physical examinations are required. Prior to course commencement the student will be given a physical examination form to be completed. This form requires:

- Physical examination with complete medical history
- Two-step tuberculosis test (An additional single step tuberculosis test will need to be repeated prior to commencing second year clinical activities.)
- Lab tests
- Current titers for:
- Rubella
- Rubeola
- Varicella
- Updated immunization for tetanus (within ten years)
- Hepatitis B immunization or written declination (signed waiver on file)
- Polio
- Tetanus and Diphtheria

In order to meet the mandatory requirements of our affiliate agencies, all dental hygiene students must annually document proof of medical/health insurance. Insurance may be obtained through the College. An updated Mantoux test or equivalent will also be required yearly.

Malpractice insurance is required to take your licensing boards and is available through the College. Appropriate fees are charged upon registration for dental hygiene courses.

Student Rights and Obligations

Students have the right to be treated with respect by peers, patients, faculty and staff. Students are likewise obligated to treat peers, patients, and faculty and staff reciprocally in a professional manner.

Faculty and Staff Rights and Obligations/Faculty Office Hours
All faculty and EIC staff members have the right to be treated with respect by students, peers and patients. Faculty and staff are obligated to interact with all in a professional manner that fosters a positive learning environment.

To provide confidential counseling to students and perform all necessary tasks, students can schedule an appointment to meet with faculty members. Faculty offices are **off limits** to students due to confidential and sensitive material. Please speak to your faculty members during scheduled classes or via email. Going to their offices without an appointment will not be tolerated.

Professionalism
Professionalism is a key component in all dental hygiene courses. It is part of the grading system and is required of all students, faculty, and staff at all times. Striving toward professional behavior includes developing a good rapport with instructors, staff, peers, and patients; punctuality; grooming; proper care and use of equipment; preparedness; timely completion of all assignments; management and treatment of patients befitting a dental hygienist and adherence to established policies and procedures. Failure to comply with any one of the above criteria will result in course grade reduction. Serious infractions of the professional code of behavior may result in further disciplinary action appropriate to the nature of the infraction. Compromising the safety of others may be cause for dismissal from the program.

Clinical Evaluation
Students are evaluated on their performance during every clinical session. Grading criteria have been established by the faculty to evaluate students' ability to assess, treatment plan, implement the developed plan, evaluate according to the Dental Hygiene Process of Care, and determine the extent of the success of treatment provided. Student grading and patient tracking will be conducted utilizing TalEval. During the program students will be asked to demonstrate both maintenance of and increased competency in clinical skills. This will be accomplished by requiring students to demonstrate proficiency on typodonts and/or patients during Pre-clinic, Clinic I, Clinic II and Clinic III.

Participation Policy
It is expected that students will participate in 100% of scheduled clinical, laboratory and didactic experiences. Students who fail to participate in 85% of scheduled learning experiences will not achieve a satisfactory grade in the course.

Clinic Hours
The morning and afternoon clinic sessions will start promptly at the designated hour for that semester and extend for 3 hours in Clinic 1 and for 4 hours in Clinic II and III. Patients are dismissed one half hour before the end of the session to allow time for scheduling further appointments and infection control procedures.
All students (student operators or students on rotation) are expected to arrive 30 minutes prior to the scheduled clinic session. Tardiness is recorded, reviewed, and counted in the final grade for each student. During the 30 minutes prior to opening the clinic to patients, the student will go to her/his assigned cubicle to set-up and get ready for patient practice.

Clinical Assignments
The student's prime responsibility is to function as a clinical operator in the EIC Dental Hygiene Clinic. If a patient breaks an appointment and the student cannot find another patient for treatment, the student checks with the assigned instructor for another clinical tasks, such as assisting a classmate in data collection or reviewing instrumentation on a mounted typodont.
Instruments and any personal items left in the clinic or cabinets are left at the student's own risk. Eastern International College is not responsible for any personal items left in the Dental Hygiene Clinic.

No credit will be given if a student jeopardizes the health, welfare, or safety of the patient, himself or herself or a peer, any faculty or staff member, or administrator. Any such instances will be reviewed on an individual basis and a decision made by the Program Chair and College administration in conjunction with the faculty to determine the appropriate course of action. Faculty will record the incident in the student's permanent record.

If a student's clinical skills are below expected performance, and/or if a student is not following the outlined clinic protocol, the student may be referred for remediation and/or dismissed from the Program. Repeat offenses are cause for dismissal.

Clinic and Reception Phones
The clinic and reception telephones are NOT to be used for personal calls! The telephones may be used to call patients only. When answering the telephone, identify the area as the "Eastern International College Dental Clinic". Caution should be used when confirming patients with personal cell phones. When possible, a student's cell phone number should be blocked so that the patient does not have access to student personal data.
Cancellations
If the patient cancels an appointment, he/she will be assigned to the same student for a later date. Every effort should be made to ensure you have a backup patient if your patient cancels. If the patient cannot commit to another appointment within the framework of the semester, his/her name and telephone number will be placed on a call list. The student finding him/herself without a patient for a clinical session should:

1. Attempt to find a substitute patient from the campus population.
2. Check with the clinical instructors for re-assignment to other duties during the session.
3. At no time should the student leave the Dental Hygiene Clinic without first notifying them immediate supervising instructor.
4. Clinical patient cancellation information will be updated on TalEval by faculty.

Clinic Charts
Charts are logged out at the front desk by individual utilizing dental chart. Charts are to be logged back in upon completion of dental treatment.

Students are not permitted to remove the patient's chart from the EIC Dental Hygiene Suite. Any infraction of this policy will constitute automatic probation, and the patient cannot be counted towards completing patient care requirements regardless of student's performance on that patient. Students' personal files of clinical activity are also not to be removed from the dental hygiene

clinic. Removal of these files will result in automatic probation and point deductions on the professionalism course regardless of the student's performance that day. A dated and signed record of removal of charts or personal files will be maintained. A second infraction is cause for immediate dismissal from the program. Probationary status serves as a warning. Any further infractions of programmatic policies will result in dismissal from the program.

All entries in the chart are to be made in blue or black permanent ink. All treatment rendered must be recorded and signed by a clinical instructor at the end of each clinic session.

Patient cancellation, missed appointments, and tardiness should be documented in the chart and signed by a staff member. Two consecutive cancellations, missed appointments, and late arrivals should be brought to the receptionist's/clinic faculty's attention for possible deactivation.

The layout and order of dental chart:

Left side
- Dental Hygiene Clinic Fee Schedule
- Services Rendered (Progress Notes)
- Medical History/Vitals Update
- Health History Form (most current on top)
- Medication (Drug Log)
- HIPAA policy
- Notice of Privacy Practice
- Patients' Bill of Rights
- Adult Consent
- Treatment Consent of Minors and Dependents

Right Side
- Patient Assessment (vitals/appearance/extraoral/intraoral/conditions/habits)
- Calculus Removal/Indices
- Dental Hygiene Care Plan (Treatment Plan)
- Dental Hygiene Oral Health Risk Assessment
- Dental Referral
- Copies of Radiographs
- Extraneous papers

Recare/Recall appointments
At the final treatment session, it is the student's responsibility to have the patient updated in our computer recall system and to explain the importance of maintaining the suggested recare schedule. It is the student's task to ensure that the patient is added to the system and is aware of the necessity of keeping appointments to maintain optimum dental health. Instructors will place recall time frame in TalEval.

Student Appointment Duties

1. Punctuality is a component of professionalism. Patients expect to be seen at their appointed time. Therefore, students must arrive early to prepare their treatment area.

2. Students must make three notifications if absence is unavoidable:
   a. Your instructor
   b. The administrative assistant
   c. Your patient

3. Students scheduling their own patients must inform the administrative assistant of the name, address, telephone number and status (new, recare/recall, revisit) at least 3 school days prior to the clinic session. Place a 'hold' on an appointment that you believe will be needed by your patient to avoid double booking.

4. If assigned a patient, call the patient, and introduce yourself. Confirm the date and time of the appointment. Make sure the patient is aware of the location of the EIC Dental Hygiene Clinic. This call should be made at least twenty-four hours prior to the appointment.

5. Whether this is a patient you have scheduled or have been assigned, review the medical history with them while on the phone. Determining the necessity of physician's clearance and/or the need for pre-medication may save you the stress of having to dismiss the patient without treatment. A medical clearance from a physician must state what the condition is and that oral prophylaxis may be safely rendered. Said clearance must be current, as dictated by the medical condition, or the patient will be rescheduled.

6. Confirming patients is the sole responsibility of the student. Stress the importance of keeping the appointment and arriving on time. Maintain your personal identifying information confidentially from the patient.

7. Instruct your patients to enter the third floor Dental Hygiene Clinic and introduce themselves to the administrative assistant.

8. Patients should identify their student hygienist by last name to avoid confusion and embarrassing mix-ups.

9. The administrative assistant will provide the patient with a copy of the medical history form.

10. Students waiting for their patients should not mill around the reception area. When alerted that your patient has arrived, you should proceed to the reception area to greet your patient and escort them to your treatment area.

11. Ensure that your patient is in the schedule (in Dentrix)

Patient Appointments

Student must acquire their own patients each clinical session, however when patients call the clinic, they will be assigned to a student on a need for care basis. The students must check with the administrative assistant to review the appointment book daily, as the appointment book fills up with patients you will be notified. Assigned patients take precedence over other patients. If a student does not wish to assume the risks and responsibilities involved in accepting assigned patients, he/she must inform his/her instructor.

Students assume sole responsibility for arranging patients necessary to fulfill course requirements. Each clinical course syllabus has the requirements outlined within. Students are also required to provide the administrative assistant with all the pertinent information about their patients so that charts can be generated and prepared. All patients must be recorded in the official clinic appointment book, as well as the student's personal appointment book.

Booking two patients at the same appointment time is not allowed. Two patients may be scheduled at different times in one clinic session. The patient listed in the official clinic appointment book is the patient who will be seen in clinic. When a student has violated appointment policy and overbooked, the incident will be recorded in the student folder and two points will be deducted from the professionalism grade. A record of the incident will be maintained.

Outline for Treating Patients

1. Ensure patient has completed all forms
2. Escort patient to dental chair (only patient is allowed in the treatment area, no visitors, no children, no family members)
3. Ensure patient signatures are on all forms
4. Review medical and dental histories with patient.
5. Look up all prescription medications in Drug Reference Handbook and fill out Medication Log
6. Take Vitals
7. Review Medical history and Medication Log form with Clinic Dentist. Obtain approval to proceed with treatment and have dentist sign the Medical History form.
8. First Visit for the semester (or recall) – The clinic dentist needs to approve the medical history
9. Subsequent visits- The clinic dentist must approve the medical history if there is a change in patient's health or medication
10. Subsequent visits- The faculty can approve the medical history if there is no change in patient's health or medication
11. Establish the need for radiographs. If radiographs are needed: complete radiographic rational form. Take radiographs following quick cursory IO/EO inspection
12. Conduct a complete extra and intraoral inspection
13. Complete dental charting
14. Complete a gingival and periodontal assessment (full mouth probing 17 years and older)
15. Complete the calculus indices
16. Determine the patient caries risk factors
17. Complete a dental hygiene care plan
18. Arrange all forms in dental chart in the correct order (in the dental chart)
19. Notify instructor by signing in (faculty signup sheet) you are ready for a check in

20. At check in- Introduce patient to clinic dentist/instructor.
21. Any corrections made by clinic dentist/instructor should be marked in **RED**
22. After check perform disclosing, gingiva plaque/ indices, patient education followed by periodontal debridement
23. Faculty and clinic dentist must agree on the need for topical and local anesthesia after evaluating the patient
24. After debridement is checked by the instructor, perform necessary polishing procedures
25. polishing check-out with faculty
26. Give fluoride treatment if treatment planned
27. The dental charting MUST be checked prior to dismissing patient. Have a referral sheet ready for restorative check by dentist. If there are findings the dentist will list all work that needs attention in the Chart under Services Rendered and Sign and Copy referral sheet. Example….#15 (DO) #19 Crown Endo evaluation # 30 Oral Surgery consult/evaluation # 1 # 16 # 17 # 32. A copy MUST be made and placed in dental chart.
28. A post-operative care instructions must be filled out and given to patient if needed. It must be documented in services rendered sheet.
29. Give the patient a Patient Survey form to fill out before leaving
30. Escort patient to the reception area

Definition of Medically Compromised Patients
Any patient requiring treatment modification because of their medications or condition will be considered medically compromised. Patients with diabetes, who require special attention because of the relationship between diabetes and periodontal disease, patients with asthma, who cannot be placed in a supine position, and patients who need to be premedicated for dental treatment are included in this grouping, and patients with unusual medical/psychological issues that will compromise treatment in any way. These are examples of some medically compromised patients, but by no means all inclusive.

Medically Compromised Patients/Medical Consultation
Medically compromised patients must bring their personal medications, which may be required in the event of a medical emergency.

If patients do not comply with prescribed treatment, students must inform the supervising dentist and record this in the treatment record of the patient's chart.

This facility will not treat any patient who is referred for medical consultation until a qualified physician completes the consultation form and the patient returns with it to the dental hygiene clinic for review. All documentation will be maintained in the patient’s permanent record.

"Blood Pressure Guidelines"

Normal: < 120mm Hg Systolic BP (SBP) and < 80 mm Hg Diastolic BP (DBP)
Elevated: 120-129 mm Hg SBP and <80 mm Hg DBP
Stage 1 Hypertension: 130-139 mm Hg SBP or 80-89 mm Hg DBP
Stage 2 Hypertension: ≥ 140 mm Hg SBP or ≥ 90 mm Hg DBP
Patients with a BP > 180/100 cannot be treated in our facility.

Special Needs Patients
A special needs patient is a term used in reference to children/adults with some form of disability or circumstances requiring extra measures to attend to. These needs include physical disabilities, mental or emotional disorders and behavioral problems that prevent the adult or child from leading a normal life. Students will complete a "Special Needs/Medically Compromised" form to illustrate how they assessed the needs of their patients as well as planned and implemented care.

Patients requiring modification to treatment because of their condition or medications will be considered medically compromised. Examples of medically compromised patients (not inclusive) are listed in the table below. Patients considered medically compromised must bring their personal medications in the event of a medical emergency. EIC will not treat any patient who is referred for medical consultation until a physician completes consultation forms. All documentation must be maintained in the patient's permanent record.

Medically compromised patients (not all inclusive):

CONDITION	MEDICAL ISSUE/CONSIDERATIONS
Intellectual and developmental disabilities	Syndrome associated medical conditions and other disabilities
Down Syndromes	Possible congenital heart defect, premedication, hearing and vision problems, decreased resistance to infection
Autism	Behavioral irregularities
Learning disability, ADHD	Medication side effects
Emotional or mental illness	Medication side effects, psychological concerns, fears
Eating disorder	Weight loss, bulimia, psychological concerns
Alzheimer's	Medical side effects, bowel and bladder control, wheelchair
Seizures	Medications side effects

Visual impairment	Light sensitive possible, degree of impairment
Hearing impairment	Degree of impairment is there a need for interpreter. Hearing aids.

Cleft lip or palate	Upper respiratory tract, infection, prosthetic appliance, diet
Cerebral palsy	Medication side effects, degree of impairment
Myasthenia gravis	Medication side effects, history of treatments and therapies.
Parkinson's disease	Medication side effects, limited control, dexterity concerns
Arthritis	Medication side effects, impairment depending on degree, possible joint replacement
Multiple sclerosis	Medication side effects, various degrees of impairment and facial pain.
Muscular dystrophy	Medication side effects, various degree of impairment, involvement
Spinal injury	Medication side effect, respiratory involvement, incontinence, body temp regulation, adaptive equipment
Spina bifida	
Viral hepatitis	Type, degree of liver impairment, active or carrier, history
AIDS	Systems involved, degree of impairment, Kaposi's sarcoma, opportunistic infections, immunosuppressive medications
Tuberculosis	History, follow-up care, instances of reinfection, organs affected.
Cystic Fibrosis	
Bronchial asthma	Types, severity, frequency, treatment regimens, history
Congenital heart disease	Type, repair, extent, medications, prognosis, possible premedication
Cardiac arrhythmias/dysrhythmias	Medication side effects, possible pacemaker
Hypertension	Vital signs, medication side effects, causes, severity, possibility of orthostatic hypotension

Ischemic heart disease And Congestive heart failure	Angina or myocardial infarction episodes, hospitalization, medication side effects
Cerebrovascular Accident (stroke)	Type, degree, medication side effects
Cancer	Parts affected, treatment regimens, medication side effects
Leukemia	Types, treatment regimens, anemia, thrombocytopenia, infection, immunosuppression from therapy

Diabetes mellitus	Type, severity, medication regimens, diet, complications
Thyroid disease	Type, symptoms, severity, medications
Chemical dependency	
Pregnancy	Trimester, nutritional status
Older adult	Medications taken and possible side effects, chronic diseases, sensory impairment

Greeting Patients

1. Introduce yourself to a new patient; welcome back a returning patient. Obtain the patient's chart from the receptionist.

2. Escort the patient to your previously prepared treatment area. The patient's personal items are to be hung on the hook in the treatment area or placed on the floor either in the corner or under the hook. Personal items are not to be stored on counters or in cabinets.

3. Seat the patient and adjust the chair, remembering to alert the patient prior to moving chair parts.

4. Patients may not leave small children unattended in the reception area, the clinic treatment area, student lounge, classrooms or anywhere on the 3rd floor. When the parent is the patient, small children may not sit on the parent's lap during treatment. No patients, parents, siblings, friends, etc. may be left alone anywhere on the 3rd floor except the reception/waiting room area.

5. If your instructor is near, you will need to introduce your patient to the instructor.

6. Under no circumstances may any patient, family, or friend be given your student I.D. badge for entry into any part of the building or 3rd floor. Failure to comply with this safety regulation may result in dismissal from the program.

Disruptive Patients

If an incident occurs in the reception area, the administrative assistant will ask the patient to leave. If the patient is uncooperative, administration/security will be called. Staff or student will request immediate assistance from an instructor.

If an incident occurs in the clinic, the operator will ask the nearest student to bring an instructor immediately. The instructor will determine if security is required.

If a patient reports that they have been drinking alcohol the day of their appointment, they will be dismissed from the clinic and rescheduled for another day.

If an incident occurs in the hallway, the student will seek assistance from the nearest office. Be alert to identify potential problems such as inappropriate behavior, outbursts, bizarre speech, or continuous provocative behavior. Signs of possible drug or alcohol abuse may indicate potential patient management problems. Such symptoms as drowsiness, vacant empty stare, disoriented responses, change in speech patterns should raise suspicion. Remember that these are also symptoms of other medical conditions. Behavior of a suspicious nature, such as but not limited to those mentioned above necessitate discussion with the clinical dentist for monitoring and/or treatment.

Pediatric Patients

A pediatric patient is between the ages of 3-11. We will not see any child who is under the age of 3 years. A parent/guardian must accompany the child to the appointment and must remain for the duration of the appointment. The parent/guardian must sign a Consent Form and approve the recommended treatment plan for services to be provided.

A pediatric patient **related** to the student (niece, nephew, cousin, offspring) may be treated in absence of the parent/guardian provided that the child's medical history is completed and signed by the parent/guardian.

Adolescent Patients

An adolescent is defined as someone who is between the ages of 12-17. They are characterized by having their 2nd molars of all their permanent dentition. A parent/guardian must accompany the adolescent to the appointment or sign all the appropriate forms. The parent/guardian must sign a Consent Form and approve the recommended treatment plan for services to be provided.

An adolescent patient **related** to the student (niece, nephew, cousin, offspring) may be treated in the absence of the parent/guardian provided that the child's medical history is completed and signed by the parent/guardian.

Adult Patient

An adult patient is defined as someone who is 18-59 years old.

Geriatric Patients

A geriatric patient is defined as someone who is 60 or older. They can also be medically compromised, on medications and may need assistance. Special care and attention must be made to accommodate these patients.

Number of Teeth

Patients with a minimum of 10 teeth will qualify for ONE patient point. If the patient presents with any less than that, partial credit will be given. 9-7 teeth= ¾ patient point, 6-4 teeth= ½ patient point and 3 or less= ¼ patient point.

Patients with Dental Implants

The supervising dentist and clinic faculty should be notified of any patient with dental implants. Students will be very closely monitored while treating implant patients. Implant-care instruments are available in the sterilization room.

Dental Hygiene Students as Patients

Dental hygiene students can only be seen as patients when they are not scheduled to attend other classes. Students completing assigned rotations may not sit as patients during their clinic session.

If two students find themselves unable to fill their time with a patient, they may practice skills on each other. No credit will be awarded for completing a student partner patient.

Instrument technique evaluations requiring the use of area-specific curettes necessitate periodontal pocket depth to properly demonstrate competence. Therefore, these technique evaluations cannot be conducted on patients without several areas of at least 4–5 mm pocketing. A failed technique evaluation cannot be repeated on the same day. Instrument proficiencies must be performed at the time of treatment.

Radiographs on Clinic Patients

A rationale for all radiographs must be obtained, filled out and signed by both the faculty instructor and supervising dentist before all exposure of radiation can take place. Radiographs will be exposed based on students' rationale, the supervising dentist, and dental hygiene faculty. Any and all radiograph rationale will be based upon the ALARA (As Low As Reasonably Achievable) principle, and any rationales will be recorded in the patient's chart. After obtaining the regulated signatures and filling out the rational form the student will assemble the appropriate armamentarium and expose the radiographs. Radiographs will be evaluated by the clinic faculty and grades assigned accordingly. All radiographs will be logged for exposure records in the radiograph log sheet.

Patients or dental offices requesting radiographs via email must go through the Dental Hygiene Receptionist. DO NOT send or receive x-rays from your personal email accounts.

Emergency Procedures

An emergency is a sudden unexpected occurrence demanding immediate action. The role of the dental hygienist is to follow appropriate procedures and become familiar with the location and contents of emergency equipment.

Prevention is the key to avoiding many emergency situations and the first step in managing them. Adequate pretreatment medical history and physical assessment may disclose predisposing factors that the faculty and staff should be made aware of.

Recognition is the second step in proper emergency management. It is the hygienist's duty to be familiar with the patient's preoperative condition and baseline vital sign readings to quickly recognize a patient experiencing deviations from the norm.

The third step is initiation of all measures required for correcting deviations that may adversely affect the well-being or life of the patient.

Managing Emergencies

A person experiencing an acute medical emergency is assessed and provided immediate care by the clinic dentist assisted by faculty and students. Initial assessment is performed following the American Heart Association's outline of the ABC's of Basic Life Support. All faculty and dental hygiene students must be currently certified in Basic Life Support for the Healthcare Provider (CPR).

If the screening dentist/supervising instructor performing this initial assessment determines that an

acute medical emergency exists, he/she directs the faculty member or student to call 911 and report the emergency. The emergency kit should be moved to the site of the emergency. The emergency kit is located in the marked lower cabinet of the sterilization room.

When EMS is requested and an ambulance and trained Emergency Medical Technicians and College security personnel are dispatched to the scene, a faculty member or student is directed to wait for the EMS unit at the building entrance. Upon arrival, the EMS personnel are escorted to the site of the emergency.

All pertinent data (past medical history, record of vital signs, medications given, etc.) are provided to EMT. The patient is transported to the local hospital Emergency Room (ER). The Department will confirm that the incident and all appropriate paperwork is documented and maintained.

Dental Hygiene Clinic Emergency Protocol

1. Stop dental treatment immediately when a medical emergency is detected.

2. Alert a nearby (next unit) student that you have an emergency. NEVER leave your patient with the medical emergency.

3. The student that you alerted will then go alert a faculty member (supervising dentist) in the clinic.

4. The faculty member (supervising dentist) will then respond and determines if advanced life support is needed.

5. The nearby student will alert the clinical assistant.

6. The clinical assistant will bring the crash cart, the portable oxygen tank and will assist the faculty by filling out the emergency incident report/exposure or accident care report.

7. The nearby student will then alert the receptionist who will announce that there is a code red at UNIT #

8. Faculty members, clinical coordinator will be on hand to assist patient and dentist with medical emergency.

9. The incident will be documented in the patient's chart and incident reports will be filed and maintained in the office of the program director and campus security.

Dental Hygiene Laboratory Emergency Protocol.

1. Stop immediately when a medical emergency is detected or suspected. Notify faculty immediately without leaving the area.

2. Assess the nature of the emergency using the ABC's of CPR. If needed, provide basic

life-saving techniques. Steps for CPR:

a. **Attempt to wake victim**. If the victim is not breathing (or is just gasping for breath), call 911 immediately and go to step 2. If someone else is there to help, one of you call 911 while the other moves on to step 2.

b. **Begin chest compressions**. If the victim is not breathing, place the heel of your hand in the middle of his chest. Put your other hand on top of the first with your fingers interlaced. Compress the chest at least 2 inches (4-5 cm). Allow the chest to completely recoil before the next compression. Compress the chest at a rate of at least 100 pushes per minute. Perform 30 compressions at this rate (should take you about 18 seconds).

c. If you are not trained in CPR, continue to do chest compressions until help arrives or the victim wakes up.

d. It's normal to feel pops and snaps when you first begin chest compressions - DON'T STOP! You're not going to make the victim worse.

e. **Begin rescue breathing**. If you have been trained in CPR, after 30 compressions, open the victim's airway using the head-tilt, chin-lift method. Pinch the victim's nose and make a seal over the victim's mouth with yours. Use a CPR mask if available. Give the victim a breath big enough to make the chest rise. Let the chest fall, then repeat the rescue breath once more. If the chest doesn't rise on the first breath, reposition the head and try again. Whether it works on the second try or not, go to step 4.

3. If you don't feel comfortable with this step, just continue to do chest compressions at a rate of at least 100/minute.

4. The instructor will notify the supervising dentist, or the program chair who will assess the situation to determine if 911 should be contacted. If there is no dentist present at the time of the laboratory emergency, the supervising instructor will assume responsibility for the management of the emergency.

5. If indicated, locate the closest telephone and place call to 911 to verbalize the emergency situation so that the local Emergency Medical Support can be summoned.

6. Locate the emergency kit and bring to the emergency site.

7. The screening doctor or supervising instructor will take patient's blood pressure, pulse, and respiratory rate and record this information.

8. If indicated, the doctor will turn on oxygen tank on cart or portable oxygen unit and place oxygen mask on patient's face. If no doctor is present in the lab, this step will be performed under the supervision of the Emergency Medical Support Team. (This step is for breathing patients who are unconscious and/or are having breathing difficulties and/or chest pain). Flow of oxygen should be sufficient to extend reservoir bag only. A bag-valve-mask (Ambu Bag) for positive pressure breathing will also be available. Mouth-to-mouth breathing should be

instituted if deemed appropriate and is performed only on patients who are not breathing.

9. The dentist/instructor will monitor vital signs and perform appropriate emergency treatment until the situation is under control and emergency care arrives.

10. The incident will be documented in the student's file and incident reports will be filed and maintained in the office of the program director and campus security.

Dental Emergency Procedures

In the event of a dental emergency, the operator should alert the student in an adjacent treatment area, who must then quickly and calmly inform the instructor in charge. After assessing the situation, if the instructor determines that the emergency requires the assistance of the dentist, the instructor will request that the student notify the dentist on duty and retrieve the necessary materials for treating the situation.

Procedures For Instrument Breakage

Occasionally an instrument may break during use. Should this situation arise with a breakaged piece remaining wedged within the sulcus, the operator should follow these procedures.

a. Remain calm and stop treatment.
b. Immediately isolate the area involved with gauze or cotton rolls.
c. Seat the patient upright.
d. Apprise the patient of the situation, explaining that the instrument tip has broken. The patient should be given a cup for expectoration and instructed not to use the cuspidor.
e. Alert your neighboring student peer to please notify the supervising instructor that he/she is needed in your treatment area for 'tip retrieval.'
f. The instructor will assess the likelihood of locating and retrieving the tip. If necessary, the patient will be escorted to the radiology area to expose radiographs. Before and after radiographs may be necessary to document the incident.
g. Documentation is essential to the proper handling of the incident. All documentation must be dated and signed by both student and instructor.
h. Original documentation, including before and after radiographs will be submitted to the Program Director for review. Duplicate radiographs and documentation shall remain with the patient's clinical chart.
i. **NOTE**: If the tip cannot be retrieved, make appropriate referrals, and send duplicate radiographs.

Clinic Equipment and Supplies

Students are required to purchase two complete sets of instruments and one set of the ultrasonic Cavitron inserts. It is the sole responsibility of the student to safeguard their instruments and to replace equipment as necessary. A disclosure form will be completed when student has been accepted to the dental hygiene program.

For the first preclinical semester (semester 2) each student will need **two sets** of the following instruments:

ITEM
1) Explorer DE #5 – 9.5mm Handle
2) Explorer INEXD 11/12 – 9.5mm Handle
3) Expro #23/UNC12-9.5mm Handle
4) Barnhardt Scaler #5/6
5) Jacquette Scaler #H5/33
6) Langer Scaler #17/18
7) Nevi #4 Scaler 9.5mm Handle
8) Columbia Curette #13/14
9) Gracey Curette #1/2
10) Gracey Curette #11/12
11) Gracey Curette #13/14
12) Socket Mirror Handle w/ Double Sided Mirror Head
13) College Pliers Locking Serrated

In addition, each student needs:
14) Safety goggles for personal use (side shields are preferred)
15) Patient bib clip (metal)
16) Nitrile utility gloves
17) Dull Instrument Set(3) w/Flat Arkansas Stone
18) Aspirating Syringe

Clinical Sciences I, II and III

Students will be responsible for purchasing a MINI kit with 3 ultrasonic scalers.

**As students progress through the program, additional supplies and/or equipment will need to be purchased*. A student will be notified when this is to occur. Instrument handling, sterilization and storage are reviewed in this manual, and in the students' texts.

Equipment failures in your assigned treatment area should be reported immediately to the supervising instructor. Before making such reports check to ensure that the unit is turned on and that all pertinent plugs are firmly connected to their socket.

STUDENT MAINTAINING PROFESSIONALISM THROUGHOUT THE PROGRAM

Professionalism refers to professional attitude and behavior. Included but not limited to such areas as: professional attire, maintenance of dental operatory, promptness for clinic, patient preparation, positioning of patient and operator, infection control techniques, instrumentation, tray set-ups, patient education and rapport, interaction and rapport with staff, faculty and fellow students, completion and management of clinic time. As previously mentioned in this manual, professionalism is consistently assessed, and noncompliance is reviewed and recorded daily by your instructors. Self-assessment will be encouraged when you meet with your faculty advisor.

Appearance and Attire
After gaining security access to the 3rd floor, students must attend all classes, clinics, lectures, etc. in the uniform/scrub protocol described below. Hair should be always tied back and off shoulder. For wigs, short hair or pulled back. Religious head coverings must be white. No street clothes, jackets, sweat shirts, scarves or non-uniform attire are permitted in the lectures or walking through the hallway as they are not part of the uniform. This dress code will be strictly always enforced on the 3rd floor unless you are entering or exiting the floor. Students are permitted to wear a sweater (cardigan- black or white or subdue color) over their uniform in class. However, in clinic, only the tee type sweater-white or black-under their uniform is permitted.

A lounge has been provided for you with adequate seating and tables specifically for this purpose. Bottled water is the only beverage permitted in lecture. There will be no eating, gum chewing, or drinking any beverage of any kind in the classrooms. No type of food, gum, beverage, or water is permitted in the simulator lab as it can ruin the electronic equipment you are working with.

Uniform
EIC assigned only a burgundy uniform in which each students required to buy his or her own; Scrub top and bottom, scrub material skirt in black or matching maroon can be worn, **white** undershirts may be worn but may not show any colors or designs; **totally** white non-canvas, rubber- soled shoes (should be polished and buffed at all times with clean laces); plain, unadorned white cotton socks or white stockings that cover the ankles (no part of the leg should be showing when seated). A **black** undershirt, with **totally** black non-canvas, rubber-soled shoes, plain unadorned black cotton socks or black stockings that cover the ankles (no part of the leg should be showing when seated) can be substituted for white if the shirts, shoes and socks are all matching colors. No Crocs. No logos or contrasting colored soles are permitted. Students must also wear an EIC student name tag worn above the right breast area of their uniform, lab coat or over-gown. Name tags as well as identification badges are always to be worn. Each student is responsible to pay a fee of $20 for their nametag. Appropriate undergarments, including but not limited to brassieres, panties and boxer shorts are required and must be undetectable under the uniform. EIC lab coats are required for lab and pre-clinic assignments not involving patient contact or other risk of contamination. Students, who for religious reasons, cannot adhere to this dress code should discuss their requirements with the Program Director.

During patient contact, students will be required to wear a disposable examination gown over their uniform. Disposable gowns must <u>not</u> be worn outside of the dental hygiene clinic area. White/Black clinic shoes are to be transported in a plastic bag or kept in lockers. Lockers are

provided for the storage of clothes, shoes, and other personal items. Eastern International College is not responsible for lost or stolen items.

Appearance

a. **Hair** should be close to the head, and up off the neck to prevent contact with instruments, patients, light, etc. Any item used to fasten the hair (barrettes/hair clips) must be able to be disinfected and must coordinate with uniform or hair color. For wigs, short hair or pulled back. Religious head coverings must be white. If you are wearing white undershirts and shoes, the headband can be solid white. If you are wearing black undershirts and shoes, the headband can be solid black. A solid maroon headband that matches the uniform is also acceptable.

b. **Make-up:** To be used in moderation.

c. **Jewelry:** A watch with a wipeable band and a plain smooth wedding band only. Earrings (dime shaped, plain no dangle) ONE pair in the ears. NO facial piercings.

d. **Hands:** Nails must be shorter than fingertips, well-manicured, clean and smooth; no nail polish is permitted.

Facial hair (Beard), must be trimmed, and long hair must be up off the neck to prevent contact with instruments, patients, etc.

e. **General:** No food including candy, breath mints, smokeless tobacco or chewing gum. All cell phones: pagers, beepers, PDAs, and other electronic devices should be turned off and safely secured during all dental hygiene classes. No Cell phones are permitted on the CLINIC floor. If you need to contact your patient, you will have to do so in the student break area or locker room. If you are found using or possessing a cell phone on the clinic floor, you will receive a "0" for the day.

Personal Hygiene

Personal hygiene is of utmost importance when working with others. Consider the following:

- Teeth
- Breath
- Perspiration
- Body Odor (no perfumes, and it is preferable to use unscented products)
- Clean and ironed clothes

Anyone non-compliant with the above referenced rules, regulations and protocols will not be permitted to attend class and clinic.

Barrier Protection

Students are required to wear:

1. Utility gloves, safety glasses with side shields (or face shields), gown and mask during unit preparation procedures, and when handling contaminated instruments and materials.

2. Examination/treatment gloves, safety glasses with side shields/prescription glasses with side shields, (or face shields) mask and disposable clinic gown for all treatment, patient and laboratory procedures involving patient contact or potentially infectious materials.

General Conduct

1. Congregating in any area of clinic is not allowed. Please remain in your treatment area until you are informed that your patient has arrived.

2. A student's prime responsibility is his/her patient; therefore, conversation with other individuals, not related to the patient's care, should not occur during a clinic session.

3. A student must adhere to all clinic procedures during clinic sessions.

4. A student must inform the assigned instructor of his/her whereabouts, if the student leaves the assigned unit.

5. The patient's prescription glasses, or safety glasses are to be worn by the seated patient at all times when instrumentation is being performed by the student. The student is responsible for purchasing a pair of safety glasses to be worn by their patients. Glasses are to be disinfected before and after each use.

Infractions of any clinic policies will be brought to the attention of the Program Director, who, in conjunction with faculty, will determine the appropriate course of action. Decisions may include required tutoring, probation, temporary dismissal from clinical assignments or program dismissal.

Additional examples of professional conduct which exceed or meet standards:

- Placing the patient's welfare when planning and implementing patient care.
- Concern for the patient's welfare and comfort.
- Willingness to accept suggestions for improvement and evaluation gracefully.
- Maintaining physical, mental, and emotional composure in all situations.
- Following prescribed treatment plans.
- Eagerness and willingness to learn.
- Asking for clarification when uncertain of instructions or task.
- Working independently but recognizing his/her limitations.
- Demonstrating ability for self-assessment according to criteria presented in manuals and lectures.
- Honesty with faculty members, patients, and colleagues.
- Primarily concerned with quality treatment for patients rather than a quest for grades.
- Providing pertinent, individualized, appropriate information to the patient regarding treatment and the prevention of dental disease.

Examples of professional conduct which needs improvement:

- Failure to place the patient's welfare as first priority.
- Failure to maintain physical, mental, and emotional composure in clinic.
- Consistent ineffective, inefficient use of clinic time.
- Failure to be honest with patients, faculty, and colleagues.
- Inability to interact effectively with peers, patients, faculty or staff.

ASA Classification

After the patient's medical history is completed, the SDH will place the patient into the appropriate "ASA" classification. Primarily, the dental hygienist will see patients in the ASA class 1,2 more often and in limited settings, ASA 3. Below is the American Society of the Anesthesiologist Physical Status Classification System. This classification system gives the SDH and Registered Dental Hygienist data in to how to best manage the patient's treatment including local anesthetic and other treatment that may affect the patient's health and outcome of care.

Normal healthy patient (ASA1)

Patient with mild systemic disease (ASA2)

Patient with severe systemic disease (ASA3)

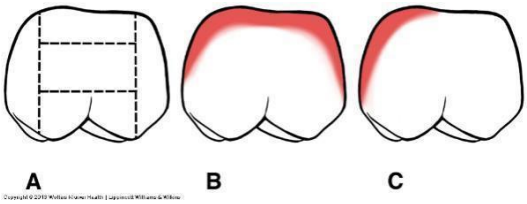
Patient with severe systemic disease that is a constant threat of life (ASA4)

Patient who is not expected to survive without operation (ASA5)

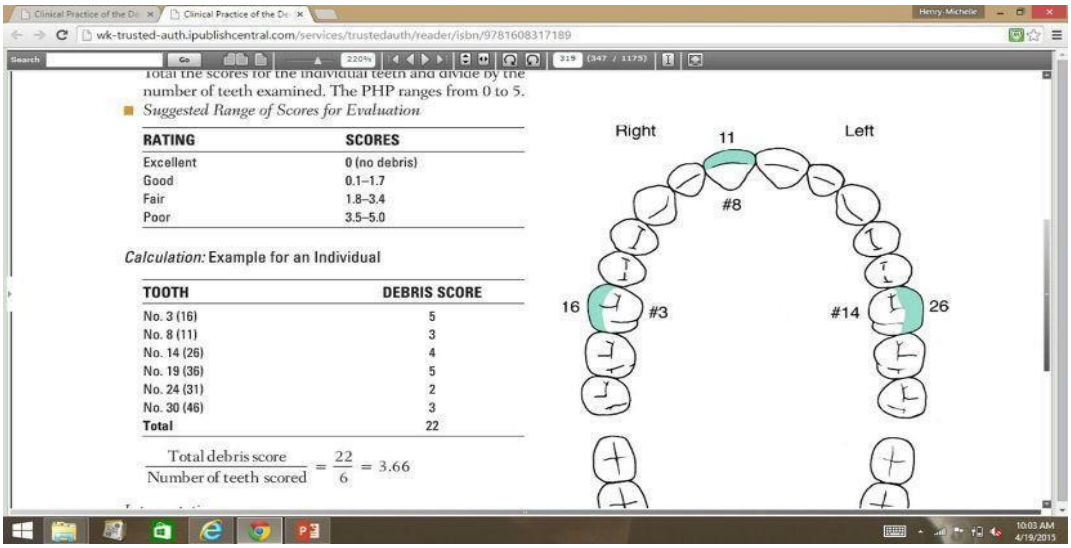
Patient declared brain-dead/patient whose organs are being removed for donor purposes (ASA6)

PHP (Patient Hygiene Performance)
Once data collection has been completed, a PHP score will be obtained. PHP will be taken at EVERY visit along with Home care instructions and student goal. The method of obtaining this score is taken from Wilkins, E.M., Clinical Practice of the Dental Hygienist, 11th edition, Lippincott, Williams, & Wilkins, Philadelphia, PA 2013:

- Podshadley and Haley
- Purpose: assess bioreceptor
- Selection of teeth and surfaces: 3F, 8F, 14F, 19L, 24F and 30L. Can substitute if missing or decayed.
- Procedure: disclose, rinse, mirror, light. Subdivide tooth into 5 sections.



B=3
C=1



Total the scores for the individual teeth and divide by the number of teeth examined. The PHP ranges from 0 to 5.

Suggested Range of Scores for Evaluation

RATING	SCORES
Excellent	0 (no debris)
Good	0.1–1.7
Fair	1.8–3.4
Poor	3.5–5.0

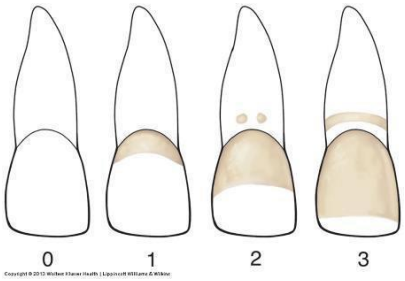
Calculation: Example for an Individual

TOOTH	DEBRIS SCORE
No. 3 (16)	5
No. 8 (11)	3
No. 14 (26)	4
No. 19 (36)	5
No. 24 (31)	2
No. 30 (46)	3
Total	22

$$\frac{\text{Total debris score}}{\text{Number of teeth scored}} = \frac{22}{6} = 3.66$$

Simplified Oral Hygiene Index For the Calculus Index (CI-S)

- Scoring of 0 to 3 is based on location and tooth surface area with calculus as shown. The entire sextant will be checked. The tooth with the greatest calculus level will be the number used to calculate the indices.
- Note medium subgingival calculus recorded as 2 and more extensive subgingival calculus as 3.



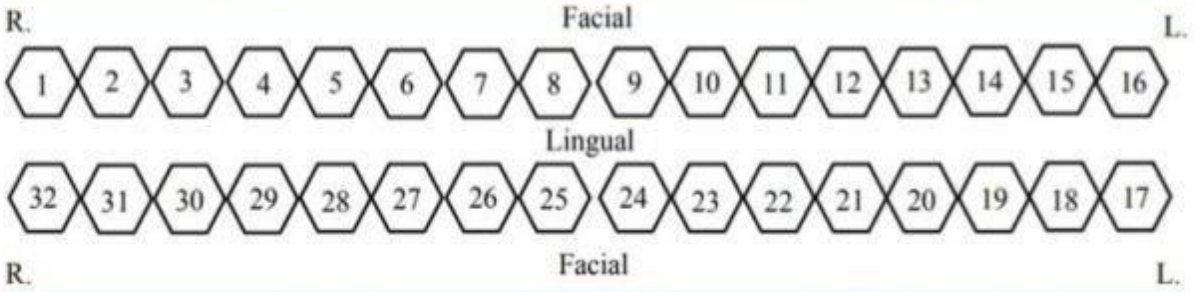
Level I (Light +)	0 -1
Level II (Med)	1.1-1.8
Level III (Med +)	1.9-2.3
Level IV (Heavy)	2.4-3.0

Eastern International College

CALCULUS DETECTION WORKSHEET

Draw a line over the area for either supragingival or subgingival calculus
BLUE for Supragingival Calculus
RED for Subgingival Calculus

Calculus Detected: *Identify all surfaces of calculus detected upon initial examination.*



*Instructor Corrections should be noted in **BLACK INK**

CALCULUS REMOVAL EVALUATION

MAXILLA	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
ERRORS																
Complete ✓																

MANDIBLE	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
ERRORS																
Complete ✓																

URQ_____ LRQ____ ULQ _____LLQ_____

URSext UASext ULSext LRSext LASext LLSext

Periodontal Classification:
Periodontal Probing Measurements, Bleeding upon Probing and Attachment Levels are Recorded in Perio Chart.

Periodontal Screening and Recording (PSR) assesses the state of periodontal health of an individual. Each tooth is examined with the six sextants using the WHO periodontal probe. The deepest position of the probe reading within each sextant is matched against the CODE 0-4 of the screening process. (See Esther Wilkins text, Clinical Practice of the Dental Hygienist, 11th Edition, page 381) The corresponding CODE for each sextant is placed in the Calculation Box.

AAP Periodontal Case Types From AAP-perio.org/2017wwdc. Tables from Tenetto, Greenwell, Kpornman. J periodontal 2018;89 (Suppl 1): S159-S172
http://perio.org/201/2017wwdc? ga=2.78839252.1993549376.1533064883-2053323494.1530809342

Note: For a patient to be classified as a specific case type, the assessment must indicate that MOST (not all) criteria must be exhibited generalized on several teeth and in more than one sextant) and not just on one or two isolated teeth.

Current Periodontal Staging Classification

Stage 1

- Interdental CAL 1-2 mm
- RBL Coronal third <15%
- Tooth loss none
- Maximum probe depth ≤ 4mm
- Mostly horizontal bone loss

Stage 2

- CAL 3-4 mm
- RBL Coronal third 15-33%
- Tooth loss none
- Maximum probe depth ≤ 5mm
- Mostly horizontal bone loss

Stage 3

- CAL ≥5mm
- RBL extending to middle third of root and beyond
- Tooth loss ≤ 4 teeth

  In addition to Stage 2:
  - Probe depth ≥ 6mm
  - Vertical bone loss ≥ 3mm
  - Furcation involvement class II or class III
  - Moderate ridge defects

Stage 4

- CAL ≥5m
- RBL extending to middle third of root and beyond
- Tooth loss ≥ 5 teeth

In Addition to Stage 3:

- Need for complex rehabilitation due to:
- Masticatory dysfunction
- Secondary occlusal trauma (tooth mobility ≥ 2)
- Severe ridge defects
- Bite collapse, drifting, flaring
- <20 remaining teeth (10 opposing pairs)

For each stage, describe extent as:
Localized (<30% of teeth involved)
Generalized
Molar Incisor pattern

Source AAP-perio.org/2017wwdc

Mobility +1 (less than one mm B-L), +2 (1-2mm B-L), +3 (more than 2mm B-L or depressible in the socket), Furcation involvement ^ (1), ⌂(2), ▲(3), ♦ (4)

PERIODONTITIS: STAGING

Staging intends to classify the severity and extent of a patient's disease based on the measurable amount of destroyed and/or damaged tissue as a result of periodontitis and to assess the specific factors that may attribute to the complexity of long-term case management.

Initial stage should be determined using clinical attachment loss (CAL). If CAL is not available, radiographic bone loss (RBL) should be used. Tooth loss due to periodontitis may modify stage definition. One or more complexity factors may shift the stage to a higher level. See **perio.org/2017wwdc** for additional information.

	Periodontitis	Stage I	Stage II	Stage III	Stage IV
Severity	**Interdental CAL** *(at site of greatest loss)*	1 – 2 mm	3 – 4 mm	≥5 mm	≥5 mm
	RBL	Coronal third (<15%)	Coronal third (15% - 33%)	Extending to middle third of root and beyond	Extending to middle third of root and beyond
	Tooth loss *(due to periodontitis)*	No tooth loss		≤4 teeth	≥5 teeth
Complexity	**Local**	• Max. probing depth ≤4 mm • Mostly horizontal bone loss	• Max. probing depth ≤5 mm • Mostly horizontal bone loss	In addition to Stage II complexity: • Probing depths ≥6 mm • Vertical bone loss ≥3 mm • Furcation involvement Class II or III • Moderate ridge defects	In addition to Stage III complexity: • Need for complex rehabilitation due to: – Masticatory dysfunction – Secondary occlusal trauma (tooth mobility degree ≥2) – Severe ridge defects – Bite collapse, drifting, flaring – < 20 remaining teeth (10 opposing pairs)
Extent and distribution	**Add to stage as descriptor**	For each stage, describe extent as: • Localized (<30% of teeth involved); • Generalized; or • Molar/incisor pattern			

PERIODONTITIS: GRADING

Grading aims to indicate the rate of periodontitis progression, responsiveness to standard therapy, and potential impact on systemic health.

Clinicians should initially assume grade B disease and seek specific evidence to shift to grade A or C.
See **perio.org/2017wwdc** for additional information.

	Progression		Grade A: Slow rate	Grade B: Moderate rate	Grade C: Rapid rate
Primary criteria *Whenever available, direct evidence should be used.*	Direct evidence of progression	Radiographic bone loss or CAL	No loss over 5 years	<2 mm over 5 years	≥2 mm over 5 years
	Indirect evidence of progression	% bone loss / age	<0.25	0.25 to 1.0	>1.0
		Case phenotype	Heavy biofilm deposits with low levels of destruction	Destruction commensurate with biofilm deposits	Destruction exceeds expectations given biofilm deposits; specific clinical patterns suggestive of periods of rapid progression and/or early onset disease
Grade modifiers	Risk factors	Smoking	Non-smoker	<10 cigarettes/day	≥10 cigarettes/day
		Diabetes	Normoglycemic/no diagnosis of diabetes	HbA1c <7.0% in patients with diabetes	HbA1c ≥7.0% in patients with diabetes

Grade A: Slow Rate

- Direct evidence of progression RBL or CAL no loss over 5 years
- Indirect evidence of progression % of bone loss/age <0.25
- Case phenotype – heavy bioreceptor with low levels of destruction
- Modifying Risk Factors: smoking – nonsmoker
- Modifying Risk Factors: NO diagnosis of diabetes

Grade B: Moderate Rate

- Direct evidence of progression RBL or CAL < 2mm over 5 years
- Indirect evidence of progression % of bone loss/age 0.25-1.0
- Case phenotype-destruction
- Commensurate with bioreceptor deposits
- Modifying Risk Factors: smoking < 10 cigarettes/day
- Modifying Risk Factors: diabetes

Grade C: Rapid Rate

- Direct evidence of progression RBL or CAL >/=2mm over 5 years
- Indirect evidence of progression % of bone loss/age>1.0
- Case phenotype – destruction exceeds expectations given bioreceptor deposits
- Modifying Risk Factors: smoking >/= 10 cigarettes/day
- Modifying Risk Factors: diabetes

Supervising Dentist
A supervising dentist has been scheduled for each clinic session. Data gathered by the student, including the medical history and vital signs, will be evaluated. Following data assessment and screening, patients will be approved for treatment unless contraindicated for care.

Anesthesia for Clinic Patients
The dental hygiene student will monitor the patient's comfort during treatment. If the student determines that the use of either topical or local anesthetic is required, he/she should initially consult with dental hygiene faculty. If it is determined that a local anesthetic is to be used, the dental hygiene faculty will consult with the supervising dentist. After the student completes the Local Anesthesia & Pain Control course, he/she will be able to provide local anesthesia to patients with the consent and supervision of dentist and dental hygiene faculty

Anesthesia Guidelines
- Set-up includes long or short needles, syringe, anesthetic cartridge, needle recapping device, college pliers, cotton rolls, gauze, cotton tipped applicator and topical anesthetic.
- Choice of anesthetic agent will be discussed with supervising dentist as pertains to patient needs.
- Sharps disposal is to be accomplished according to OSHA regulations for the handling of contaminated sharps. They must be handled while wearing gloves and gowns and placed into a designated sharps container.

Radiographic Monitoring Badge
Monitoring badges will be issued for students' use. Badges must be worn during all radiology laboratory sessions and the delivery of patient care services. The cost for this badge is $20. It is the students' responsibility to maintain badges in areas free from radiation (not left in direct sunlight) and away from moisture (not left clipped to uniform during laundering). Should a patient need radiographs and the student not have his or her own badge clipped to the uniform, he/she will not be allowed to expose receptors. Professionalism requires careful maintenance of equipment. In addition to a $20 fee for radiation monitoring badge loss, the professionalism grade will be negatively affected. If a student becomes pregnant, they must purchase and wear a fetal dosimetry (radiographic monitoring badge). The cost for this badge is $100. If the fetal dosimetry badge is lost, the student must pay $100 for replacement.

Clinic Lockers
Students will be assigned lockers located on the second floor. Please place a lock on your locker so that you can keep your items secure. EIC is not responsible for items lost or stolen from an assigned locker.

Program Protocol for Recare/Recall Appointments
Whenever possible a patient will be scheduled to continue dental hygiene services with the same student, unless otherwise requested by the patient. When scheduling appointments for a patient the treatment record will be consulted to ensure continuity of care. This also affords the student the opportunity to reevaluate the effectiveness of the treatment plan as well as patient compliance with prescribed home care routines.
If a patient should request a different student, a new dental health care provider will be assigned

accordingly. In the case of student graduation, if the patient has no specific request, they will likewise be assigned a new student hygienist.
In cases of sharing patients to meet proficiency requirements, this may only be done with the full knowledge and consent of the patient.

Clinical Services Requirements and Evaluation (CS I, CS II, CS III)
Students are evaluated via TalEval by assigned dental hygiene instructors. These evaluations are designed to measure the student's performance. Instructors will record any clinical issues that require attention. Student advising forms will be sent to every student at mid-semester to indicate deficiencies in clinical requirements. Students will meet at least once a semester with faculty to review grades, clinical requirements, professionalism, and career goals. Advising and counseling will also be done on a need's basis

Preclinical Sciences DH 100/Clinical Sciences I DH 101

Clinical skill development, the achievement of identified clinical competencies and the development of self-assessment skills are the basis for the evaluation of the clinical aspect of DH 100/DH 101. A passing grade indicates achievement of expected competencies within a specific period, and a failing grade indicates that baseline competencies are not met.

Clinical Skill Competencies consist of the following areas:

- unit preparation competency with consistent infection control and oral self-care process assessments
- clinical skill and (instrument) process assessments.

The administration of Clinical Skill process assessments is scheduled periodically during the semester. The schedule for these examinations is in the DH 100 course outline and is available to each student before each testing date.

DH 100 students must receive a grade (numerical equivalent 75%, and 80% in DH 101, or better), in each category of the Clinical Skill Process Assessment evaluation. Should a student achieve less than a 75% (P) or 80% in DH 101 on these evaluations, then remediation and retesting/reprocessing must occur. Students will be allowed to retest/reprocess a maximum of three times for instrumentation, oral structures identification, and oral self-care clinical competencies, and a maximum of twice only for **unit preparation/infection control**. Those students who do not achieve a passing grade on unit preparation/infection control of 75% (P) or 80% in DH 101 or better after three separate remediation sessions (the initial test/process and two retakes) will be removed from the course. TalEval is the system utilized to grade students during clinical sciences courses. Student must pass clinic (50%) and didactic (50%) each minimally to pass the course for Pre-clinic and DH 101.

Criteria for Radiographs DH 200/201

1. 75% of requirements must be patient-based.
2. All receptors must be evaluated within 2 weeks of exposure.
3. Appropriate referrals are to be made within 1 week of evaluation.
4. No dexter requirements may be submitted for evaluation last week of the semester.
5. Attain 85% on all radiographs, quizzes. In DH 200 a minimum of 85% is required. DH 201 a minimum of 90% is required.
6. All radiographs are to be critiqued for operator technique and radiographic interpretation.
7. All receptors should be labeled with the date, patient name (dexter), and student name.
8. A rationale for radiographs will be completed for each patient. An instructor and the supervising dentist will sign this.
9. The patient's dentist will be contacted to confirm the date and type of the last radiographs. **(A faxed/written confirmation must be obtained prior to any X-rays being exposed.)**
10. Critiques: The radiographs should be critiqued for operator technique; this includes horizontal angulation, receptor placement, etc. The radiographs should be interpreted for missing teeth, types of restorations, anatomical structures, and periodontal classification.
11. The maximum grade attainable on ANY dexter radiographs will be an 85%.

Clinical Courses-Didactic and Clinical Portions

Course grades for each of the courses in the clinical and didactic portion of the curriculum are weighted. The following table describes the weights assigned to each aspect of the course.

TABLE OF WEIGHTS ASSIGNED TO CLINICAL/DIDACTIC ASPECTS OF EACH COURSE

Course	Clinical Weight/Minimum Grade		Didactic Weight/Minimum Grade	
DH-100	**50%**		**50%**	
DH-101	**50%**	**80%**	**50%**	**75%**
DH-200	**60%**	**85%**	**40%**	**75%**
DH-201	**60%**	**90%**	**40%**	**75%**

The Clinical Evaluation

The clinical evaluation mechanism assesses the ability of the student to employ the dental hygiene process of assessing, planning, implementing and evaluating services provided to the public. Each course in the clinical sequence builds upon the previous course and requires the student to demonstrate ongoing clinical skill development and the ability to become increasingly responsible for the services provided to patients.

Evaluation of clinical skill development and the utilization of the dental hygiene process occurs throughout the clinical course sequence. The evaluation system focuses on the process used to deliver care and the outcome achieved. The goal of the evaluation system is to ensure that the student dental hygienist is achieving the competencies required to deliver comprehensive dental hygiene care. Assessment of skill development begins in and continues through the four-semester clinical course sequence. Early in the clinical curriculum, the process of carrying out care is the focus and the evaluation mechanism accordingly weights this aspect of performance. As the student progresses through the curriculum, increased weight is placed on the outcome achieved.

Clinical Sciences II and Clinical Sciences III

DH 200/DH 201 are a continuation of the DH 100 and DH 101 course sequence. Evaluation for the clinical aspect of DH 200/DH 201 continues to be based on clinical skill development, the achievement of identified clinical competencies, and the development of self-assessment skills. TalEval is the system utilized to grade students during clinical sciences courses. Student must pass both clinic by 60% or better and didactic by 40% or better to pass DH 200/DH 201

Instrument Proficiency (Technique Evaluations) General Rules

- In the Dental Hygiene Pre-clinical course, skill evaluations will be conducted on typodonts and student partners. In the Dental Hygiene Clinics I, II, III technique evaluations will be conducted on both typodonts and patients. The technique evaluations are designed to assess the student's instrumentations skills and the maintenance thereof.
- **Remediation** must be followed by a demonstration of competency. A failed technique evaluation cannot be repeated on the same day. Instrument proficiencies must be done at the time of treatment.
- A minimum grade of 80% must be achieved for each component of the Instrumentation evaluation in Dental Hygiene Clinic I, 85% in Dental Hygiene Clinic II, and 90% in Dental Hygiene Clinic III.
  - Other than instrument evaluations, each skill has minimum passing requirements clearly stated along with the grading criteria.
  - Instrument evaluation performed on patients or workshops shall be conducted during actual debridement procedures on patients 18 years or older.
  - Sealant technique evaluations can be done on either a minor or adult. A second attempt on sealant technique evaluations on sealants can be on the same patient the same day. **Remediation** must occur before the third attempt.
  - Clinical Sciences II and III technique evaluation packets will include various skills requirements and adjunct methodology requirements; each term will have a skills requirement.
  - For quadrants a minimum of 6 teeth must be present. For a sextant a minimum of 3 teeth must be present.
  - Technique evaluations can be taken on faculty approved patients.
  - All technique evaluations (except sealants) must be performed on adults (18 years and older)
  - Names must be on all technique evaluation forms and competency page is open and visible at unit prior to clinical instructor observation.
  - Student must finish all requirements and technique evaluations prior to the end of the semester (for yearly technique evaluations… by the last day of clinic). If requirements

have not been completed, a written plan of action will be required prior to the SDH entering the 2nd rotation. If within 2 weeks the student has not followed through with the agreed upon written plan, a meeting with director/instructor will be held to determine the student's ability to continue with the program.

Achieve a minimum of 85% / 90% (subsequently) competency on each of the DH 200/201 Technique Evaluations. Should student achieve less than 85%/90% on a competency, then remediation/retesting must occur. Students will be allowed to retest/reprocess a maximum of three times for instrumentation, oral structures identification, and oral self-care. Those students who do not achieve a passing grade of 85%/90% or better after three separate remediation sessions will be removed from the course.

Technique Evaluation –All Clinical Courses (I, II, III)

Dental Hygiene Clinic I

Technique Evaluation - The following will be assessed:

- Probe
- Explorer
- Universal Columbia curette 13/14
- 11/12 Gracey curette
- 13/14 Gracey curette
- 1/2 Gracey curette
- Anterior and Posterior Scaler
- Ultrasonic scaler
- fluoride treatments
- polishing
- instrument sharpening
- Intra and extra oral examination
- Home care instructions
- Vital signs

Requirements: The following patient selection criteria will be completed by the student during the semester:

- Calculus level, I and II
- AAP classification, I and II
- Special needs/Medically compromised
- pediatric patient

Radiology Clinical Requirements (to be completed during DH 101) Radiology and DH 101 are taken during the same semester. Students must be proficient taking radiographs on Dexter prior to taking them in DH 101. Patients needing these radiographs will be scheduled accordingly.

- 3 FMX
- 2 HBWX
- 1 VBWX
- 1 PANO
- 1 PEDO BWX

Dental Hygiene Clinic II

Technique Evaluation - The following will be assessed:

- Probe
- Explorer
- Universal Columbia curette 13/14
- 11/12 Gracey curette
- 13/14 Gracey curette
- 1/2 Gracey curette
- Anterior and Posterior Scaler
- Ultrasonic Scaler
- Fluoride (trays and varnish)
- Selective/ Coronal Polishing
- Instrument Sharpening
- Intra and extra oral examination
- Home care instructions
- Vital signs
- Air Polishing
- Calculus detection/removal

Requirements: The following patient selection criteria will be completed by the student during the semester:

- Special needs/medically compromised patient
- Child patient
- Adolescent patient
- Adult patient
- Geriatric patient
- Periodontally involved class III/IV patient

Radiology Clinical Requirements

- 4 FMX
- 3 HBWX
- 2 VBWX
- 2 PANO
- 2 PEDO BWX

Dental Hygiene Clinic III

Technique Evaluation - The following will be assessed:

- Probe
- Explorer
- Universal Columbia curette 13/14
- 11/12 Gracey curette
- 13/14 Gracey curette
- 1/2 Gracey curette
- Anterior and Posterior Scaler
- Ultrasonic Scaler
- Fluoride (trays and varnish)
- Selective/Coronal Polishing
- Instrument Sharpening
- Intra and extra oral examination
- Home care instructions
- Vital signs
- Air Polishing
- Calculus detection/removal

Requirements: The following patient selection criteria will be completed by the student during the semester:

- Special Needs/medically compromised patient
- Child patient
- Adolescent patient
- Adult patient
- Geriatric patient
- Periodontally involved class III/IV patient

Radiology Clinical Requirements

- 5 FMX
- 5 HBWX
- 3 VBWX
- 3 PANO
- 3 PEDO BWX

Clinical Sciences II and Clinical Sciences III
Adjunct Clinical Procedures in the Second Year

Technique Evaluation: The following assessments will be conducted during both semesters on appropriately selected patients:

- Dental Sealants
- Subgingival Irrigation
- Alginate Impressions
- Bite Registration
- Mouth Guard
- Bleaching Tray
- In-Office BleachingOverall neat professional appearance

Attitude:

1. Assists others willingly
2. Air Polishing
3. Calculus Detection/Removal
4. Nutrition Education
5. Prosthesis Care

Patient Competency

Students will demonstrate competency in specific patient experiences before they can complete the dental hygiene program. In DH101/DH200, students will complete patient competency on Adult, special needs, pediatric, adolescent, and geriatric. In DH 201 they must complete patient competency on periodontal classification III/IV.

Assessing treatment needs of special needs patient will be done and annotated on "Special needs/medically compromised" form. This form must be completed for all special needs/medically compromised patients.

Eastern International College

CLINICAL REQUIREMENTS BY SEMESTER

Calculus Level	**CL I**	**CL II**	**CL III**	**Total**
I	8	8	5	21
II	2	5	12	19
III	0	3	3	6
IV	0	1	1	2
Totals	**10**	**17**	**21**	**48**
Periodontal Classification				
I	8	8	5	21
II	2	5	12	19
III	0	3	3	6
IV	0	1	1	2
Totals	**10**	**17**	**21**	**48**
Med Compromised Patient **Pediatric patient.** **Special Needs Adolescent** **Geriatric** **Perio Class II/III**	1 1	2 1 1 1	2 1 1 1	5 3 2 2
Radiology Requirements	4 FMX 4 HBWX 2 VBWX 1 PEDOBwx	3 FMX 3HBWX 2VBWX 1 PANO1 1PEDOBwx	5 FMX 2 HBWX 2 VBWX 2 PANO 1PEDOBwx	12 FMX 9 HBWX 6 VBWX 3 PANOS 3 PEDOBwx
Sealants	0	4	4	8
Mouthguard	0	1	1	2
Bleaching In-office	0	1	1	2

Yearly Technique Evaluation

Dental Impression	2
Bite registration	2
Subgingival Irrigation	2
Air Polishing Supra	1
Care of Prosthesis/Denture Care	2
Sealants (one is a Tech Eval per semester)	8
Mouthguard/Bleaching Tray	2
In-Office Bleaching	2

SECTION II
Process of Care

PROFESSIONALISM

The following is a set of performance areas relative to professional behaviors. These are to be considered basic guidelines and are designed to give cues for appropriate professional behavior and/or appearance.

Concern for Patient:

1. Shows concern for physical and psychological comfort to the patient.
2. Observes and performs asepsis protocol throughout the clinical procedures.
3. Manages patients in an effective manner.
4. Displays enthusiasm when working with patients.
5. Performs procedures with the needs of the patient as the ultimate determining factor.

Perseverance:

1. Follows task and procedures through to successful completion.
2. Completes challenging management cases effectively.
3. Is able and willing to manage difficult situations. Does not avoid problems.

Ability to Follow Directions:

1. Listens attentively to directions.
2. Follows given directions.
3. Consults Clinic Manual for specific directions on protocol or operation of task to be performed.
4. Asks for clarification if directions are not understood.

Honesty and Integrity:

1. Responds ethically in situations dealing with patients, classmates, and staff.
2. Displays honesty in all educational environments including classroom and clinical settings.
3. Is upright, truthful, and displays integrity in all aspects of dental hygiene education.

Energy and Industry:

1. Willing to assist and cooperate with other students as needed.
2. Is self-directed in the tasks/procedures that need to be performed.
3. Healthy attitude toward self-management – adequate rest, healthy diet.

Quality and Efficiency:

1. Arrives on time.
2. Utilizes time effectively – manages time with procedures that need to be completed.
3. Finished tasks in a timely manner – by the end of the clinical session.

Initiative:

1. Performs routine tasks without direct supervision.
2. Initiates appropriate treatment for particular needs of patient, a self-starter.

Personal Appearance:

1. Maintains personal cleanliness in all areas of hygiene.
2. Follows written dress protocol as stated in the current Clinic manual including:
   a. Hair

b. Nails
c. Clinic attire/shoes
6.
7. Responds positively to instructors, peers, and patients.
8. Controls emotions and performs professionals under stressful conditions.
9. Accepts added tasks willingly.
10. Displays enthusiasm while working with patients.
11. Uses creativity in working with different patients.

Response Toward Clinical Evaluation:

1. Views evaluation as a positive force.
2. Does not offer excuses or arguments, eager to improve performance.
3. Makes the corrections and/or changes that are suggested.
4. Receptive to new ideas or methods.

PROCEDURAL GUIDELINES FOR CLINICAL SERVICES

Preparation for Clinical Session

1. WASH HANDS-Prepare as clinician/operator
2. Put on the gown
3. Put on face mask and eyewear
4. Put on utility gloves
5. Prepare Unit
6. Fill treatment bottles
7. Run water through water lines (handpiece and air/water syringe) for 1 minute
8. Utilizing the double wipe technique, surface disinfect unit, chair surfaces, bracket table control panels, light and handles, and all adjacent counter and cabinet surfaces that may be contacted during clinical services.
9. **Apply barriers as follows:**
   a. Chair Cover
   b. Air/water syringe—small sleeve. Saliva ejector- small sleeve
   c. Light handles –both sides
   d. Chair control panels
   e. Bracket table adjustment handle
   f. Operator stool adjustment levers
   g. Pencils and pens (be sure to provide a "clean" set as well)
10. Place cup liner in cuspidor
11. Place Bracket table cover
12. **Retrieve all necessary supplies from carts:**
    a. 2x2 gauze squares- at least 6
    b. 2-3 cotton swabs

c. 2-4 cotton rolls
d. Saliva ejector tip
e. Air/water syringe tip
f. Sterilized instruments **(remained wrapped until patient is seated!!)**

13. If polishing will be accomplished during visit, prepare handpiece as follows ***at the time of polishing procedure:***
a. Prophy paste
b. Disposable prophy angle

14. Waste bag for blood-soaked items
15. Remove handpiece from sterile wrappings
16. Attach disposable prophy angle
17. Quick huddle with faculty member BEFORE bringing patient into the clinic

PATIENT RECEPTION AND TREATMENT

1. Have patient report to the reception area 15 minutes before dental hygiene session. Patients should be prepared to remain in the clinic for a minimum of three hours.
2. The patient will be greeted by the staff receptionist or student assistant and given a medical history and HIPAA form to complete.
3. The student hygiene clinical assistant or staff receptionist will notify the student that the patient is present.
4. All forms needed for clinic should be accessible to the instructor.

Greeting Patients

- Introduce yourself to a new patient; welcome back a returning patient. Obtain the patient's chart from the receptionist.
- Escort the patient to your previously prepared treatment area. The patient's personal items are to be placed on the floor. Personal items are not to be stored on counters or in cabinets.
- Seat the patient, place the patient bib and adjust the chair, remembering to alert the patient prior to moving chair parts.

<u>Note</u>: Patients/students may not leave small children unattended in the reception area and/or in the student lounge. When the parent is the patient, small children may not sit on the parent's lap during treatment.

Only one patient is allowed in the treatment area. Other people (small children, adolescents, adults) may not sit in patient treatment area at any time. This can distract from providing both the patient and student with an optimal learning experience. Also of extreme importance is the issue of infection control, we do not want to expose other people to potential airborne pathogens.

- Proceed to record/review Medical & Dental History (including blood pressure and pulse). If patient is unable to complete the forms independently, the student will need to assist them using the interview process. Any medical alert/allergies are to be recorded in the Medical History.

- On the first appointment of a recall sequence, or if changes need to be made during any appointment, all positive findings in the Medical History should be noted under "updates" section and the student hygienist sign after this entry.
- If there are no changes in the medical history during the treatment sequence, write "no

changes" in update area and record "no changes" in the Services Rendered after reviewing medical and dental history updates. Include an update on the status of any medications taken by the patient in the medication record.

- On the first visit of a recall appointment, all medications must be reviewed and re-entered on the medication records. 3/4 month recalls, and following visits (continuing care) faculty hygiene staff can sign.
- ***If major changes, dentist must check***
- Vitals are to be put on services rendered for every visit.
- The patient must sign the medical history and the medical history update form on the first appointment of each recall sequence. In the case of a child (minor) patient, the parent/guardian must sign and date the Child --Medical & Dental History form.
- Dentist must sign medical history.
- Update services provided must be noted and instructor must review Medical & Dental History.
- When instructor comes to unit, INTRODUCE INSTRUCTOR TO PATIENT. Update instructor on any significant findings in the Md /Dent Hx. Listen attentively to instructor during the patient interview.
- Perform the Intra and Extraoral procedure and record all findings utilizing the clinical documentation procedures. If patient has a removable appliance (denture, removable bridge) evaluate the mouth with the appliance and then ask the patient to remove the appliance and place it in a towel for cleaning procedures (performed by the sterilization assistant). Appearance, extra-oral and intra-oral inspection; Facial profile and occlusion; TMJ-Myofascial pain dysfunction
- Obtain any signatures for radiographs and fill out rationale.

The American Academy of Pediatric Dentistry (AAPD) recognizes that although the prevalence of destructive forms of periodontal disease is low among children and adolescents, this population can develop several forms of periodontal diseases and conditions most frequently associated with an underlying systemic or immunologic disorder. 1-4 In addition, current and early studies show that gingivitis occurs in half of the population by age of four or five years and peaks nearly to 100 percent at puberty. 3 The prevalence of gingivitis can be similar to or greater than dental caries during childhood. 1 Nevertheless, when compared to dental caries, gingivitis in children has received much less attention in understanding the long-term impact that chronic inflammation of the periodontal tissues in childhood may have on overall health of the periodontium throughout life. 1 Therefore, **it is critical that pediatric dental patients receive a periodontal assessment as part of their routine dental visits.** Early diagnosis ensures the greatest opportunity for successful treatment, primarily by reducing etiological factors, establishing appropriate therapeutic measures, and developing an effective periodic maintenance protocol. 2
https://www.aapd.org/globalassets/media/policies_guidelines/bp_classperiodiseases.pdf?v=new

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1. Bimstein E, Huja PE, Ebersole JL. The potential lifespan impact of gingivitis and periodontitis in children. J Clin Pediatr Dent 2013;38(2):95-9.
2. Alrayyes S, Hart TC. Periodontal disease in children. Dis Mon 2011;57(4):184-91.
3. Stenberg WV. Periodontal problems in children and adolescents. In: Nowak, AJ, Christensen JR, Mabry TR, Townsend JA, Wells MH, eds. Pediatric Dentistry-Infancy through Adolescence, 6th edition. St. Louis: Elsevier/Saunders, (2017): 371-8.

4. American Academy of Periodontology. Periodontal diseases of children and adolescents. J Periodontol 2003;74:1696-704.

Full data collection will be done at every recall appointment (3, 4 and 6 months recalls) …

- Perform periodontal assessment and gingival assessment
- Perform calculus index
- Chart restorations.
- Complete the dental hygiene care plan including the dental hygiene diagnostic statements and the risk assessment. Student is to sign the treatment plan prior to the instructor coming to the unit. **The patient does not sign treatment plan until the instructor has reviewed and signed it!**

Instructor will sign the treatment plan and will clarify treatment sequence with student. Student will review treatment plan with patient. Care must be given to a thorough presentation to assure that the patient has complete understanding as to the procedures to be performed. **Obtain patient's signature at this time** and check off that the patient has accepted recommended treatment or an alternate treatment plan.

- Data Collection: have instructor perform the oral assessment and the dental hygiene care plan review. The instructor will review all the findings and make changes when necessary. Student is to record these changes/modifications. Listen attentively during the instructor's review. This is a valuable learning process. If necessary, modifications to the DH care plan sequence may be made.

- Perform and record the PHP and home care instructions –plaque index for bioreceptor and debris, by disclosing the patient with solution. Record your findings. Utilizing the PHP score, conduct homecare instruction. **This must be done before any instrumentation is performed and at every visit**. This is a most valuable service for the patient and sufficient time must be allotted.

Students must observe their patient's homecare techniques to suggest necessary modifications. It is not necessary to bring the patient to the sink to observe homecare but is available if the student and the patient feel it is beneficial. Demonstration only is not appropriate and will be reflected in the student's evaluation. The homecare regime for each patient must be individualized to meet their specific needs.

- Begin debridement procedures as specified in the treatment plan. Assess the need for topical or local anesthesia if not determined at the time of treatment plan. Confer with your supervising instructor before finalizing decisions. It is of utmost importance to continually monitor and maintain the patient's comfort.
- Check instrument sharpness and continue to maintain sharpness during the scaling procedure. A full complement of instruments, with original design, must be always available.
- Implant-care instruments may be obtained from the designated drawer in sterilization. The student is responsible for properly preparing the instruments for sterilization.
- Polish **using selective polishing techniques**. Use dental floss to remove polishing particles and debris interproximal.
- Disclose patient and get instructor's evaluation.
- Proceed with fluoride treatment as indicated in the treatment plan.
- Review treatment plan to determine any additional services, sealants, mouthguards, etc.

- Return removable appliances to patient if applicable. (Cleaning of appliances is performed by the clinic manager and returned to the unit promptly)
- Before patient dismissal: In-progress patients should be scheduled for their next appointment
- Patients needing dental treatment will be referred (using a dental treatment referral form) for care.
- Do not dismiss your patient without your instructor's permission. ALL patients must be seen by an instructor prior to dismissal (even if they are incomplete and returning), if an instrument has been used in their mouth. The clinical faculty is accountable for the condition of the patient's mouth when they leave. Issues such as trauma MUST be addressed and documented.
- Dismiss patient and escort to the reception area for "walk out" procedures.
- Update and review Services Rendered for completeness. Check to see that all instructor signatures have been obtained on all clinic forms. **Failure to have instructor sign appropriate forms will be reflected in taleval.**

Treatment plan example

#1	Review med. hx., Vital signs, X rays, Data Collection (Ging. Description, Conditions & habits, Occlusion, Perio. chart, Restorative, Calculus detection, Dental hygiene care plan) If data collection is complete – PHP, then HCI (What type of HC and aids)

Dentist will prescribe what kind of X-rays the patient needs: FMX, VBW, HBW, PANO or just PA's.

#2	Review med. hx., Vital Signs, PHP – Review HCI - you may introduce other HC aids and rinses, Start scaling, If you are going to use the Cavitron, state that you are going to use it., Oral Irrigation (If needed, what areas, and what kind?)

Your instructor would advise you where to start scaling (UR, LR, UL, LL quads), Pain Management, if needed – What kind and location? (Topical, Local Anesthetic, Oraqix, Cetacaine, Walterberry)

#3	Review med. hx., Vital signs, PHP – Review HC – you want to introduce other HC aids, scale, (What areas?), Cavitron? Pain management?, Debride areas that were completed at last visit, Oral Irrigation? If your pt. is complete with scaling, Polish, Fl.TX.

What kind of polish are you going to use? (Fine, Medium, Course), What kind of fluoride? (5% Sodium Fl. Or 1.23% APF) How long are you going to leave the trays in the mouth?

You may need to add more visits, it is up to you to decide how many visits it is going to take to complete your patient. You need to continue each visit with reviewing medical history, treatment plan, vital signs, PHP – then HCI, state where you are going to start cavitron, scaling and pain

management…. It may take less appointment visits to complete your patient, and your treatment plan can change.

After each quadrant is scaled you need to sign up for a scale check. It is up to your section instructor to let you continue scaling or not. You are not permitted to continue to scale unless you are instructed to do so.

Asepsis/Infection Control Protocol

1. Treatment area preparation using barriers and PPE are required for the safety of patients, students, faculty, and staff.
2. Eastern International College Dental Hygiene Program protocols have been established to reflect the most current methods of preparation, PPE, and equipment maintenance and are in compliance with OSHA guidelines. Prior to, during and post-delivery of treatment, the operator is responsible for the condition and cleanliness of their area and equipment.
3. Handwashing is considered the single most important procedure for preventing cross contamination of pathogens and must be done prior to beginning any preparation, before and during patient treatment and prior to leaving your treatment area. Handwashing techniques will be demonstrated during Preclinical Sciences and is reviewed in your textbooks.
4. Disposable gloves are worn by all students, faculty, and staff during any treatment procedure or when handling sterile supplies or equipment. If gloves become torn or punctured, they are to be replaced immediately, and hands are to be washed prior to replacement.
5. Protective eyewear and masks must be worn during any aerosol producing procedures such as but not limited to ultrasonic or hand scaling, polishing, and disinfection procedures. Masks must be changed if they become wet.
6. Students must wash their hands prior to donning disposable gowns and utility gloves in preparation to clean and disinfect the treatment area. Face masks and eye protection are required when utilizing the double wipe method. Hands are again washed after removing washed utility gloves and prior to placing infection control barriers.
7. Prior to the placement of any barriers, surfaces must be disinfected according to the method demonstrated by instructors and available for review in your textbooks. The surface should remain moist for the contact time recommended by the manufacturer (usually 10 minutes). If the surface is still wet when ready for barriers, you may wipe it dry. Equipment to be disinfected includes all counter tops, cabinet doors, drawer fronts and pulls, sinks, bracket trays, knobs and handles, triplex syringe, light (including handles and arms, patient chair and operator chair (including seats, arms, adjusting handles).
8. Barriers are impervious to fluids and must be placed so that they protect the entire surface and do not come off or buckle and gap when touched. Surfaces to receive barriers include operator pen, top of disinfectant bottle, headrest, bracket tray and hoses, light handles and switch, triplex syringe body, saliva ejector hose and switch, evacuation cup switch, handpieces and operator stool adjustment handles.
9. To reduce the bacterial content of the oral flora, patients are encouraged to rinse with an antimicrobial mouthwash prior to treatment.
10. If the student needs to obtain additional supplies during the delivery of treatment, remove gloves, wash hands and retrieve supplies with ungloved clean hands.
11. Treatment records and paperwork are to be handled as little as possible in the treatment area. When using equipment with the possibility of aerosolization of potential pathogens, paperwork is to be stored within a drawer.

12. After dismissing the patient the area is cleaned and disinfected, including instruments.
13. While still wearing examination gloves, place instruments into cassettes, inspect for visible bioburden and place into instrument transport bin. Remove disposables (prophy angles, saliva ejector, evacuation cup cover and all barriers) and place in trash receptacle. If they are blood soaked, they belong in the red biohazard bag, which will be available from the sterilization assistant.
14. Wash hands, don utility gloves and begin area disinfection.
15. Sharps are disposed of in the designated sharps containers. Needles are recapped using either the needle recapping device or the one handed 'scoop' method. Syringes are disassembled by the student and placed in the instrument transport bin in anticipation of transport to the sterilization area. When the bay is cleared of contaminated equipment, the bin will be covered and wheeled to the sterilization area.
16. Evacuation lines are flushed, as are all dental unit water lines.
17. Handpieces are wiped with disinfectant and bagged separately. Bags must be clearly labeled as to student's last name, date, treatment area assignment and contents.
18. Operator and patient safety glasses are washed, disinfected, dried, and stored in students' secure area.
19. It is the student's responsibility, while wearing utility gloves to check the trash cabinet and ensure that all disposed of materials are actually in the bag and not lying in the cabinet. and having missed their destination.
20. Utility gloves are washed, then wiped with disinfectant and hung to dry on the hook beneath the sink.
21. Remove and dispose of the gown and mask. Check to make sure the dental unit is turned off, wash hands, and then leave the clinic floor after instructor inspection. Students are not permitted to return to the clinic floor after changing out of clinical dress.
22. It is the job of the dental hygiene clinical sterilization assistants to sterilize instruments and equipment on a daily basis. The maintenance of aseptic protocol in the sterilization area is likewise under his or her purview.
23. Autoclaves are monitored through the use of process indicators and biological monitoring systems.

CA/XRA Duties and Receiving, Cleaning and Decontamination:
Instruments to be disinfected in the HYDRIM dental disinfector:

Cassettes (instrument cassettes, cavitron tips):
1. Place the cassettes VERTICALLY in the racks of the Hydrim.
2. Close the door firmly and press the "On/Off" button.
3. Turn the program selector to "p3 or heavy duty cycle"
4. Press the "Start" button.

Mirrors, explorers & single instruments:
- Place loose instruments in the basket of the dental disinfector.
- DO NOT PUT ANY PLASTIC ITEMS IN THE HYDRIM!
- DO NOT PUT HANDPIECES IN THE HYDRIM!

Cleaning of other instruments:

- Handpieces - wipe with disinfectant, lubricate and use a sterilization bag.
- XCP's, Bite sticks, Cheek retractors, mouth props - wash with soap and water and pat dry with paper towels before bagging.
- Prophy paste holders - wash with soap and water and dry. Place directly on tray of statim. Do not bag.
- Dappen dishes - disinfect with surface disinfectant.
- Oraqix applicator- take apart, disinfect, and bag for sterilization.

Preparation & Packaging:

The counter space and the pull-out shelves, to the far left of the sink, are designated for preparation and packaging. Instruments that require packaging are placed in sterilization bags in this area. Place instruments on plastic trays to transport to sterilizers.

Packaging Instruments:

1. Items must be clean and dry.
2. Place items to be sterilized in the appropriate size bag*. An internal monitoring strip** must be slid inside the instrument cassettes before bagging.
3. Package instruments so that the working end is towards the bottom of the bag. In the case of a double ended instrument, make sure the bag is not turned too far down at the top, thereby concealing the end of the instrument.
4. The sterilization bags must be marked with date and student's initial.

*Various size bags are in the drawer.
Do not choose bags that are too large.
**The internal monitoring strip checks the effectiveness of the penetration of the packaging material.

Sterilization:

Place bagged items in sterilizer, clear side down, packed loosely on sterilizer trays. Loose instruments are placed directly on the trays. Cassettes are sterilized in the autoclave, 8 cassettes for each tray. The smaller autoclave can have 2 cassettes for each tray.
The statims can only hold 1 cassette and must be turned on to "wrapped items" in order to sterilize properly.

Handling Sterilized Instruments:

Wet packages should be allowed to dry before handling. Care must be taken when removing hot instruments from the sterilizer (an oven mitt and a handle to grasp trays in the autoclave is available).

At the end of the clinic session:

- Each student needs to place his/her cassette inside of the Hydrim.
- Drain the ultrasonic by placing the gray lever in a horizontal position.
- Use the sink hose to rinse the ultrasonic.
- Disinfect countertops, trays, pencils, handles and knobs, etc.

- Disinfect the collection bin.
- Turn off the Statims and autoclaves.
- Any instruments that have not been sterilized but are ready for packaging are marked and stored in the bin.
- Store all of the handpieces as a group and all student Cavitron tips as a group, so that they can be quickly located and sterilized the next day.
- Instrument cassettes should be placed in the Hydrim and run the next day.
- Utility gloves are washed, disinfected and hung to dry inside the cabinet below the sink.
- The lights are turned off, the units are turned off and put in their proper places, all radiology rooms are clean, all lead aprons are hung up, all computers are turned off.

Additional Responsibilities:

- *Conduct biological monitoring (spore test) weekly on autoclave/statim and record results.
- Ensure that students run the suction cleaner through each unit. Each bottle on every unit has to be removed and a blue tab needs to be added with additional water and the water lines will need to be run/flushed.
- It is the student's responsibility to make sure all trays and items being utilized are returned and to re-stock all items.
- Help out fellow students with charting, suctioning or any other job that is required.
- Denture cleaning it is recommended to a patient wearing dentures or partial.
- Denture to be cleaned in the ultrasonic following this procedure:
  a. Take a Ziplock bag, square plastic container and permanent marker to the unit to collect the patient's denture.
  b. Write the patient's name on the bag then have the patient place the denture inside
  c. Carefully carry the denture/partial to sterilization room.
  d. In sterilization room, USING PPE, pour enough Tartar and Stain Remover in the bag to cover the denture.
  e. Place the bag in the basket of the ultrasonic and set timer for 10 minutes.
  f. Remove the denture/partial from the bag and very carefully rinse with water. Use a denture toothbrush to remove any debris.
  g. Rinse Ziplock, place denture back in and cover with fresh water.
  h. CAREFULLY walk back to work station with clean denture.
- Faculty will perform weekly maintenance of sterilizers (see weekly maintenance instructions for the Autoclaves and Statims) and record on log sheet.
- Be available to retrieve items for other students and report any problems to an instructor.
- Record any supplies that are low, and give the list to an instructor at the end of the clinic session.
- Each instructor has a sign in sheet for competencies and check in. Make sure this sign in sheet is up to date

PROTOCOL FOR ASEPTIC/INFECTION CONTROL TECHNIQUE IN LABORATORY FACILITIES

Careful adherence to preparation and maintenance protocols of the laboratory area and equipment is necessary to providing a clean, safe working environment. It is the responsibility of each student to follow posted guidelines and to maintain the lab and all equipment in a clean, safe, and usable condition before, during and after each session.

Laboratory Asepsis/Infection Control Protocol

1. Disinfect all equipment and surfaces, including counter tops, face and sides, sinks, and table surfaces.
2. Gloves, protective eyewear and masks are to be worn when students are performing any intraoral clinical procedure and when pouring impressions. Protective eyewear and masks are worn when trimming models but because of concerns over gloves getting caught in the trimming wheel, gloves are **NOT** to be worn during trimming procedures.
3. Students are required to wear a clean lab coat and clinic shoes to each laboratory session. When a laboratory session meets in the treatment area, full clinical dress is required. During these times, full aseptic preparation, treatment and disinfection protocols must be followed.
4. Alginate impressions are considered clinical procedures and therefore, student clinicians and patients should use an antimicrobial mouth rinse prior to beginning procedure.
5. Depending upon the impression's criteria, either disposable or reusable trays will be prepared. When discarding disposables, spray with disinfectant and seal in a plastic bag. When reusable trays are used, they are to be treated in the same manner as contaminated instruments. Spatulas and bowls are washed, dried, and sprayed with disinfectant. The disinfectant is allowed to remain in contact with the equipment for time specified in the manufacturers' directions, usually ten minutes. The impression is rinsed under cool running water to clean off saliva and debris. The impression is then sprayed with disinfectant. If the impression is not to be poured immediately, it is wrapped in a moist paper towel and sealed in a plastic bag. Excess moisture is shaken from the impression prior to pouring. Work areas are washed and disinfected by students in accordance with previously stated clinic protocols

Laboratory Dress Code & Policy:

1. Professionalism is required and always expected.
2. Students are expected to leave their work area (lab tables, model trimmers, sinks, countertops, cabinet and drawer fronts) as they found it or cleaner.
3. No eating, drinking, chewing of gum, smokeless tobacco or candy is allowed during laboratory sessions.
4. Clinical attire is required. Wear white lab coats when not involved in the delivery of patient care services and disposable over-gowns when working intraorally.
5. All assignments must be handed in on the date assigned.
6. An unexcused disappearance during a lab session will result in a reduction of a final laboratory grade by two (2) points. No one is to leave without informing an instructor. At the end of each laboratory session, an instructor must inspect area for disinfection and cleanliness before a student will be allowed to leave.
7. One half (1/2) point will be deducted from the final average each time a student is late for class.
8. Infection control is to be always maintained.

General Safety Guidelines:

1. Students will work in pairs.
2. Appropriate PPE must be worn. Students not properly attired for clinical activities will be forbidden from participating in clinic sessions and will be marked absent for the session.
3. Any malfunctions must be reported to an instructor immediately.
4. Students utilizing the lab outside of scheduled class time must sign in and out with a dental hygiene instructor.
5. Students utilizing model trimmers, rotary instruments, etc., must be wearing safety glasses and a lab coat, have hair pulled back off the face and collar and out of the field of operation.
6. No activity will be started if time for cleanup is inadequate.
7. No equipment may be utilized prior to instructor's demonstration of proper use.
8. Any student using equipment in an unsafe manner will be asked to discontinue use of that equipment and required to attend a review session before being allowed to complete the assignment.

9. Appropriate PPE must be worn. Students not properly attired for clinical activities will be forbidden from participating in clinic sessions and will be marked absent for the session.
10. Any malfunctions must be reported to an instructor immediately.
11. Students utilizing the lab outside of scheduled class time must sign in and out with a dental hygiene instructor.
12. Students utilizing model trimmers, rotary instruments, etc., must be wearing safety glasses and a lab coat, have hair pulled back off the face and collar and out of the field of operation.
13. No activity will be started if time for cleanup is inadequate.
14. No equipment may be utilized prior to instructor's demonstration of proper use.
15. Any student using equipment in an unsafe manner will be asked to discontinue use of that equipment and required to attend a review session before being allowed to complete the assignment.
16. Students are responsible for the safety and security of their own supplies. When not in use, these are to be placed in the student's locker. EIC Dental Hygiene Program is not responsible for a student's personal property.
17. Any student coming to class without the requisite supplies will be unable to participate in arranged activities and will be marked absent for the session.
18. When task is completed, turn off equipment and clean work area. PPE must be utilized during all cleaning activities.
19. Students are expected to clean up after themselves. This includes flushing of the trimmers, wiping down the counters, tables and chairs, sweeping or spot washing the floor, and washing all rubber bowls, spatulas and any other armamentarium that has been used. Cleanliness is a component of safety and proper operation of equipment, a component of infection control, and a component of professionalism.

Guidelines for Operation of Model Trimmer:

1. Place sink strainer.
2. Turn on model trimmer.
3. Turn on water.
4. Check to see that water is hitting the wheel; if not, contact an instructor.

Guidelines for Pouring and Trimming Models:

1. Totally cover the vibrator with a plastic headrest cover when pouring a model.
2. Pour bases into a rubber base form mold or wax paper. Do not use dental trays or a bare counter top.
3. Flush model trimmer with water before use.
4. Make sure waterline is hooked up and water is running when trimmer is in use.
5. Flush model trimmer with water when finished trimming.
6. Wipe out excess stone from rubber mixing bowl and throw away in a trash can.
7. Wash rubber mixing bowls in a continuous flow of water to prevent clogs in the pipes.
8. Utilize drain trap to prevent stone from accumulating in the sink. Throw excess in the trash can, not down the drain.
9. All students are expected to clean up after themselves. This includes flushing of the trimmers, wiping down the counters, tables and chairs, sweeping or spot washing the floor, and washing all rubber bowls, spatulas and any other armamentarium that has been used.

Cleaning The Model Trimmer:

1. Utilize the denture brush to clean the wheel after each use.
2. Brush entire wheel.
3. Utilizing spray bottle, spray/flush water on entire wheel.
4. Remove model platform and clean water compartment with denture brush.
5. Flush compartment.
6. Clean drain hose with bottle brush and flush.
7. Tap drain hose at sink and flush.
8. Hold hand over hose opening in sink; fill drain compartment with water; release.
9. Replace model platform.
10. Clean and disinfect total working area to include floors.
11. When finished with model trimmer, TURN OFF ELECTRICITY

Guideline for Use of Alginate Impression Material:

1. Read manufacturer's instructions.
2. Always wear facemask, gloves, and safety glasses.
3. Use standard precautions when taking impressions
4. Disinfect the impression after removing from the patient's mouth, following the guidelines listed in your text.

Guidelines for Use of Model Vibrators:

1. Prior to pouring models, cover vibrator completely with keyboard cover.
2. After pouring models, remove the keyboard cover and wipe down vibrator. (No stone should be left on any part of the equipment, i.e., wire head, base, switch etc.)

Guidelines for Use of Lathes:

1. Place fresh aluminum foil into splash pan.
2. Don safety glasses.
3. Check splash guard, if missing, do not use.
4. Check that switch is in the off position.
5. Clean all attachments immediately after use, and if applicable, autoclave rag wheels.
6. Clean entire area including the floor.

Guidelines for Use of Lab Engine / Slow Handpiece / Dremel:

1. Check to ensure belt is on correctly.
2. Check attachments, making sure they are on tight.
3. Check reservoir to see if it needs oiling; check manufacturer's instructions – some are self-oiling.
4. Plug in rheostat.
5. Plug in engine.
6. Return engine to its original station when finished.
7. Clean entire area: lab bench, tops, sides, and floor.

Guidelines for Use of the Dremel:

1. Hair must be tied back; safety glasses, lab coat, and mask must be worn.

2. Must have a partner while operating any machine.
3. Do not force tool. It will do the job better and safer at the rate for which it was designed.
4. Do not abuse the cord. Never carry tool by the cord or yank it to disconnect from receptacle. Hook motor to a stable location. Disconnect tool when not in use and when changing bits.

DENTAL RADIOLOGY ASEPSIS/INFECTION CONTROL PROTOCOL

1. Students are responsible for confirming radiology patients in the same manner as specified for confirmation of clinical patients. When placing this call, inquire as to the patients' health. Determine whether medical clearance will be required before exposing this patient and acquire said clearance prior to bringing patient into the EIC facility. Use clinic phones to confirm patients.
2. Patients must complete the medical history questionnaire and sign a consent form prior to exposing receptors.
3. Review the medical history and have patient and operator sign to attest to the accuracy of information. Students, patients, and supervising instructors are required to sign the medical history after review.
4. Prior to seating patient, the area must be cleaned and disinfected. Included in this procedure are the tube head and Positioning Indicating Device (PID), extension arm, chair headrest, seat and arms, levers, control buttons, operator shelves and lead apron.
5. After disinfecting, barriers must be placed on the exposure time button, the headrest, control buttons, tube head and PID, and pen and operator shelf.
6. Once the patient has been dismissed, repeat step # 4 to clean and disinfect exposure room.
7. The work area where receptors are unwrapped is covered with a bracket tray cover or paper towel.
8. Disposable items are used wherever appropriate.
9. All instruments are cleaned, dried, and bagged for autoclaving. Bags must be clearly labeled with a student's name, date, and contents. RINN XCPs are bagged as sets for specific areas of exposure.
10. Hand washing is to be performed before and after gloving as it is with any clinical procedure. Over-gloves are to be worn or barrier technique utilized if additional supplies are needed (cotton rolls, gauze, paper towels, XCPs).
11. PPE protocol is followed. Utility gloves, protective eyewear and masks are worn during the cleaning and disinfecting phases. Exam gloves and disposable gowns are worn during patient contact. Because of the required proximity to patients and the possible exposure to airborne pathogens, masks and goggles are required as well. A fresh pair of gloves will be required for processing receptors. Gloves are not worn while seating and dismissing the patient. Full clinical dress, i.e., uniforms is required as this is considered a clinical activity.
12. Phosphor plates/sensor is dispensed by the instructor. Students are never to help themselves to phosphor plates/sensor. Packets are placed on the barrier on the metal cart outside the exposure room. Exposed plates are placed in a disposable cup also located on the cart outside the exposure room.
13. According to OSHA guidelines, the exposure of radiographs does not generate blood borne medical waste; all refuse will be placed in the trash receptacle. Lead foil from within the receptor packet is placed in the labeled container near the processor.

Exposure Procedure

1. Proceed to reception area and greet the patient. The clinic receptionist should have asked the patient to complete the medical history questionnaire.
2. After reviewing the medical history and determining the patient's suitability for radiographs, proceed to the radiology room.
3. Prepare XCPs for use.
4. Turn on x-ray unit and set controls to desired exposure levels. The desired settings are found on the chart posted outside the radiology room.

5. Prepare pertinent patient forms and charts.
6. Escort the patient to the radiology room. All of the patient's personal belongings should be placed on the floor next to the radiology chair. Ensure patient comfort upon seating by adjusting the chair.
7. Review the medical history. Using the interview technique, clarify all areas in question and have the patient sign the form. Obtain clearance from the instructor or clinic dentist. Student and instructor must now sign the form.
8. Cover the patient with the lead apron and hand the patient a tissue or paper towel. Bib the patient.
9. Wash hands and don exam gloves.
10. Ask the patient to remove all dental prostheses, earrings, facial/oral piercings, and eyeglasses, but offer the patient the opportunity to wash prior to this request. All removable dental appliances are to be wrapped in a moist paper towel. The patient will be asked to put these items in a safe place.
11. Perform a brief oral inspection and have the instructor record overlapped teeth, tori, classification of occlusion and all other conditions that may influence the placement of receptor/sensor holding device or PID.
12. Explain the procedure to the patient. Remember, earning the patient's trust and cooperation is a key component to successful receptor exposure.
13. Expose the requisite receptors/digital image according to established protocol.
14. Return apron to rack.
15. Remove gloves, wash hands.
16. Escort patient to reception area.
17. Upon returning to exposure room, don utility gloves and repeat steps to clean and disinfect room. Remove all barriers and properly dispose of them. Place disassembled XCPs in covered container. Replace tube head in correct resting position after disinfecting. Wash, disinfect and then remove utility gloves. Wash hands, don over-gloves. Remove mask and protective eyewear. Disinfect and store appropriately.

GRADING

1. All exposed radiographic series (BWs & FMX) are to be evaluated and submitted for a grade.
2. If a student fails to submit a series within the **2-week time frame**, their series will receive a grade of zero.
3. A zero will be averaged in for any series exposed but not submitted for grading.

Extraoral and Intraoral Examination Guidelines (EIO)

The extra oral and intra oral examinations combine the objective information collected during the examination with the patient's subjective responses. Together this data enables the student dental hygienist to provide documentation regarding the status of the head and neck region. Student dental hygienists should proceed in a systematic, logical "top to bottom" examination sequence.

Objective data will be gathered utilizing one of the following four methods:

1. Inspection: systematic visual assessment of body tissues, structures, or systems to identify normal and abnormal appearances and/or functioning
2. Palpation: use of the fingers or hands to examine the texture, form and function of hard and soft tissues. Several methods of palpation will be used during the oral inspection:
   a. digital palpation- using single finger to examine tissues
   b. bidigital palpation- use of finger and thumb from same hand to grasp the tissue between the thumb and finger

c. manual palpation- use of one or more fingers of the same hand to examine tissues
d. bimanual palpation- use of both hands by grasping an area of tissue between them
e. bilateral palpation- two hands placed on opposite sides of the body examining both sides of the face or neck simultaneously to detect differences between them.
f. circular compression- moving the fingertips in a circular pattern over a structure, while simultaneously applying pressure to the tissue

3. Auscultation: listening for sounds produced within the body (such as clicking of the temporomandibular joint)
4. Percussion: striking tissues with the fingers or an instrument to hear the resulting sounds and determine the patient's response
5. Any deviations from normal will be recorded on the extra/intra oral inspection forms utilizing professional, descriptive terminology. When describing deviations from normal, the following terms should be considered: --Location: where does the lesion appear?
6. History: how long has it been there? Is the patient aware that the lesion is present?
7. Morphology: whether the lesion is localized or generalized, single or multiple, separate or coalescing. -The following terms may also be used to describe the morphology of changes that are visually observed: Raised lesions: filled with clear liquid (vesicle) or pus (pustule/bullae) or solid nodule, tumor, Assess the base of the lesion as to whether it is sessile (flat or broad base) or pedunculated (stem or stalk-like base).
8. Depressed lesions: describe the outline as to whether it is regular or irregular, the borders as to whether they are flat or raised, is the lesion deep (> 3mm) or superficial? Flat lesion: describe the borders as regular or irregular, is it single or multiple
9. Surface texture: the following terms may be used to describe surface texture: verrucous, papillomatous, fissured, corrugated, crusted, or smooth
10. Consistency: describe whether the lesion is hard/firm or soft (indurated, soft, spongy)
11. Size: measure the dimensions of visible lesions in millimeters, using the periodontal probe
12. Color: single, uniform color or multiple/variations in color (pink, red, white, blue, black, purple) Symptoms: determine if the lesion is associated with pain, tenderness, itching, swelling, or other discomfort.

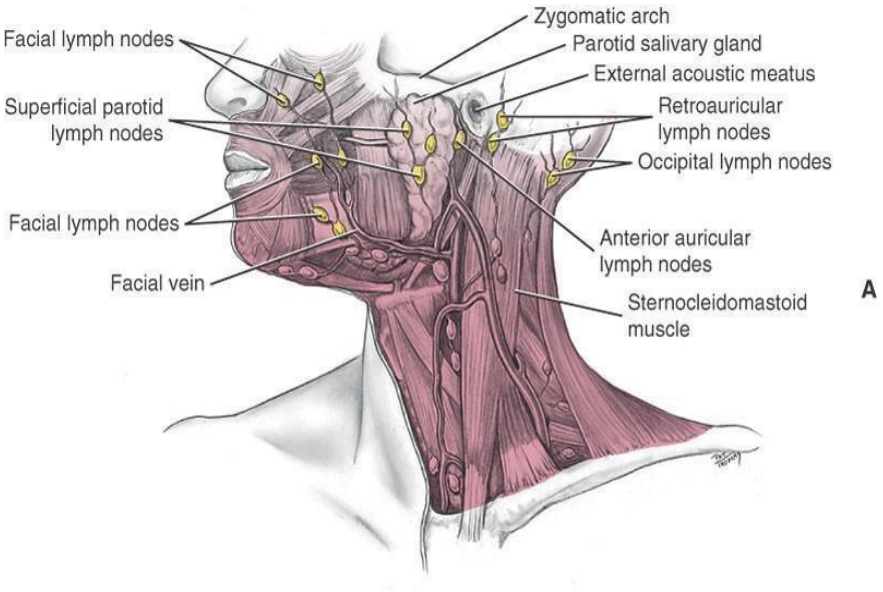
Transferring Collected EIO Data

- All forms should be completed in non-erasable black ink; careful attention should be paid to writing legibly, using professional terminology and the fact that this is a legal document and a record to be used by the student dental hygienist (SDH) and other health care professionals.
- All findings should be recorded using appropriate, descriptive terminology as presented in these guidelines. If no findings are identified, then NAP (no apparent pathology) must be entered in "description of findings" column to indicate that the area was in fact examined.
- If a finding necessitates a referral, SDHs must record in the referral column and follow the appropriate referral procedures. If a clinic dentist indicates that the patient requires a referral, this information should be recorded in the "Services provided" form.
- Examination update pages for the extra and intra oral exams must be completed at each visit.

Extra-Oral Examination (EOE)

- If a specific finding is observed, note the specific finding adjacent to the appropriate oral structure. Be specific in describing findings including size (millimeters), shape, color, duration, consistency, and location (draw on diagram at bottom of page if necessary)
    - If it is recommended (after consultation with appropriate faculty members), then the patient will be informed.
    - The Intra-Oral Examination Form is completed in the same manner as the extra-oral examination form.
    - Explain the procedures that are to be performed to the patient and ask him/her to remove their glasses and loosen clothing that restricts access to the neck area.
    - Begin the visual examination by starting at the top of the head and generally noting the appearance of the hair and scalp; continue the exam by noting: the symmetry of the face, any scars or lesions on the face, general skin color, the appearance of the eyes, status of the nose, lips, and ears. Input from the patient can provide valuable information about a lesion.
    - Each operator will determine a sequence for extraoral palpation that will enable them to establish a reproducible pattern for assessing the following structures:

-Anterior scalp area/forehead
-Parotid gland
-Temporalis muscle
-Masseter muscle
-Zygoma
-Anterior border of the mandible
-Temporomandibular joint
-Submental region
-Preauricular nodes
-Submandibular region
-Postauricular nodes
-Larynx
-Occipital nodes
-Clavicle
-Thyroid gland ~
-Sternocleidomastoid muscle and the anterior and posterior cervical lymph nodes



(From Fehrenbach MJ, Herring SW: *Illustrated anatomy of the head and neck*, ed 2, Philadelphia, 2002, Saunders.)

Intra-Oral Examination (IOE)

- Open wrapper of cassette.
- Have patient put on glasses. Have patient rinse with antimicrobial rinse for thirty seconds. Place the patient in a reclined position for the intraoral examination, the principles of patient-operator positioning, and illumination will enable the operator to complete a thorough intraoral assessment. Examiners wear patient treatment gloves only for intraoral examinations.
- Begin by using a tongue depressor to do a cursory visual examination of the oral cavity. Fingers should not enter the oral cavity. Follow cursory exam with initial visual exam using the mirror only. Fingers should not enter the oral cavity.
- Only after it has been determined that no potentially contagious lesions are present, then begin the exam using fingertips to assist inspection. After completion of cursory exams, each operator will identify a logical, reproducible sequence for assessing the following intraoral structures
- Vestibule:
  -lips, commissures
  -labial mucosa and buccal mucosa frenums
  -Stenson's Duct
- Floor:
  -lingual vein
  -plica fimbriata (hair-like projection along lingual vein)
  -plica lingualis (hairlike projection along the crest of sublingual folds, sublingual caruncle (Wharton's duct) and sublingual folds
- Hard Palate:
  -incisive papilla palatal rugae,
  -median palatine raphe palatine fovea
- Oral Pharynx: examine the following structures by depressing on the posterior third of the tongue with a sterile tongue depressor and asking the patient to say, "Ahh"
  -posterior tonsillar pillars
  -anterior tonsillar pillars
  -palatine tonsils and uvula
- Tongue: using a water dampened, sterile 2x2 gauze wrapped around the anterior one third of the tongue, extrude the tongue to visually examine the following structures:
  -filiform papillae
  -circumvallate papillae
  -fungiform foliate papillae
- Bidigital palpate the following structures: right and left lateral borders of the tongue, dorsal surface; ventral surface. Remove gauze, and bidigital palpate the anterior third of the tongue, maxillary tuberosity, retromolar area, and alveolar ridges

Updating Extra and Intra Oral Examinations

- Place the date adjacent to the appropriate section, and indicate any additional findings or changes in previous findings.

- Only date and make notations for those areas that have new findings or changes.

No Significant Changes Section

- This section is utilized only at subsequent visits and no significant changes are noted. In this case, no new notations have been made next to any oral structures. When this occurs, the student places the date of the exam and writes “No Significant Changes.”

- If nothing abnormal was found, write No Significant Findings and the student, patient, and faculty signs her/his name; this documents completion of this portion of the oral inspection.

Services Provided

This is the legal record of everything that occurred during an appointment. It includes not just services performed, but notes about impressions and attitudes, specific instructions given, conversations and other pertinent information. Specifics are critical. Record cancellations and broken appointments, (an objective note can be added for reasons why patient needs to cancel or break appointments to establish a pattern). Elaborate on patient education and instruction, patient refusal of services, (i.e., x-rays, fluoride), telephone conversations, verbal consents, and verbal medical clearance. Also, indicate recall appointment. If patient is to see the same student hygienist - this needs to be stated. If student hygienist is to contact patient for next recall and does not do so, any student may contact them. This all should be documented in services rendered.
Sequence- List treatment in the order it was rendered. Use CAPITAL LETTERS, then in parentheses state significant findings or additional helpful information. At the completion of treatment, a “Referral to Dentist” is noted with the reason for referral further noted in parentheses. The recommended recall interval is noted last. (RC 6 months)
The instructor is responsible for reviewing the services rendered. A line will be drawn from the last entry to the end of the line. The instructor will initial next to that line in the appropriate box. No other entries may be made after the instructor signs off. If additional information must be added (due to omission) an addendum may be added as follows:

ADDENDUM to (date) - then add comments. Student and instructor must both sign off.
In addition to recording the services which were rendered to the patient, this sheet is also used to record unusual incidents or circumstances that occurred during treatment; patient non-compliance, post- operative instructions, telephone conversations with a patient or his/her physician and patient missed or canceled appointments.

Procedure

Date where indicated
Record everything that occurred during appointment - be specific
If information being documented does not complete the entire area, draw a line from end of documentation to the student signature box.
If a patient is scheduled as a "holdover" appointment, it must be documented. Sign name in space opposite last line written (complete name).
Have instructor sign record, where indicated.
Bring record into radiology with patient so student performing the service (x-ray) can record treatment and radiology instructor can sign.
Use acceptable EIC abbreviations only

DO NOT SKIP LINES BETWEEN DOCUMENTATION

Services Rendered is for recording treatment rendered. If additions are required within the Treatment Plan, the addition is noted on the Treatment Plan and the patient initials it indicating his/her consent to the addition. If an item in the Treatment Plan is not accomplished at all, a note is made in the Services Rendered along with a brief explanation. (i.e., fluoride treatment not accomplished, patient refused treatment stating she did not feel well)

If the planned procedures for a visit are not accomplished but will be done the next visit simply write at end of Services Rendered entry: example – (NV- scale URQ and lower arch)
SPECIAL NOTE: If radiographs will be accomplished before the patient assessment is checked (must be approved by instructor), a line is drawn to the end of the current entry line, a new line is dated and radiograph information is listed, instructor signs and a new line is begun when patient returns to unit for continued assessment and check in. (See example next page)

Example: Review Medical History treatment, pt reports taking premedication -200 gr. Amoxicillin, BP: 120/70 Resp: 18, Pulse:65 bpm, CC- (stain on lower teeth) E/I EX, Radiographs(FMX). HCI (dispense toothbrush, waxed floss) Scale full mouth, Selective Polishing, Fluoride treatment (ApF),(recommend hypertonic solution as needed) Refer to Dentist (routine exam, orthodontic evaluation), Recall 6 mos.

Minimum Acceptable Grade: CL I = 80%, CL II = 85%; CL III = 90%

Eastern International College

SECTION III
DENTAL RADIOLOGY QUALITY ASSURANCE

Radiation Safety Practices in the Eastern International College Radiology Clinic
Introduction

The rationale for dental radiology quality assurance is that this is the ultimate tool for protection during the utilization of potentially damaging ionizing radiation. Quality assurance is the implementation of office policies and protocol for the purposes of standardizing techniques, maintaining equipment, and consistently ensuring the highest level of radiation protection measures for both the operator and the patient, thus consistently producing receptors of diagnostic quality. Troubleshooting, preventive maintenance, and persistent diligence in the application of these principles will reduce, ameliorate, and eliminate accidents and problems. This manual seeks to afford the students, faculty, staff, and patients with the safest environment for producing the highest quality receptors, utilizing the least amount of radiation in the process.

Exposure of radiographs:

1. The radiographer must strive to establish trust with the patient through excellent communication skills. This will enhance patient cooperation, which in turn reduces problems inherent in exposing diagnostic receptors in difficult areas. Difficulties may arise because of anatomic constraints, anomalies, or patient discomfort.
2. Patient education concerning the importance of exposing radiographs is critical.
3. A combination of verbal and written communication should be utilized to stimulate a question and answer session.
4. The radiographer should prepare complete answers to commonly asked questions. These questions include:
   a. The necessity of exposure
   b. Frequency of exposure for adults and children
   c. The consequences of refusal
   d. The usefulness of previously exposed receptors
   e. The dose and measurement of radiation
   f. Proper patient protection, including lead aprons
   g. Safety of exposure for both patient and operator
5. Utilize the highest standards of infection control and standard precautions, prior to, during and after exposure.
6. In preparation for exposure, the receptor, the receptor holders, paper towels, tissues, and cotton rolls should be laid out.
7. Exposure area should be disinfected, and fresh barriers applied.
8. Barrier the tube head and the timing controls, including the exposure button. Place the barrier in such a manner that the controls can be manipulated as needed without compromising the barrier.
9. Turn the x-ray unit on.
10. Escort patient to exposure room.
11. Prior to exposure, the operator must examine the treatment plan and confirm the type of series required, including the size of the receptor(s) best suited to produce results of the

highest diagnostic quality.

13. The operator should examine the mouth and be prepared for challenges.
    -Wash hands and don fresh examination gloves.
    -Although the operator should prepare to utilize other techniques when paralleling is not possible, paralleling is the technique of choice for exposing most receptors. It ensures diagnostic quality when practiced appropriately.
14. Paralleling rules to follow during exposure:
    a. The sensor must be positioned to cover the prescribed area of teeth to be examined.
    b. The sensor must be positioned parallel to the long axis of the tooth. The sensor, in the holder, must be placed away from the teeth and toward the middle of the oral cavity.
    c. The central ray of the x-ray beam must be directed perpendicular to the receptor and the long axis of the tooth.
    d. The central ray of the beam must be directed through the contact areas.
    e. The x-ray beam must be centered on the receptor to ensure that all areas of the receptor are exposed. Failure to center the x-ray beam results in cone cutting.
    f. Exposure times must be changed to reflect the suggested settings for each exposure.
15. Careful attention must be paid to exposure technique and sequence to ensure the avoidance of confusing exposed and unexposed receptors; retaking a previously exposed area; double exposure; over and underexposed receptors; incorrect receptor placement. angulation errors; PID alignment problems; receptor bending and creasing; reversed receptor, and movement during exposure.
16. In obtaining panoramic exposures, the operator must adhere to the following guidelines:
    a. Patient positioning is key to obtaining the best diagnostic quality.
    b. Basic positioning includes careful attention:
    - Having patient bite on bite block to obtain appropriate focal positioning
    - Positioning the midsagittal plane perpendicular to the floor
    - Positioning the Frankfort plane parallel to the floor
    - Instructing the patient to place the tongue on the roof of the mouth
    - Observing patient during exposure (from a safe distance) and reminding the patient to remain motionless while machine rotates

    - Ensuring proper positioning of lead apron low around the neck of the patient so that it does not block the beam
    - Removing all prosthetic devices, earrings, jewelry, and hair ornaments that may interfere with diagnostic quality prior to exposure
    - Positioning patient with a straight spine to avoid the spine appearing as a radiopacity and disturbing diagnostic quality.

Equipment:

Extraoral:

The digital panoramic x-ray machine must be clean and move freely. It should feel securely attached to the wall and maintain its position once placed. The bite block to position focal trough must be sterilized prior to being reused. Patient positioning has been discussed earlier in this

manual and manufacturer's instructions must be followed to ensure the highest quality product.

Lead Aprons:
Aprons must be disinfected after each use with the double wipe method utilizing an EPA approved disinfectant. The protective lead sheets must not be folded to avoid cracking. Aprons are to be hung when not in use. The thyroid collar and apron must be properly placed when in use to avoid receptor artifacts.

General Safety Guidelines
Whenever you suspect that a machine is malfunctioning DISCONTINUE use immediately and consult with an instructor. Machines not operating at peak performance levels should never be utilized until repairs have been made and inspections ensure safe usage.

No equipment is to be used prior to being instructed in proper care, maintenance, and usage. Receptors/sensors will be dispensed by instructors only; students are not permitted to help themselves to receptors/sensors.

Sensors and Phosphorous plates are to be handled very carefully. These are very expensive electronic pieces of equipment that cannot get wet with saliva or disinfecting agents. Careful treatment, care, use and storage increase both the optimal performance and the longevity of the sensors.

All Sensors and Phosphorous plates must be signed out and back utilizing equipment sign out sheet. Students are not permitted to expose radiographs on peers for practice. There are three mannequins on which to perfect techniques prior to exposure on humans. Students who wish to sit as patients for radiographs may do so only under the same guidelines as all other clinic patients.

Infection control procedures are standardized and must be practiced consistently for the protection of patients, students, faculty, and staff. Infractions in the chain of asepsis are taken seriously and each incident will be noted on a student's permanent clinical record. This will be reviewed on a case-by-case basis. Continued non-compliance with stated protocols may constitute cause for dismissal.

Section III forms, infection control guidelines adapted from:

a. Infection Control and Management of Hazardous Materials for the Dental Team, Chris H. Miller and Charles John Palenik, 3rd edition, Elsevier Mosby, St. Louis, 2005
b. Centers for Disease Control and Prevention Guidelines for Infection Control in Dental Health Care Settings 2003
c. Cottone's Practical Infection Control in Dentistry, Molinari, JA and Harte, JA. 3rd edition, Wolters Kluwer', Philadelphia, PA 2010.

SECTION IV
EASTERN INTERNATIONAL COLLEGE
DENTAL RADIOLOGY MANUAL

Introduction:

The radiology protocol addressed in this manual is to be reviewed and adhered to by all faculty and dental auxiliary students. This manual pertains to preclinical, laboratory, and clinical sessions conducted in the Eastern International College Dental Hygiene Radiology Clinic. Also, this manual reinforces the *Guidelines for Infection Control in Dental Health-Care Settings-2003* recommended infection-control practices for dentistry set forth by the Center for Disease Control and follows the *OSHA*

Safety Program Manual. In addition, the manual contains guidelines for dental radiographic patient selection criteria that are recommended by the *American Dental Association* and the American Food and Drug Administration.

Note: Please bring this manual to each laboratory session.

Radiology Guidelines:

During the academic year students will learn the various techniques when exposing dental radiographs. The two basic techniques for obtaining receptor-based radiographs are the Paralleling technique and the Bisecting (bisection of the angle) technique; in clinic we will be using Digital and Extraoral radiographic techniques. Both techniques are taught in lecture sessions at Eastern International College Dental Hygiene Radiology Clinic during DH102.

In the course DH102 Dental Radiology, a combination of theory and step by step procedures for both techniques is taught however, the paralleling technique will be used during patient care because it provides the most accurate image with the least amount of radiation exposure to the patient. Also, the *American Academy of Oral and Maxillofacial Radiology* and the *American Association of Dental Schools* recommend the use of the paralleling technique.

During course DH 102, students will be provided information as to how many diagnostically acceptable radiographs are needed to fulfill dental radiology course requirements. Requirements and laboratory quizzes are listed in Radiology requirements worksheet.

Digital imaging is recommended in patient care to minimize patient exposure to radiation. DXTRR radiographic exposures will be with the digital sensor and phosphor plates.

Dental hygienist must be proficient in all radiology requirements. To show proficiency, dental hygienist must pass the technique evaluations with 75%. If 75% is not achieved, then the student will undergo remediation before attempting the second or third technique evaluation. Students are allowed three attempts to demonstrate proficiency. If the student does not pass on the third attempt, they will be unable to continue in DH102.

Students with the state Radiology license who pass the DH-102 lab competency requirements prior to the semester start are then exempt from attending the DH-102 lab and are required to attend the didactic portion of DH-102 only.

Radiology Laboratory Objectives:

At the completion of the radiology course sequence, the dental hygiene student will:

1. Demonstrate professionalism in the radiology department.
2. Demonstrate and adhere to the proper infection control procedures for the radiology operatory and darkroom.
3. Demonstrate proper breakdown and setup of radiology operatory.
4. Use appropriate computer and paperwork protocol associated with radiology department.
5. List the components of the radiation production equipment.
6. Define the rationale for exposing bitewing radiographs.
7. Define the rationale for selecting vertical vs. horizontal bitewings.
8. Demonstrate proper receptor placement for both horizontal and vertical premolar and molar bitewing radiographs / tab technique.
9. Describe the performance criteria for bitewing radiographs.
10. Correctly demonstrate the mounting of bitewing radiographs.
11. Demonstrate proper technique and an understanding of both the manual and the XP-05 automatic processor.
12. Define the purpose and three types of radiographic examinations using intraoral receptors.
13. Define and understand various vertical and horizontal angulation errors
14. Define various operator errors such as improper vertical and horizontal angulation, receptor placement, and cone cut.
15. Demonstrate the proper positioning of patient, dental receptor, and x-ray machine.
16. Define the rules to follow for the paralleling technique in an intraoral radiographic examination.
17. List the advantages and the disadvantages of the paralleling technique in an intraoral radiographic examination.
18. Properly expose a maxillary anterior periapical radiograph utilizing the paralleling technique.
19. Demonstrate the proper assembly of the DentsplyRinnXCP Kit with bite-wing Instrument kit.
20. Properly expose a full mouth series using the paralleling technique with the Rinn XCP system.
21. Evaluate radiographs exposed using the paralleling technique.
22. Define the bisecting angle technique for exposing radiographs.
23. Define the rules to follow for the bisecting angle technique in an intraoral radiographic examination.
24. List the advantages and disadvantages of the bisecting angle technique in an intraoral radiographic examination.
25. Describe the causes of elongation and foreshortening.
26. Demonstrate the proper technique during the exposure of a radiographic examination using the bisecting angle technique.
27. Properly expose a full mouth series using the bisecting angle technique.
28. Evaluate radiographs exposed using the bisecting angle technique.
29. Correctly critique exposed radiographs utilizing the proper analysis form.
30. Identify and demonstrate solutions for radiographic exposure errors.
31. Identify anatomical landmarks on both maxillary and mandibular radiographs.
32. Demonstrate proper technique in mounting a full mouth radiographic series.
33. List the purposes for occlusal radiographs.
34. Demonstrate proper technique during the exposure of occlusal radiographs.

35. Describe the advantages and disadvantages of using digital imaging systems
36. Demonstrate the proper technique for using digital sensors when using the PLAN MECA Intra.
37. Properly expose a full mouth series using the digital imaging system PLAN MECA Intra.
38. Demonstrate proper technique for using and maintaining digital sensors.
39. Evaluate radiographs exposed using digital technique.
40. List the purposes of various panoramic techniques.
41. Demonstrate the proper technique and infection control when using the Panorex machine the PLAN MECA.
42. Demonstrate proper technique for panoramic radiographs.

Note: Each DH student is required to pay a fee of $30.00 for the Dosimeter X Ray badge for every radiology lab and clinic.

Quality Assurance Plan for the Eastern International College Radiology Clinic:

Quality assurance is the plan of action that will ensure that Eastern International College Radiology Clinic will attempt to produce consistent, high-quality images with a minimum of exposure to patients and personnel. In addition to aiding diagnosis, the well carried out quality assurance program results in minimized radiation dosage to patients because radiographs are produced under the most favorable conditions. Fewer repeat radiographs mean time savings for both patients and operators. Regular testing also helps ensure compliance with state and federal regulations.
In the Eastern International College Dental Hygiene Radiology Clinic, a quality assurance program has been established and is to be adhered to by faculty and students. Quality assurance will reduce exposure to patients, students, and faculty and help in providing better patient care.

Eastern International College's Quality Assurance Program is as follows:

- There is a scheduled regular testing to detect equipment malfunctions.
- There is scheduled maintenance and planned monitoring for consistent receptor processing.
- There is regular assessment of other variables that affect image quality.
- Radiographs will be produced under the most optimal of conditions.

Radiation Safety Practices in Eastern International College Radiology

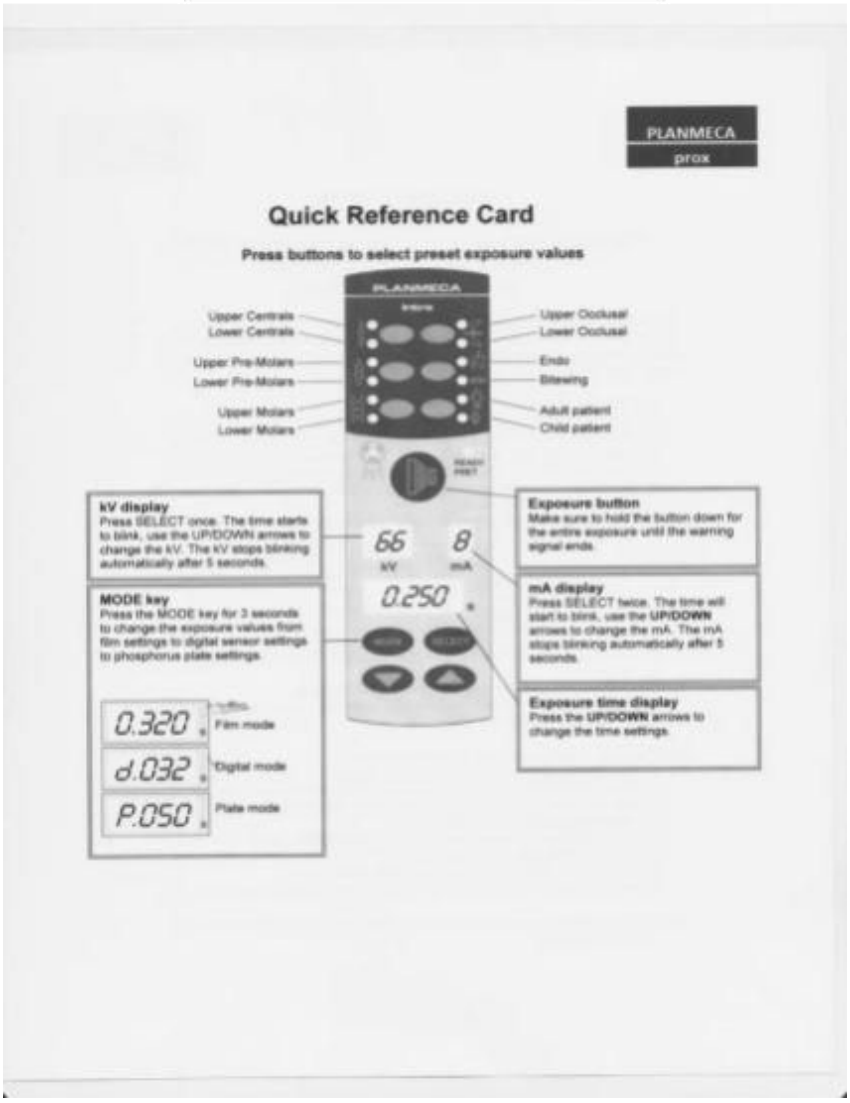
lab/ClinicPolicy for Ionizing Radiation:

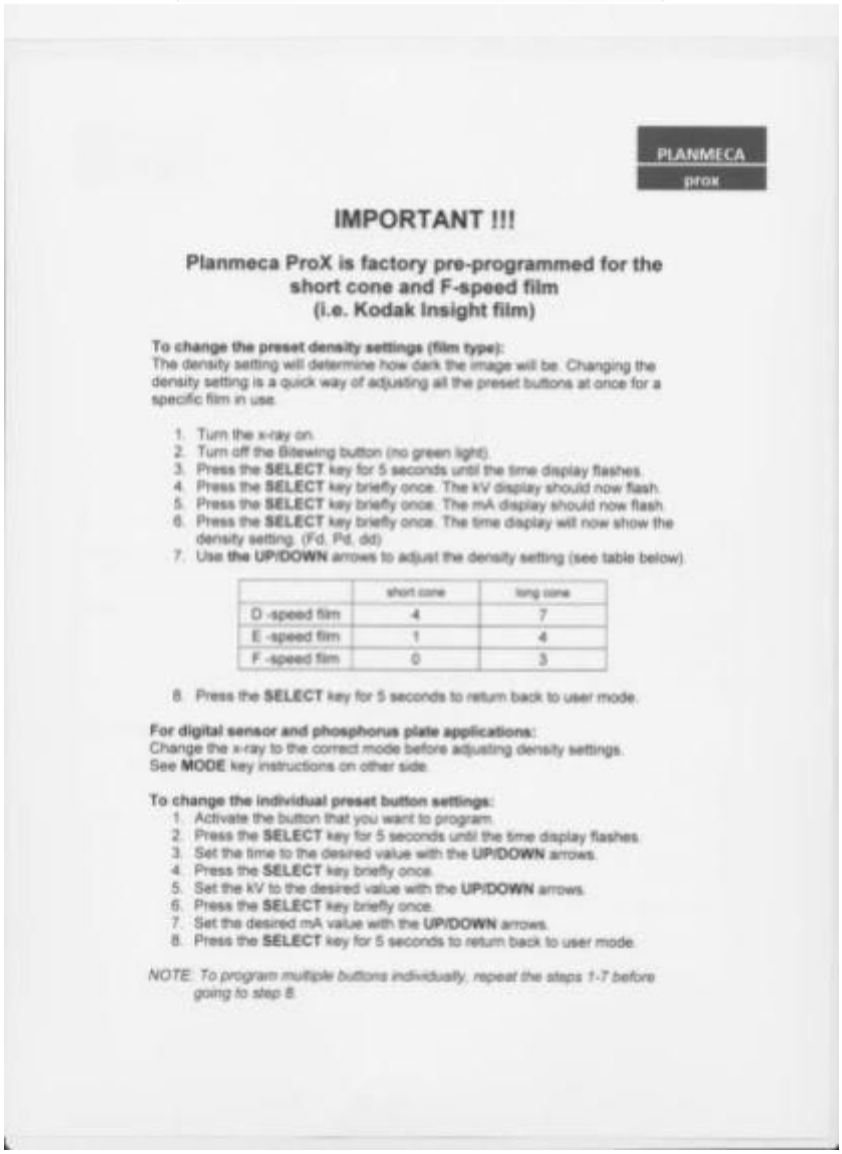
The Eastern International College Radiology department policy for Ionizing radiation adheres to the ALARA (As Low as Reasonably Achievable) principle. Also, students will adhere to a quality assurance plan and other techniques that will reduce the amount of x-ray dosage patients, faculty, and students, receive in the Eastern International College Dental Hygiene Radiology Clinic. To ensure safety and protection in diagnostic radiography, the Eastern International College Dental Hygiene Radiology Clinic adheres to the guidelines for dental radiographic patient selection criteria that are recommended by the American Dental Association and the American Food and Drug Administration. These guidelines assist the dentist in the dental x-ray decision making process.
Radiographic exposure will be kept at a minimum level consistent with the patient needs including the type and number of receptors. **Ionizing radiation shall be used specifically as an aid for diagnostic purposes.**

Everything possible will be done to prevent unnecessary receptor retakes due to incorrect radiographic or processing techniques. Retakes are allowed on manikins until competency is achieved.

Prior to exposure:

The Mode key located on the *Planmeca Intraoral* control panel will allow operators to choose from CCD Digital, Phosphorus Plate, or Receptor modes. *PlanmecaIntraoral's* lightweight tubehead allows simple and precise patient positioning. If either the receptor or digital mode is chosen, the *Planmeca Intraoral* radiographic units deliver excellent image quality. Remember to HOLD exposure button down until the beep is done.


PLANMECA
prox
Quick Reference Card
Press buttons to select preset exposure values
PLANMECA
Upper Centrals
Lower Centrals
Upper Pre-Molars
Lower Pre-Molars
Upper Molars
Lower Molars
Upper Occlusal
Lower Occlusal
Endo
Bitewing
Adult patient
Child patient
kV display
Press SELECT once. The time starts to blink, use the UP/DOWN arrows to change the kV. The kV stops blinking automatically after 5 seconds.
MODE key
Press the MODE key for 3 seconds to change the exposure values from film settings to digital sensor settings to phosphorus plate settings.
0.320
Film mode
d.032
Digital mode
P.050
Plate mode
66
kV
8
mA
0.250
Exposure button
Make sure to hold the button down for the entire exposure until the warning signal ends.
mA display
Press SELECT twice. The time will start to blink, use the UP/DOWN arrows to change the mA. The mA stops blinking automatically after 5 seconds.
Exposure time display
Press the UP/DOWN arrows to change the time settings.



PLANMECA
prox

IMPORTANT !!!

Planmeca ProX is factory pre-programmed for the short cone and F-speed film (i.e. Kodak Insight film)

To change the preset density settings (film type):
The density setting will determine how dark the image will be. Changing the density setting is a quick way of adjusting all the preset buttons at once for a specific film in use.

1. Turn the x-ray on.
2. Turn off the Bitewing button (no green light).
3. Press the **SELECT** key for 5 seconds until the time display flashes.
4. Press the **SELECT** key briefly once. The kV display should now flash.
5. Press the **SELECT** key briefly once. The mA display should now flash.
6. Press the **SELECT** key briefly once. The time display will now show the density setting. (Fd, Pd, dd)
7. Use **the UP/DOWN** arrows to adjust the density setting (see table below).

	short cone	long cone
D -speed film	4	7
E -speed film	1	4
F -speed film	0	3

8. Press the **SELECT** key for 5 seconds to return back to user mode.

For digital sensor and phosphorus plate applications:
Change the x-ray to the correct mode before adjusting density settings.
See **MODE** key instructions on other side.

To change the individual preset button settings:
1. Activate the button that you want to program.
2. Press the **SELECT** key for 5 seconds until the time display flashes.
3. Set the time to the desired value with the **UP/DOWN** arrows.
4. Press the **SELECT** key briefly once.
5. Set the kV to the desired value with the **UP/DOWN** arrows.
6. Press the **SELECT** key briefly once.
7. Set the desired mA value with the **UP/DOWN** arrows.
8. Press the **SELECT** key for 5 seconds to return back to user mode.

NOTE: To program multiple buttons individually, repeat the steps 1-7 before going to step 8.

Preparation for Intraoral RECEPTOR-Exposure:

Students will begin exposing receptors on DXTRR following their laboratory instructor's guidelines regarding receptor distribution and technique for the lab session.

1. Non-barrier single exposure receptors are utilized only on DXTRR in Laboratory sessions.
2. Receptors exposed on DXTRR will be treated the same as those exposed on clinic patients and should be placed in a disposable plastic cup following exposure.
3. Students will be allotted an appropriate number of receptors and type of receptors based on the area that they are exposing each laboratory session.

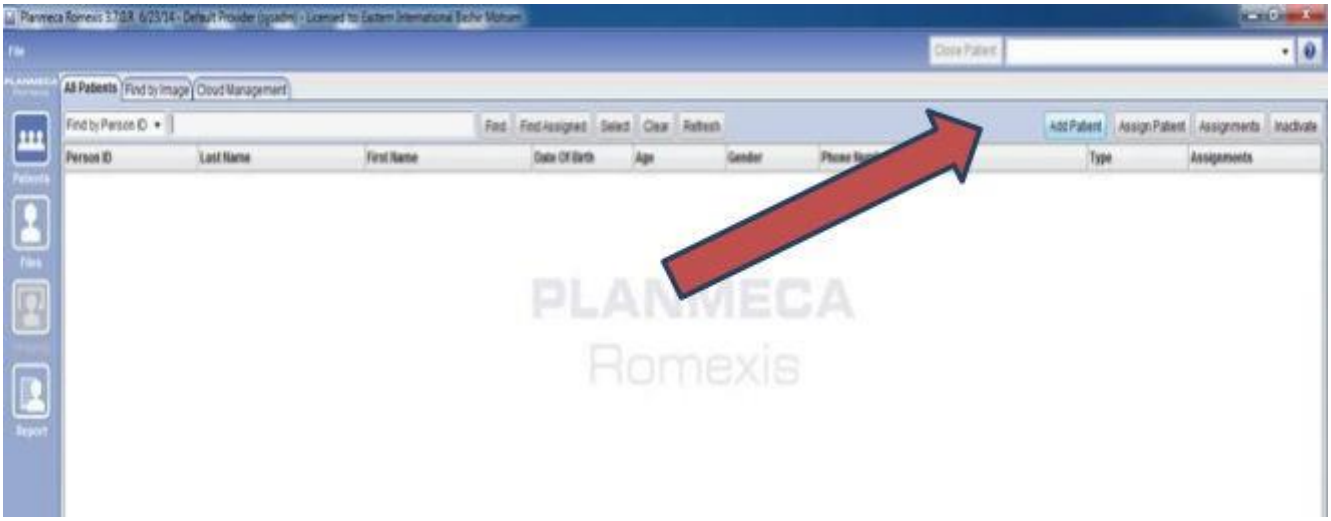
Preparation for Digital Intraoral Sensor Exposure:

1. When students begin exposing digital receptors on DXTRR instructor will demonstrate the computer

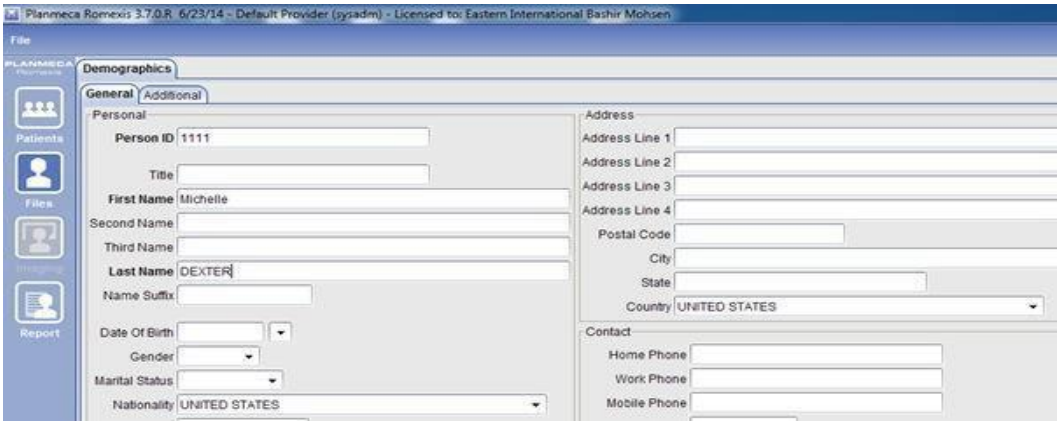
protocol.

2. Double-click on **Romexis** icon on the Desktop.

3. Create new patient click on “add patient”

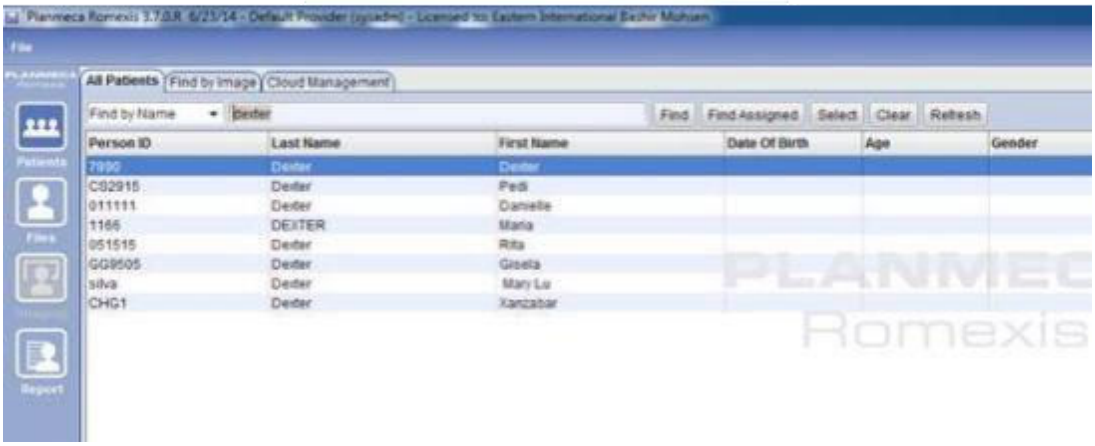


4. Create an ID, Fill in First name (YOUR FIRST NAME and last name (DEXTER) click SAVE PATIENT

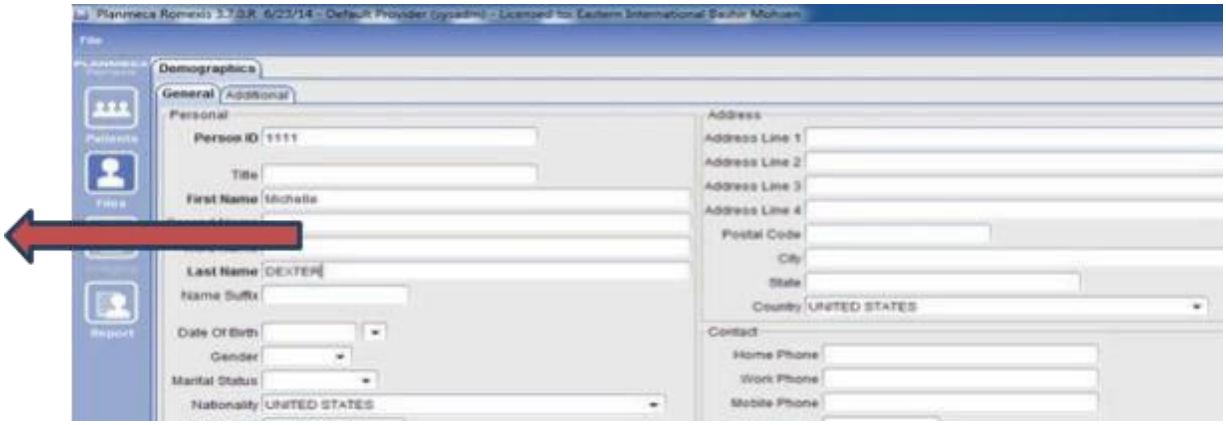


5. To open an existing patient chose the patient ID or Name. In box “find by name” type in your dexter’s name.

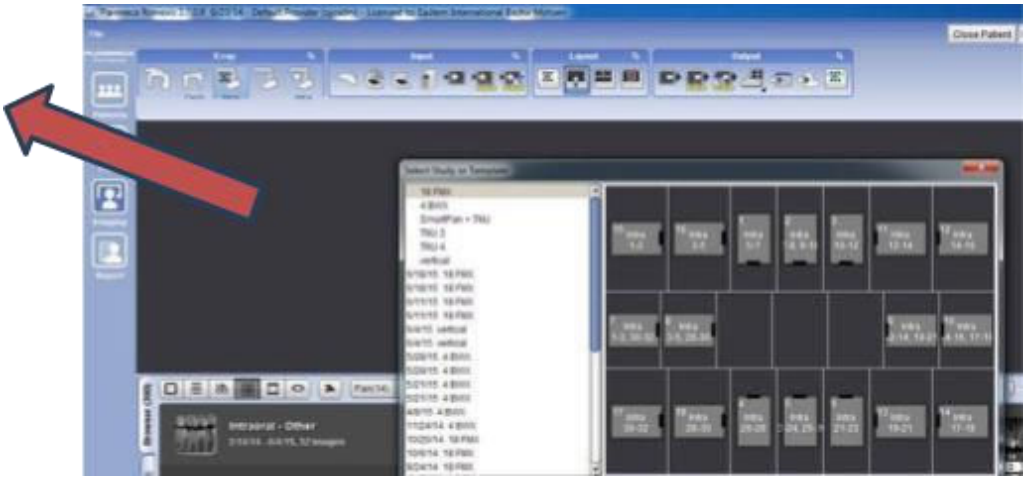
6. Double click on correct patient.



7. Click on Imaging (left side)



8. Click on X-Ray upper left then “intra.” Chose correct template.



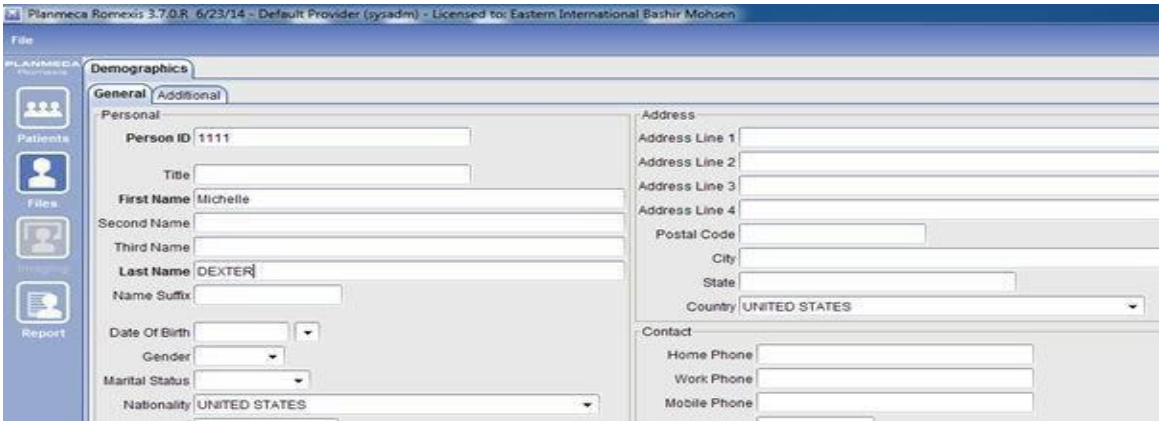
9. Students will plug in the appropriate **intraoral Sensor**.

10. Images are in numerical order. Be sure that the image to be taken is highlighted in blue, and the sensor's blinking blue light turns solid green. Make sure to follow the order.

Preparation for Panoramic Exposure:

1. Turn on panoramic-left side machine green button
2. Click ROMEXIS on desktop
3. Create new patient or chose existing patient

4. Click on imaging



5. Chose Pan Exp upper left under "X-ray"

6. Set patient up in panoramic machine according to technique evaluation
    a. Set up rollerball on left side of machine. Position laser for Frankfort plane (external auditory meatus to floor of orbit of an eye)
    b. Set up rollerball on rt underside of machine. Position laser for area over canine.

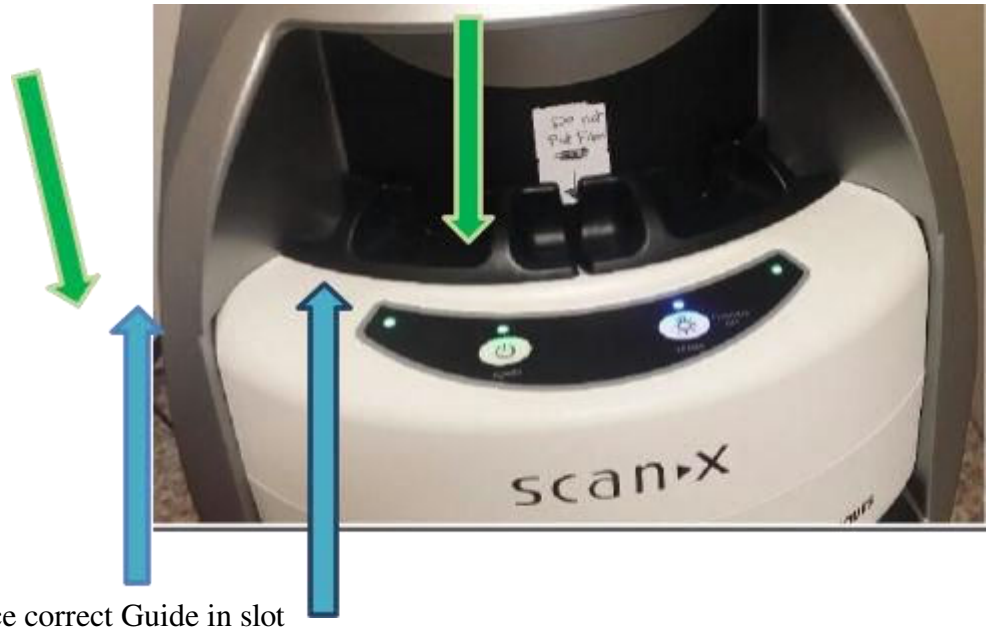
7. On control monitor on panoramic machine, pick correct patient size
8. Press “Ready” (panoramic machine will reset, and temporal support will close, then computer screen will say “waiting for exposure.”
9. Exposure Button (outside the room) turns from blinking green to solid green.
10. Ensure area is clear, stand OUTSIDE of room <u>HOLDING THE BUTTON DOWN THE ENTIRE TIME UNTIL BEEPING STOPS.</u>

<u>Preparation for Phosphorous Plates Exposure:</u>

1. Place phosphorous plates in barrier

2. Expose receptor accordingly
3. Open packet and place in black “transfer box” blue side down
4. Carry “transfer box” with plates to X-ray room 1 and turn on Scan-x
5. Click on Romexis, chose correct patient
6. Click on Imaging
7. Click on Scan-X

8. SOLID Green light on right and left ONLY indicates “ready to scan” DO NOT place phosphorous plate in middle slot



9. Place correct Guide in slot
10. Hold receptor from side. Care is taken to NOT scratch the BLUE area of the plate
11. Blue side toward machine, GENTLY push the plate down
12. Light will be orange while processing a receptor, do not place another receptor until light is green.
13. When image comes up, click OK, let all images complete scanning. Close Scan-X box.
14. Re-open Scan-X and remaining images will appear
15. Must mount the receptors in correct template
16. Click on New study and double click on image and place it in correct slot

Eastern International College

Instructor: _____

Student: _____

	Radiographs	Grade	Date
FMX (sensor) Patient Name/DXTRR:			
Pedo BWX (Ph-Tabs) Patient Name/DXTRR:			
Horizontal BWX (XCP) sensor Patient Name/DXTRR:			
Extraoral Radiographs/Panorex Receptor Patient Name: DXTRR			

	Grade	Date
Nomad Pro 2/ written exam.		
XCP Assembly Quiz		
Mounting Exercise Quiz		
Panoramic Landmark Interpretation Quiz		

Eastern International College

PERFORMANCE AND GENERAL DIAGNOSTIC CRITERIA FOR INTRAORAL RADIOGRAPHS

1. Dental radiographs must show images with optimum density contrast, definition, and detail.
2. Dental radiographs must show images with the least amount of distortion possible; radiographic images must be of the same shape and size as the object being radiographed.
3. The CMRS must include radiographs that show all tooth-bearing areas, including dentulous and edentulous regions.
4. Periapical radiographs must show the entire crowns and roots of the teeth being examined, as well as 2 to 3 mm beyond the root apices. Occlusal plane should be straight or slightly curved upward.
5. Bitewing radiographs must show open contacts, or interproximal tooth surfaces that are *not overlapped*.

Maxillary and Mandibular Periapical Projections

Central	The central/central interproximal space is centered on the receptor. Receptor demonstrates the central incisors, lateral incisors, incisive foramen and nasal fossa. Interproximal spaces are open with emphasis between the central incisors.
Lateral/Canine	The lateral/canine interproximal space is centered on the receptor. Receptor demonstrates the entire lateral and canine, the distal portion of the central incisor, and the mesial portion of the premolar. Interproximal spaces are open with emphasis between the lateral and canine (the canine and the premolar will appear overlapped; this is a result of the transition to a multiple row of cusps and the normal curvature of the arch).
Premolar	Receptor demonstrates no less than the distal portion of the canine; the entire first premolar, second premolar, the first molar and the mesial of the second molar. Interproximal spaces are open with emphasis on the canine/first premolar and the first premolar/second premolar areas.
Molar	Receptor demonstrates the entire first molar, second molar, and third molar or most distal tooth present. Interproximal spaces are open with emphasis between the first and second molar

Interproximal (Bitewing) Examinations

All bitewing projections should demonstrate the following:

- Occlusal plane should be straight or slightly curved upward toward the distal
- Equal distribution of maxillary and mandibular crowns and alveolar crests
- Overlap that extends into the enamel will be considered as an error
- Overlap that extends into the DEJ will be rendered non-diagnostic

Note: due to the difference in tooth morphology (maxillary molars are rhomboid and mandibular molars are trapezoid) and arch form, it may be difficult to open maxillary and mandibular contacts simultaneously; if this is the case, favor opening the maxillary molar contacts.

Horizontal and Vertical Bitewing Projections

Horizontal Premolar	Receptor demonstrates no less than the distal portions of the canine crowns, all of the first premolar, second premolar and first molar crowns and the mesial of the second molar crowns. Interproximal spaces are open with emphasis on the maxillary canine/first premolar and the first premolar/second premolar. Open contacts are required for accurate caries and crestal bone assessment.
Horizontal Molar	Receptor demonstrates all the first molar, second molar and third molar crowns or the crowns of the most distal tooth present. Interproximal spaces are open with emphasis between the maxillary first molar and second molar. Open contacts are required for accurate caries and crestal bone assessment.
Vertical Premolar	Receptor demonstrates no less than the distal portions of the canine crowns, all of the first premolar, second premolar and first molar crowns and the mesial of the second molar crowns. Interproximal spaces are open with emphasis on the maxillary canine/first premolar and first premolar/second premolar.
Vertical first Molar	Receptor demonstrates the distal of the second premolar and entire first molar mesial of second molar Open contact are required for accurate caries and crestal bone assessment. Receptor should include 5mm of crestal bone distal to the most distal tooth.
Vertical third Molar	Receptor demonstrates most distal of the last molar present. Interproximal spaces are open with emphasis between the second and third molar.

Eastern International College

Anatomical Land mark Exercise

Student Name: **Series:**

Date:

Maxillary Landmarks

	Right Molar	Right PreMolar	Right Canine	Central	Left Canine	Left PreMolar	Left Molar
Median Palatine suture							
Nasal fossa							
Nasal septum							
Anterior nasal spine							
Nasal conche							
Incisive foramen							
Lateral fossa							
Floor or the nasal cavity							
Maxillary sinus							
Inverted Y							
Septum of the sinus							
Zygomatic process							
Body of the zygoma							
Hard palate							
Hamular process							
Coronoid process							
Maxillary tuberosity							
Soft tissue of the nose							
Lip line							
Nasolabial fold							

Mandibular Landmarks

	Right molar	Right premolar	Right canine	central	Left canine	Left premolar	Left molar
Lingual foramen							
Genial tubercles							
Mental ridge							
Mental foramen							
Mental fossa							
External oblique ridge							
Internal oblique ridge							
Mandibular canal							
Submandibular gland fossa							
Ramus							
Inferior border of the mandible							
Nutrient canals							

Completed Date: ----------

Dentist: ----------

Eastern International College

Anatomical Land mark Exercise

Student Name: **Series:**

Date:

Maxillary Landmarks

	Right Molar	Right PreMolar	Right Canine	Central	Left Canine	Left PreMolar	Left Molar
Median Palatine suture							
Nasal fossa							
Nasal septum							
Anterior nasal spine							
Nasal conche							
Incisive foramen							
Lateral fossa							
Floor or the nasal cavity							
Maxillary sinus							
Inverted Y							
Septum of the sinus							
Zygomatic process							
Body of the zygoma							
Hard palate							
Hamular process							
Coronoid process							
Maxillary tuberosity							
Soft tissue of the nose							
Lip line							
Nasolabial fold							

Mandibular Landmarks

	Right molar	Right premolar	Right canine	central	Left canine	Left premolar	Left molar
Lingual foramen							
Genial tubercles							
Mental ridge							
Mental foramen							
Mental fossa							
External oblique ridge							
Internal oblique ridge							
Mandibular canal							
Submandibular gland fossa							
Ramus							
Inferior border of the mandible							
Nutrient canals							

Completed Date:----------

Eastern International College

Technique Evaluation (Horizontal BWX)

STUDENT NAME:_____**DATE:**_____

INSTRUCTOR:_____ **PASS/REPEAT**

Process	**1st**	**2nd**	**3rd**
1. Treatment area is prepared			
2. Brief explanation given to patient about procedure			
3. Lead apron placed on patient			
4. Looks in patient mouth before proceeding (removes dentures)			
5. Selects correct size receptor			
6. XCP assembled correctly			
7. Exposure time is correct			
8. Appropriate instructions given to patient about assisting with receptor placement			
9. Place sensor correctly for chosen technique			
10. Tube placement and angulation is correct			
11. Radiographs are exposed in an orderly and timely manner			
Total /11	**Percentage Score**	_____%	

Eastern International College

Technique Evaluation (FWX)

STUDENT NAME: _____ **DATE:** _____

INSTRUCTOR: _____ **PASS/REPEAT**

Process	**1st**	**2nd**	**3rd**
1. Treatment area is prepared			
2. Brief explanation given to patient about procedure			
3. Lead apron placed on patient			
4. Looks in patient mouth before proceeding (removes dentures)			
5. Selects correct size receptor			
6. XCP assembled correctly			
7. Exposure time is correct			
8. Appropriate instructions given to patient about assisting with receptor placement			
9. Place sensor correctly for chosen technique			
10. Tube placement and angulation is correct			
11. Radiographs are exposed in an orderly and timely manner			
Total /11	**Percentage Score**	_____%	

Eastern International College

PANORAMIC TECHNIQUE EVALUATION Name:_____Date:			
Process	**1st**	**2nd**	**3rd**
1. Turn unit on, place barriers on machine.			
2. Instruct patient to remove any radiodense objects from the head and neck area.			
3. Place correct lead apron on patient.			
4. Select standard pan.			
5. Guide patient to unit.			
6. Adjust chin rest to height of patient's chin.			
7. Ask patient to step forward and grasp the patient handles, stretch up and bite the bite guide. (The incisal edges of the upper and lower teeth must be in the groove of the bite guide.)			
8. Turn on the position lights and guide the patient's head so that it marks the mid-sagittal planes.			
9. Set the patient's Frankfort planes to co-inside with the positioning light.			
10. Make sure the back and neck of the patient are straight so that the shoulders are leveled, and the neck is relaxed.			
11. Move the layer light using the thumb wheel so that it falls between upper lateral incisor and canine.			
12. Ask patient to close lips, swallow and place the tongue flat at the roof of the mouth, breathe normally and stand still.			
13. Press "Ready" button to close temporal support ready machine.			
14. Press and hold button until the end of the exposure.			
Total ----------/14 = %			

Eastern International College

Technique Evaluation: NOMAD PRO 2 **PASS / REPEAT**

Process: Student: _____Date: _____Instructor: _____	**1st**	**2nd**	**3rd**
1. Demonstrate correct way to hold the Nomad Pro 2 for exposure.			
2. Connect Handset onto Nomad Pro2.			
3. Power on Nomad Pro 2.			
4. Demonstrate how to Lock & Unlock the Xray.			
5. Using the interface panel, set the exposure time for an adult bitewing using a sensor.			
6. Set the exposure or a child anterior using phosphate plates.			
7. Ready the Nomad Pro 2			
8. With Locked X-ray Fire Nomad Pro 2 for exposure.			
9. Power Down Nomad Pro 2.			
10. Charge handset on Charging Cradle.			
11. Demonstrate how to store in between exposures and overnight.			
Total ----------/11 = ----------%			

Eastern International College

Pregnancy Policy

I am aware of the potential hazards of ionizing radiation during pregnancy. I have discussed these hazards with my physician, who has advised me that I may participate in my required x-ray courses so I may complete necessary requirements in order to graduate from the EIC dental hygiene program.

I further understand that in order to complete my course, I must partake of every safety precaution available to me. Those safety precautions include but are not limited to the wearing of a lead-lined apron while taking x-rays and removing myself from the x-ray room at the time the x-ray is in operation. Placing a dosimetry badge by my abdomen in addition to whole body dosimetry badge assigned to me at the beginning of the semester. Further, I agree not to enter any x-ray room while x-rays are in progress.

During my pregnancy, I am aware that I must purchase the dosimetry badge for that will be worn by my abdomen and that the cost is $100 each new semester. If I lose the badge it will cost $100.

I agree to release EIC and all supervisory staff and personnel from any and all liability for any known and unknown injuries to myself and unborn child now and in the future.

Signature(Student)_____Date_____

Signature(Faculty) _____Date_____

Signature(Program Chairperson) _____Date_____

Eastern International College

PPE Safety Guideline Disclosure Form

It is the policy of Eastern International College to maintain a safe and healthy environment for our students. Personal protective equipment (PPE) is a necessary part of clinic/laboratory safety. Proper personal protective equipment (PPE) is required according to the DH Clinic/Lab Safety Guidelines. Appropriate PPE must be worn at all time while in clinic/ lab. Students not properly attired for clinic/ laboratory activities will be forbidden from participating in clinic/lab sessions and will be marked absent for that session. Further disciplinary actions may be taken if student will not adhere to DH clinic/lab safety guidelines.

I, _____acknowledge that I have read and understood "PPE Safety Disclosure Form", and that I will adhere to these guidelines.

Student Name: _____

Student Signature: _____

Date: _____

Eastern International College

Radiographs Rubric

Patients Management Considerations.	Points OFF	REASONING	Self- evaluation
Explain the procedure to patient.	½ point	Explain and comfort patient while taking x-rays.	
Lead Apron placement.	X	Always place lead apron. Cover the thyroid.	
Examine Patient's Mouth before placing the sensor.	½ point	Check for oral anatomical deviations. Missing teeth. Presence of partials.	
Assemble the XCP and place sensor properly.	½ point	Proper XCP assembly is vital to take proper x-rays.	

Indicate (√) anatomical landmarks that made your x-rays challenging and how would you manage the patient. Please be specific.

Maxillary tori presence				
Mandibular tori presence				
Gag reflex				
High and shallow palatal volt.				

Eastern International College

SECTION V
EXPOSURE CONTROL PLAN
HAZARD COMMUNICATION PLAN

EXPOSURE CONTROL PLAN
Eastern International College

Introduction
Infectious diseases result from the presence of pathogenic organisms. Disease occurs when a microorganism invades the body and causes tissue damage. Infectious diseases can become contagious and are readily transmitted from one person to another. Some infectious diseases reach epidemic levels and affect large segments of a community. It is the responsibility of all DHCP (Dental Health Care Professionals) to implement the following established infection control guidelines and protocol. Where infection control is concerned, shortcuts are not allowed as they can compromise the health, safety and well-being of all.

This facility will ALWAYS follow STANDARD PRECAUTIONS, which means that all patients will be treated as though **THEY ARE CARRIERS OF AN INCURABLE INFECTIOUS DISEASE**. All medical histories must be signed and dated by the patient parent/legal guardian at the initial appointment and must be updated at each succeeding appointment. Since not all infected patients are aware of their disease status, being asymptomatic cannot be considered the same as being disease free. Despite our best efforts to obtain a thorough medical history, they may be inaccurate.

OSHA's Bloodborne Pathogens Standard requires employers to develop a written exposure control plan. The exposure control plan must be:
- Specific for the individual workplace
- Reviewed and updated at least annually
- Made accessible to all personnel
- Made available to OSHA upon request
- Complete and comprehensive, containing:

-Exposure determination,
-Schedule and methods for implementing each section of the standard
-Procedure for evaluating circumstances surrounding exposure incidents

General Policy
Eastern International College's exposure control program will emphasize programmatic safety. It contains an itemized list of policies and applies to and covers all work operations and other aspects of this department where one may be exposed to blood or other potentially infectious materials (OPIM) under normal working conditions.

Eastern International College (EIC) is committed to providing a safe and healthful workplace for all employees through compliance with applicable OSHA standards. This written exposure control plan has been developed in accordance with OSHA's Bloodborne Pathogens Standard.
The standard is designed to protect Dental Health Care Professionals (DHCP) from occupational exposure to HIV, HBV and other bloodborne pathogens such as but not limited to mycobacterium tuberculosis, staphylococci, cytomegalovirus, herpes simplex virus types I and II, viruses that infect the upper respiratory tract and sexually transmitted diseases. The exposure control plan is accessible and will be reviewed at least annually and updated as often as changes in positions, tasks or procedures require.
This manual is maintained by the clinical coordinator and is kept in the dental hygiene clinic. It is

available for review by any interested employees, students, patients, or other interested parties. The purpose of this plan is to prevent employee injuries and disease exposure through education and immunization, and to assure appropriate treatment by monitoring injuries and exposures should they occur.

Objectives

1. Reduce the number of pathogenic microbes
2. Break the cycle of infection and eliminate cross-contamination
3. Treat every patient or instrument as though contaminated with pathogenic organisms
4. Protect patients and personnel from infection and its consequences and protect all dental personnel from the threat of malpractice.

Exposure Determination

The standard requires that an exposure determination be prepared. This section must include the following:

- A list of job classifications in which all personnel in the job classification have occupational exposure. (Category I)
- A list of job classifications in which some personnel in the job classification have occupational exposure. (Category II)
- A list of job classifications in which no personnel in the job classification have occupational exposure. (Category III)

The following exposure determination has been prepared for EIC:

ALL PERSONNEL LISTED BELOW HAVE OCCUPATIONAL EXPOSURE IN CATEGORY I:
JOB CLASSIFICATION NAME (OPTIONAL)

- Clinical assistants
- Clinical instructors and supervisors
- Dentists
- Dental hygiene students
- Radiology instructors
- Dental Materials, Dental Specialties and other laboratory course instructors and supervisors

PERSONNEL LISTED BELOW HAVE SOME OCCUPATIONAL EXPOSURE IN CATEGORY II:
JOB CLASSIFICATION NAME (OPTIONAL)

- Custodial Staff
- Clerical Staff

PERSONNEL LISTED BELOW HAVE SOME OCCUPATIONAL EXPOSURE IN CATEGORY III:
JOB CLASSIFICATION NAME (OPTIONAL)

Personnel having no contact with clinical environment

SCHEDULE AND METHODS OF IMPLEMENTATION

The exposure control plan must include the schedule and methods for implementing each section of

the standard. The information that follows complies with this requirement.

Dates – This facility will implement all sections of the Bloodborne Pathogens Standard by the dates shown below.

PROVISIONS IMPLEMENTED BY (Before start of DH program)

Standard Precaution _____

Exposure Control Plan _____

Information and Training _____

Recordkeeping _____

Engineering/Work Practice Controls _____

Personal Protective Equipment _____

Housekeeping _____

HBV Vaccination/ Post Exposure Follow-up _____

Labels and Signs _____

STANDARD PRECAUTIONS IS ONE OF THE MOST IMPORTANT MEASURES FOR PREVENTING TRANSMISSION OF BLOODBORNE PATHOGENS. THIS FACILITY USES STANDARD PRECAUTIONS AND ALL PERSONNEL ARE TRAINED TO UNDERSTAND THIS CONCEPT.

Standard precautions is the concept that all human blood and certain human body fluids are treated as known to be infectious for HIV, HBV, and other bloodborne pathogens. This term refers to a set of precautions designed to prevent transmission of HIV, HBV and other bloodborne pathogens in health care settings. Blood and saliva of all patients are considered potentially infectious. Applied standard precautions means that the same infection control procedures for any given dental procedure must be used for all patients. Therefore standard precautions are procedure specific and not patient specific.

ENGINEERING CONTROLS ARE DESIGNED TO REMOVE A HAZARD FROM THE WORKPLACE. (SHARPS CONTAINERS, RUBBER DAMS, HVE)
Engineering controls must be examined routinely and maintained or replaced as needed to ensure their effectiveness. In this facility engineering controls are inspected and maintained or replaced as follows:

Engineering Control	Inspection/Maintenance Schedule	Responsible Party
Sharps containers	with each use	all clinical instructors
Rubber Dam	with each use	all clinical instructors
High Volume Evacuation System	with each use	all clinical instructors
Needle re-capping devices	with each use	all clinical instructors
Lead aprons	with each use	all clinical instructors
Amalgam capsules	with each use	all clinical instructors
Ultra-violet light shields	with each use	all clinical instructors

PRACTICE CONTROLS REDUCE THE LIKELIHOOD OF EXPOSURE BY CHANGING THE WAY A TASK IS PERFORMED.

Handwashing

Facilities are readily accessible in the following locations:
- There are a total of eleven sinks in the clinic.
- Radiography area has one sink readily available.
- Lab area has two sinks on the wall adjacent to the sterilization area
- Sterilization area has two sinks.

Must be performed (when)
- Before and after gloving
- Immediately upon contamination
- At the beginning and end of each day, and before leaving the area

Must be performed by (how)
Warm water, liquid antimicrobial soap; rinse, lather for 30 seconds: rinse, repeat.
final rinse with cool water; thoroughly dry with paper towels; work from finger tips, in between fingers, palms, back of hands, toward the wrists. This procedure is demonstrated to students during DH -100 and is detailed in the required textbook.

Handling Needles and other Sharps
Contaminated sharps must not be bent, recapped, or removed.
Recapping/removal is permitted for the procedures listed below because there is no feasible alternative or recapping/removal is required by the specific dental procedure.

When recapping /removal is permitted, a mechanical device or one-handed technique must be used.
Contaminated sharps mean any contaminated object that can penetrate the skin including, but not limited to, needles, broken carpules, exposed dental wires, and matrix bands. In this facility, recapping/removal of contaminated sharps in only permitted for the following procedures using the mechanical device or one-handed technique.

PROCEDURE DEVICE/TECHNIQUE

Multiple injections of anesthesia, recapping device or one-handed scoop.
Shearing or breaking of contaminated sharps is never permitted.
Contaminated reusable sharps (sharp instruments) must be placed in appropriate containers until they can be processed immediately or as soon as possible after use. Containers provided for this purpose are puncture resistant, marked with the biohazard label or color-coded red, leak proof on the sides and bottom and handled in a manner that does not require personnel to reach by hand into the containers.

Ultrasonic cleaning units are used as holding solutions for contaminated instruments. Instruments are contained within cassettes. The basket is always used to remove instruments from the unit. Hands are never used to remove contaminated instruments from the ultrasonic cleaning unit. Instruments that still have visible bio burden will be ultrasonically cleaned again.

The contents of the basket are carefully rinsed, drained and then emptied onto a paper towel on the countertop, by turning the basket onto its side.

Label everything necessary for this procedure as a biohazard.

Office personnel, regardless of exposure category never empty sharps containers.

Eating and Drinking

Eating, drinking, smoking, chewing gum or smokeless tobacco, applying cosmetics or lip balm, and handling contact lenses is prohibited in the following work areas where there is a reasonable likelihood of occupational exposure:

The above-named activities are banned from the classroom, treatment areas, lab areas, sterilization area, or in other words, anywhere within the Dental Hygiene Clinic.
Food and drink may not be stored in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or other potentially infectious materials are present.

Techniques to minimize splashing and spraying

Procedures involving blood or other potentially infectious materials are performed in a manner to minimize splashing, spraying, spattering, and generating droplets of these substances, which may then become airborne or aerosolized. Methods that may be used to accomplish this goal include:

- Scrubbing instruments under water in the appropriate enclosed cabinet of the sterilization area while wearing utility gloves, mask, and goggles.
- Proper patient positioning to minimize splatter.
- Utilizing HVE to minimize aerosolization.
- Rubber dam to isolate the operative field and minimize potential pathogenic load.
- Flushing water lines into HVE to minimize, splashing, splattering and spattering.

Specimens
Check the one that applies:

_**X**_____No specimens of blood or other potentially infectious materials are handled at this facility.

_____Specimens of blood or other potentially infectious materials are handled in this facility as follows:

- Specimens are placed in a container that prevents leakage during collection, handling, processing, storage, transport or shipping.

- Containers provided for this purpose are marked with the biohazard label or color coded red and are closed before they are stored, transported, or shipped.

- If outside contamination of the primary container occurs, it must be placed inside a secondary container that prevents leakage. Any specimen that could puncture the primary container must be placed in a secondary container that is puncture resistant. The secondary container must also be marked with the biohazard label or color-coded red.

Contaminated Equipment
Equipment that becomes contaminated with blood or other potentially infectious materials must be examined before servicing or shipping and decontaminated as necessary unless decontamination is not feasible.
Equipment that cannot be completely decontaminated before servicing or shipping must be marked with a biohazard label that states which parts are still contaminated. This information must be conveyed to all personnel, service people, and others who handle the contaminated equipment.

Personal Protective Equipment (PPE)
PPE is defined as specialized clothing or equipment worn by personnel to protect against a hazard. General work clothes that are not intended to function as protection against a hazard are not regarded as PPE.

Employees *must* use appropriate PPE whenever there is risk of occupational exposure. This is an OSHA requirement.

The only exception is in rare and extraordinary circumstances where, in the employee's judgment, use of PPE would

- Expose personnel to greater hazard
- Prevent personnel from delivering patient care

(Generally, this exception would only apply in cases of extreme emergency. When this judgment is made the circumstances will be investigated and documented to determine whether changes can be made to prevent such occurrences in the future.)

Gloves
Gloves must be worn whenever hand contact with blood or OPIM, mucous membranes, or non-intact skin can reasonably be anticipated. Gloves must also be worn when touching contaminated items or surfaces.

Disposable (single use) gloves, such as surgical or examination gloves must be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn or punctured or their ability to function as a barrier is compromised.

DISPOSABLE GLOVES SHOULD *NEVER* BE REUSED!
Utility gloves may be decontaminated for reuse as long as the integrity of the gloves is not compromised. However, they must be discarded if they become cracked or torn or show any other signs that their ability to function as a barrier is compromised.

Masks, protective eyewear, and face shields
Masks in combination with protective eyewear (such as goggles or glasses with solid side shields) must be worn whenever splashes, spray, spatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can reasonably be anticipated. A chin-length face shield may be worn in place of eyewear, but masks are still required.

Gowns and other protective clothing
Gowns, lab coats, clinic jackets or other forms of protective clothing must be worn whenever personnel's skin, street clothing or underwear is subject to occupational exposure. The fabric and style selected depend on the task and degree of exposure anticipated. OSHA considers the standard cotton, cotton/poly clinic jacket or lab coat to be appropriate for most routine dental procedures. An ordinary shirt or blouse may also be appropriate, depending on the task and degree of exposure anticipated. Additional personal protective clothing such as surgical caps or boots may be required when gross contamination can reasonably be anticipated.

In Eastern International College's facility, personnel must use the PPE indicated when performing the following tasks and procedures:

Task/Procedure-Type of PPE Required
- Routine patient care/clinical treatment masks, gloves, goggles, disposable over-gowns
- Housekeeping duties masks, gloves, goggles, disposable over-gowns
- Preparing solutions (radiographic) masks, gloves, goggles, disposable over-gowns
- Preparing solutions (infection control) masks, gloves, goggles, disposable over-gowns
- Laboratory procedures (all)masks, gloves, goggles, disposable over-gowns
- Waste disposal masks, gloves, goggles, disposable over-gowns

Personnel should contact clinical assistant or program director if additional PPE is required by unusual circumstances involving large quantities of blood or OPIM.

Accessibility
PPE in appropriate sizes is made readily available in the following locations:

- **GLOVES:** Students will be provided with gloves. Faculty will be provided with gloves. Fresh gloves are used for every patient and are changed as soon as their integrity as a barrier is compromised. Hand washing must be performed before and after gloving. Gloves cannot be worn outside of the treatment area and must be removed and changed if it becomes necessary to leave the area for any reason.

- **MASKS:** Students will be provided with masks. Faculty will be provided with masks. A fresh mask is used for every patient and is changed as soon as its integrity as a barrier is compromised. Masks cannot be worn outside of the treatment area and must be removed if it becomes necessary to leave the area for any reason. Masks are not to be worn around the chin or dangling from an ear!
- **GOGGLES:** Students will be provided goggles, which will be stored in their lockers when not in use and in their cubicle, or lab station during clinical activities. Faculty will be provided with goggles, which will be stored in the sterilization area. Goggles must be disinfected after each use and discarded and replaced if their integrity is compromised, i.e., cracked, broken, or so scratched that the ability to view the operative field clearly is called into question.
- **GOWNS:** Students will be provided disposable over-gowns, which will be discarded at the end of clinic session. Faculty will be provided with gowns, which will be stored in the sterilization area and in the faculty wardrobe. Gowns will be discarded and disposed of appropriately prior to leaving the clinical area. A single gown may be utilized for the day if it does not become visibly soiled, wet, damaged, ripped or in any other way compromised in the performance of its function as a barrier. Gowns must be changed as soon as they are compromised.
- Hypoallergenic gloves, nitrile gloves, glove liners, powder less gloves or other similar alternatives will be made readily available to all those who are allergic to the gloves normally provided.

Cleaning, disposal, repair, and replacement

- PPE must be removed immediately or as soon as feasible after blood or OPIM penetrates it.
- All PPE must be removed before leaving the work area.
- After PPE is removed, it must be placed in the designated area or container for storage, washing, decontamination, or disposal.
- PPE will be cleaned, laundered repaired, replaced, and disposed of at no cost to employees.

TYPE OF PPE	DISPOSAL	LOCATION
Masks	non-regulated waste containers	under sinks
Gloves	non-regulated waste containers	under sinks
Gowns	non-regulated waste containers	under sinks

Housekeeping

The following work rules apply at this facility to housekeeping tasks:

- All equipment and environmental work surfaces must be cleaned and decontaminated after contact with blood or OPIM.
- Contaminated work surfaces must be decontaminated with an appropriate disinfectant after completion of procedures, immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or OPIM, and at the end of the workday if the surface may have become contaminated since the last cleaning.
- If they are used, protective coverings such as plastic wrap, aluminum foil, or impervious

backed absorbent paper must be removed and replaced whenever they become overtly contaminated and at the end of the workday.

- All bins, pails, cans and similar receptacles intended for reuse that have a reasonable likelihood for becoming contaminated with blood or OPIM must be inspected and
decontaminated on a regular basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
- Spills of blood or OPIM must be wiped up immediately or as soon as feasible and the area decontaminated using an appropriate disinfectant.
- Disinfectants used at this facility are chemical germicides that are approved for use as hospital disinfectants and are tuberculocidal when used at recommended dilutions.
- All persons ***must*** wear utility gloves when cleaning contaminated equipment and surfaces.
- Employees must use mechanical means to pick up broken glassware that may be contaminated. Broken contaminated glassware may never be picked up by hand, even if gloves are used. (Use brush, dustpan, broom or forceps.) OSHA cleaning supplies are available from the sterilization room.

THIS FACILITY IS CLEANED AND DECONTAMINATED ACCORDING TO THE FOLLOWING HOUSEKEEPING SCHEDULE:

AREA/RECEPTACLE SCHEDULE METHOD
Treatment area- before, between and after patients S-W-S* (wipe-wipe) with disinfectant
Laboratory area daily- before and after use S-W-S. (wipe-wipe) with disinfectant
Darkroom daily- before and after use S-W-S (wipe-wipe) with disinfectant
Garbage bin- daily, before and after use
impervious barriers are used, but when compromised- S-W-S (wipe-wipe) with disinfectant
Transport Bins daily- before and after use S-W-S (wipe-wipe) with disinfectant
Utility gloves- after each use S-W-S (wipe- wipe)with disinfectant
Sterilization area daily- before and after use S-W-S (wipe-wipe) with disinfectant
***S-W-S = (Spray-Wipe-Spray or double wipe technique)**
REGULATED WASTE
The standard defines **regulated waste** as:

- Liquid or semi-liquid blood or OPIM
- Contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed
- Items that are caked with dried blood or OPIM and are capable of releasing these materials. during handling
- Contaminated sharps
- Pathological and microbiological wastes containing blood or OPIM

CONTAMINATED DISPOSABLE SHARPS

Immediately or as soon as feasible after use, contaminated sharps must be disposed of in sharps containers. Containers provided for this purpose are closable, puncture resistant, leak proof on sides and bottom and marked with the biohazard label or color-coded red. Sharps containers are located as close as feasible to the immediate area of use, which in this facility is on or near units/lab and in the sterilization area.

Containers for contaminated sharps must be kept upright while in use. They must be replaced routinely and must not be overfilled.

Containers of contaminated sharps must be closed before they are moved to prevent spills. If leakage is possible, the first container must be placed in a second container with the same characteristics as the first. Reusable sharps containers may not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of injury.

OTHER REGULATED WASTE

Other regulated waste must be placed in containers that are:

- Closeable
- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping
- Marked with the biohazard label or color-coded red
- Closed before removal to prevent the contents from spilling or protruding from the container during handling, storage, transport, or shipping. If outside contamination of the regulated waste container occurs, the container must be placed in a second container with the same characteristics as the first.
- Containers for other regulated waste in this facility are located in the sterilization area and in the darkroom.

Immunizations Hepatitis B
Vaccination

All clinical employees in the dental hygiene department must have the hepatitis vaccination series unless:

- The employee previously received the complete vaccination series
- Testing reveals the employee is already immune
- The vaccine is contraindicated for medical reasons
- The employee chooses not to be vaccinated

No employee will be required to participate in a pre-screening program as a condition of receiving hepatitis B vaccination. An employee is entitled to refuse vaccination, but the employee ***must*** sign a form declining vaccination using the exact language of the Bloodborne Pathogens Standard. This is an OSHA requirement. An employee who initially declines to be vaccinated may elect to be vaccinated later at no cost to the employee.

The first dose of vaccine will be administered within 10 working days of the employee's assignment to a job involving occupational exposure. Before the vaccine is made available, the employee will receive training about the efficacy, safety, method of administration and benefits of vaccination. The employee will also be told that vaccination is provided free of charge.

The licensed healthcare professional selected to administer the vaccine will be provided with a copy of the Bloodborne Pathogens Standard. The employer will obtain from the healthcare professional within 15 days after the evaluation is completed a written opinion stating:

- Whether hepatitis B vaccination was indicated for the employee
- Whether the vaccine was administered

The employee will be given a copy of the opinion and the original will be kept in the employee's confidential medical record.

Employers are not currently required to make available routine booster doses of hepatitis B vaccine or routine post-vaccination testing. If in the future, the U. S. Public Health Service recommends these services, the employer will provide them at no cost to employees.

Student Protocol

New Jersey State Law N.J.A.C. 9:2-14 requires that all New Jersey colleges and universities maintain records of students' immunization against measles, mumps and rubella. All new full-time students who are enrolling for 12 or more credits are affected by this regulation and will be required to present documented proof of measles immunity or receipt of two doses of a measles containing vaccine.

The American Dental Association strongly advises that those at risk to exposure be encouraged to be immunized against infectious disease, including Hepatitis B, prior to contact with patients and or potentially infectious objects or materials, to minimize risk of infection to patients DHCP. The Dental Hygiene Program at Eastern International College strongly suggests that all students complete at least two of the three inoculations for Hepatitis B prior to starting the program. Those who are unable to be immunized due to religious or medical reasons ***must*** sign a Hepatitis B immunization declination. Cost of the immunizations, both required and suggested are the sole responsibility of the student.

Post-exposure Evaluation and Follow-up

The standard defines an **exposure incident** as a specific eye, mouth, other mucous membrane, non-intact skin or contact with blood or OPIM that results from performance of an employee's duties.

Any employee/student who suffers an exposure incident must ***immediately*** report the incident to their immediate clinical supervisor who will determine the appropriate action. Any specific eye, mouth, or other mucous membrane, non-intact skin or contact with blood or OPIM is considered an exposure incident and should be thoroughly cleansed as soon as feasible following the exposure. All such incidents will be reported in writing to the Program Director.

Steps for handling an exposure include:

- Wash the exposed area immediately with antimicrobial soap or disinfectant to minimize pathogenic load in the area.
- Contact the Dental Hygiene Program Director for medical follow-up and referral.
- Forms that need to be received and completed by the exposed person:
  - -Exposure incident report
  - -Documentation and Identification of source individual
  - -Request for source individual evaluation (if applicable)
  - -Waiver for testing after possible exposure (if applicable)
  - -Exposure follow-up record

Employees who experience an exposure incident will be offered post-exposure evaluation and follow-up at no cost to the employee, as follows:

- A report of the incident will be made documenting the route of exposure and circumstances in which the exposure occurred. The source patient will be identified, if possible. The report will note if the source patient is unknown or if it would be a violation of state or local law to disclose the source patient's identity.
- The Eastern International College Dental Hygiene Program will attempt to have source patient's blood tested as soon as feasible to determine HBV and HIV infectivity. It will be determined if the source patient's consent to testing is required by law.
  If consent is required and cannot be obtained, this fact will be documented in the incident report. If consent is not required and the source patient's blood is available, it will be tested. Testing is not required if the source patient is known to be infected.
- Results of the source patient's blood test will be made available to the exposed person, if the patient consents to disclosure or if the law permits disclosure without the patient's consent. The exposed person will be notified of any applicable law governing further disclosure of the test results.
- The exposed person's blood will be collected, with his or her consent for baseline testing. If consent is obtained to have blood collected but not tested, the blood will be kept for 90 days after the exposure incident to allow the exposed person to change his or her mind.

The exposed person will be offered any medically indicated prophylaxis recommended by the U. S. Public Health Service. Counseling and evaluation of any reported illnesses will also be provided.

The licensed healthcare professional who provides post-exposure evaluation and follow-up services will be given a copy of the Bloodborne Pathogens Standard, a description of the exposed person's relevant job duties, a copy of the incident report, the results of the source patient's blood testing (if available) and any relevant medical records in Eastern International College's possession.

Eastern International College will obtain from the healthcare professional, within 15 days after the evaluation is completed, a written opinion stating that the exposed person has been informed of the results of the evaluation and any medical conditions that may require further evaluation or treatment. The exposed person will be given a copy of the opinion, and the original will be kept in the exposed person's confidential medical record.

The circumstances of the exposure incident will be reviewed to determine if procedures, protocols, and/or training need to be revised to prevent a repeat of the incident.

Persons with Infectious Disease, Including EBOLA

Students or faculty who contract any communicable disease must notify the Program Director immediately. If the disease is identified as a reportable disease, according to NJAC Chapter 57:8:57, the physician/nurse practitioner will contact the Hudson County Department of Health's Communicable Disease Department in order to be in compliance with state law. These persons are to be excluded from classes, labs and clinical activities for the period that their condition may endanger the health of others. This may interrupt the course of study and depending on the length of absence, students may be required to take a medical leave or withdraw from the program. A physician's note will be required for the resumption of class, lab and clinical experiences. Because each case and surrounding circumstance is different, each will be evaluated on an individual basis. All entering students are required to have a physical examination to verify their health status. Acceptance is contingent upon a report confirming that a student can safely work on patients without transmitting disease.

Faculty who contracts any communicable disease must notify the Program Director immediately. If the disease is identified as a reportable disease, according to NJAC Chapter 57:8:57, the nurse will contact the Hudson County Department of Health, in order to be in compliance with state law. This may interrupt their work assignments, require that they not have patient contact until the condition resolves, abstain from conducting classes, labs and clinic until it is determined that the disease is no longer transmissible. A physician's note will be required for the resumption of class, lab and clinical experiences. Because each case and surrounding circumstance is different, each will be evaluated on an individual basis.

Patients who have any communicable disease may not be treated in clinic while their condition may be a danger to the student, clinical faculty or themselves. A Medical clearance will be required before the patient may be treated in the clinic. All medical records are kept strictly confidential

Special recommendations for student health centers:

- CDC recommendations for student health centers are the same as those for other US health care workers and settings.
- Student health center clinicians should refer to the CDC Ebola Virus Disease Information for Clinicians in US Healthcare Settings for more information on symptoms, exposure risks, and infection control measures.
- While Ebola poses little risk to the US general population, clinicians are advised to be alert for signs and symptoms of Ebola in patients who have a recent (within 21 days) travel history to countries where the outbreak is occurring or have had contact with a person
  infected with Ebola. In the event that a potential case is identified, clinicians should isolate the patient pending diagnostic testing.
- Although not a full list of precautions, student health center clinicians should be sure to follow these steps when caring for someone who is sick or may be sick with Ebola:

- Separate patient in a private room with its own bathroom.
- Use proper infection prevention and control measures; standard, contact, and droplet precautions are recommended if Ebola is suspected.
- Wear the right personal protective equipment (PPE) Adobe PDF file, including masks, gloves, gowns, face mask and eye protection, when entering the patient care area. Before leaving the patient area, carefully remove PPE and make sure not to contaminate your skin and clothing. Dispose of PPE as biohazard waste.
- After removing PPE, wash your hands using soap and water (preferred) or an alcohol-based hand sanitizer containing at least 60% alcohol. Use soap and water when hands are visibly dirty.
- Notify your local or state health department immediately if Ebola is suspected. The health department can provide additional guidance regarding medical evaluation or testing, if indicated.
- Follow protocols for cleaning and disinfecting reusable medical equipment and proper disposal of needles and other disposable equipment.

Non- Discrimination of Individuals with HIV/AIDS
There will be no mandatory testing for HIV infection. This policy may be reevaluated in light of new information relating to the transmission of HIV, or in the event of a change in federal and/or state laws, guidelines or recommendations.

Faculty/Staff/Students:
Individuals with AIDS or HIV infection who are otherwise qualified are considered to possess a disability under federal and New Jersey law and shall be ensured all benefits in compliance with the law. As long as an individual who is HIV infected is able to perform his or her job or educational activities without posing a risk to others, s/he will have the same treatment and privileges as all other faculty, staff, and students. Every reasonable accommodation will be made to assist individuals who want to continue in their education or career except where such accommodations impose undue hardship on the conduct of business, or are a threat to the health and safety of others.

Applicants to the Dental Hygiene Program:
An applicant's limitations due to HIV infection may be considered on a case-by-case basis, as with other illnesses or disabling conditions. Information about HIV status will not be used as a basis for denying an applicant full consideration in the admissions process. Evaluation for admission will be based on standard admission criteria, as well as whether the individual, with reasonable accommodation by the College, will be able to successfully complete the Dental Hygiene Program. Educational modifications should not compromise the integrity of the program.

Patients:
Patients with HIV infections are entitled to competent, compassionate, respectful and confidential dental hygiene services. Those who are HIV infected have the right to be free from discrimination based on fear or prejudice.

Eastern International College Dental Hygiene Program endorses the policy of the American Association of Dental Schools that no dental personnel may ethically refuse to treat a patient whose condition is within their realm of competence solely because the patient is at risk of contracting or has an infectious disease, such as human immunodeficiency virus infection, acquired immunodeficiency syndrome, hepatitis B infection, or other similar diseases. The denial of appropriate care to patients for any reason is unethical.

LABELS
In this facility potentially bio hazardous materials are color-coded red or identified with the following biohazard symbol and the "biohazard" in contrasting colors on a fluorescent orange or orange-red label:

MEDICAL RECORDS
- A confidential medical record is maintained for each employee/student with occupational exposure. The medical record includes:
- The employee's/student's name and social security number
- A copy of the employee's hepatitis B immunization status and any of the following that

apply:
-Exposure incident report
-Written opinion of health care professional
-Form refusing Hepatitis B vaccination
-Form refusing post-exposure evaluation and follow-up (not required by OSHA but highly recommended)

Medical records for personnel at this facility are maintained in the director's office. Medical records are kept confidential and will not be disclosed without consent or as required by law. Medical records are retained for the length of employment plus 30 years. To inspect their medical records or to obtain a copy, personnel should contact the Program Director. OSHA standards give personnel the right of access to their own medical and exposure records.

TRAINING

All personnel/students will be provided with training before they begin work/clinic involving occupational exposure. Thereafter, training will be provided at least annually and whenever changes in tasks or procedures require. Someone who is familiar with the standard as it relates to the dental office will provide training .

Training will cover:

- An explanation of the Bloodborne Pathogens Standard and where a copy of the standard is filed
- General information about the epidemiology and symptoms of bloodborne diseases
- Modes of transmission of bloodborne pathogens
- An explanation of this facility's exposure control plan and how to obtain a copy
- How to recognize tasks involving occupational exposure
- The use and limits of engineering controls, work practice controls and PPE
- Where PPE is located and how to use, remove, handle, decontaminate, and dispose of it
- How to select appropriate PPE
- The effectiveness, safety, benefits and method of administering Hepatitis B vaccine and that vaccination will be provided free of charge to employees
- What to do if there is an emergency spill of blood or OPIM
- What to do if an exposure incident occurs
- Post-exposure evaluation and follow-up that will be made available to employees in case of an exposure incident
- The system of labels and color-coding used at this facility to warn personnel of biohazards
- An opportunity for interactive questions and answers
- The facility will maintain a record of all training sessions. The training record will include:
- Date(s) of training
- Contents of training (summary or list of subjects)
- Name and qualifications of trainer
- Name and job title of each person attending

Training records for this facility are kept in the Program Director's office.
Training records are retained for 3 years following the training session. Personnel wishing to inspect or obtain a copy of training records should contact the Program Director.

If the program is closed, employee records will be offered to the National Institute for Occupational Safety and Health (NIOSH).

Any employee/student who has a question about this exposure control plan or how it is implemented in this facility is encouraged to contact either the clinical coordinator or the Program Director for more information.

Eastern International College

EXPOSURE INCIDENT/ACCIDENT CARE REPORT

Post Exposure Evaluation and Follow-up

Name of Exposed Person:

_____

EIC Classification:

_____

Name of Institution:

_____

Date of Exposure: _____Time of Exposure: ___am/pm

Description of Incident: (Describe in detail the details of the exposure incident.)

_____
_____
_____
_____
_____

Use additional paper if necessary.

What barriers were in use by the exposed person at the time of the incident?

_____
_____
_____
_____
_____

Describe corrective measures to minimize possible recurrence:

_____
_____
_____
_____
_____

Was source patient sent for medical evaluation? Yes_____No _____

Patient's name:

_____

Comments:_____

Was exposed person sent for medical evaluation? Yes_____No _____
Comments:_____
_____
_____
_____

Was the exposed person informed by the evaluating physician of the results of the medical evaluation as required by OSHA? Yes_____No _____

Was the employer/school informed by the evaluating physician that the exposed person was evaluated medically as required by OSHA? Yes_____No _____

_____ _____
Signature of exposed person Date

_____ _____
Signature of Institution Representative/Supervisor Date

EASTERN INTERNATIONAL COLLEGE
Post Exposure Information

This sheet is to be given to the exposed person.

You have been exposed to material that may potentially infect you with hepatitis B virus, hepatitis C virus, and/or HIV and have been offered and/or received treatment to reduce the risk of acquiring these diseases. If you should experience any of the following, please notify the Program Director immediately.

Exposed to Hepatitis B and C

- Incubation is usually 4 –12 weeks
- Persistent fatigue
- Weakness
- Loss of appetite loss of taste for cigarettes
- Dull pain in right upper abdomen
- Yellow color to eyes or skin
- Dark urine and / or light stool

Exposed to HIV

- Incubation is usually 1 – 12 weeks
- Fever
- Sweats
- Muscle aches
- Loss of appetite
- Sore throat
- Swollen glands
- Headaches
- Rash

Since all of these diseases have the potential to be transmitted during sexual contact, even though you are feeling well, barrier contraception, especially latex condoms, are recommended until all testing is complete.

EASTERN INTERNATIONAL COLLEGE

Informed Refusal

Waiver for employee testing after possible exposure to the HIV or Hepatitis B or C virus:

The Program Director and/or staff dentist, on _____, have advised me
DATE

that I should see a physician after a possible exposure to bloodborne pathogens. The possible exposure occurred on _____.
DATE

I understand that an appointment with a physician for testing is completely voluntary; however, I decline at this time to visit a physician to be tested.

_____ _____

SIGNATURE OF EXPOSED PERSON DATE

_____

SIGNATURE OF SUPERVISING DENTIST OR ADMINISTRATOR DATE

EASTERN INTERNATIONAL COLLEGE
HEPATITIS B DECLINATION FORM

An employee or student who chooses not to accept the vaccine must sign the following statement of declination of hepatitis B vaccination. The statement can only be signed by the employee or student following appropriate training regarding hepatitis B, hepatitis B vaccination, the efficacy, safety, method of administration, and benefits of vaccination, and that the vaccine and vaccination are provided free of charge to the employee. The statement is not a waiver: employees can request and receive the hepatitis B vaccination later if they remain occupationally at risk for hepatitis B.

STATEMENT:

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 employees). However, I decline hepatitis B vaccination currently. I understand that by declining this vaccine, 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 that time. (At no cost to faculty.)

_____

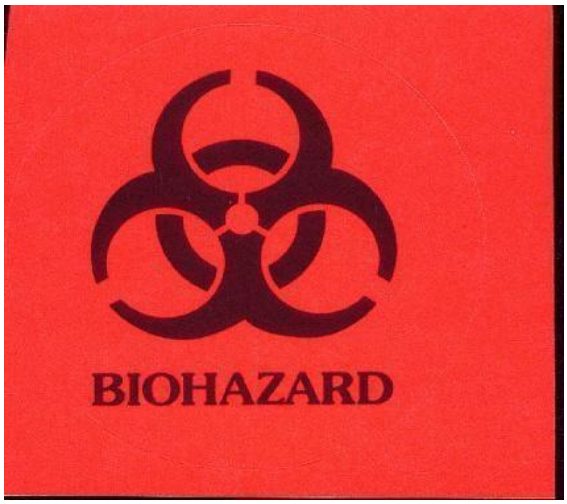
Signature

_____

Date

Eastern International College

HAZARD COMMUNICATION PROGRAM



Introduction
The OSHA Hazard Communication Standard, Title 29 Code of Federal Regulations 1910.1200 requires that you take certain steps to come into compliance with the standard. Specifically, you must develop a program of instruction for your employees, compile a list of hazardous chemicals, obtain and file MSDS and label all chemicals properly.

This Hazard Communication Program was developed for:
The Dental Hygiene Program of Eastern International College,
684 Newark Avenue Jersey City, NJ 07306

The design of the Hazard Communication Program is intended to itemize topics that must be understood and implemented by the faculty, staff and students at Eastern International College. It applies to all work operations of the dental hygiene program both under normal working conditions and during emergency situations. The hazard communication program will be reviewed, at least annually or more frequently as updates, changes and new information deem prudent, by all persons at risk of exposure to hazardous chemicals. Training will be conducted yearly, and at the beginning of service for all new employees. All training sessions will be documented and said documentation will be maintained by the program director. Injuries from exposure to hazardous chemicals must be documented in the same manner as other job-related injuries.

The goals of this program are to train employees and students in the proper handling of potentially hazardous materials to reduce injuries and illnesses that result from the use/misuse of such materials. Employees and students must develop a safe attitude during their time at the workplace, and implement measures to protect themselves by preventing and/or minimizing exposure to hazardous materials. Protection involves reading labels, understanding MSDS forms and employing all recommended precautions when handling potentially hazardous materials.

General Policy
The purpose of this notice is to inform you that Eastern International College is complying with OSHA Hazard Communication Standard, by compiling a hazardous chemicals list, by using MSDS, by ensuring that containers are labeled and by providing you with training.

This program applies to all work operations in this facility where you may be exposed to hazardous chemicals under normal working conditions or during an emergency situation.

The program director who retains overall responsibility for the Dental Hygiene Program. The Clinical Coordinator is responsible for implementing and maintaining the Hazard Communication Program, which will be reviewed and updated as necessary. An annual schedule for updating is considered the minimum to achieve compliance.

Copies of the written program may be obtained from the program director.
Through this program you will be informed of the contents of the Hazard Communication Standard, the hazardous properties of the chemicals with which you work safe handling procedures and the measures you can take to protect yourself from hazardous chemicals.

Objectives
The Hazard Communication Training Program ensures that Eastern International College will:

1. Comply with the OSHA Hazardous Communication Standard and the employees "Right to Know" protocol.
2. Educate all at risk employees and students as to the importance of the Standard.
3. Educate all at risk employees and students as to the importance of safety precautions and procedures to follow when working with hazardous chemicals.
4. Reduce the risk of injuries or illness that may be encountered while working with hazardous chemicals.
5. Protect the health and safety of the employees and students.

Upon completion of this training, employees and students will be able to:

1. Describe the contents of the Standard.
2. Identify hazardous materials in dental settings.
3. Recognize job responsibilities that put them at risk of exposure to hazardous chemicals.
4. Describe the physical effects and health hazards of a chemical exposure.
5. Recognize and evaluate conditions and situations that may result in the release of hazardous chemicals.
6. Take corrective actions in the case of chemical leaks, spills or exposure.
7. Apply first aid procedures and practices (i.e., eyewash, find appropriate information on MSDS forms).
8. Identify the types of protective clothing and equipment appropriate for the procedures and tasks in which occupational exposure to hazardous chemicals occurs and explain their purpose.
9. Select appropriate protective equipment to wear and describe their limitations.
10. State where protective equipment is kept, describe its proper use, removal, handling, and disposal.
11. Locate the Hazard Communication written document and MSDS forms.
12. Explain the sections of the MSDS form and their interpretation.
13. Interpret warning labels on hazardous materials.

List of hazardous chemicals
Our list of chemicals contains the names of the chemicals used at this facility. It also indicates examples of materials that may contain these chemicals. For specific hazardous chemicals in a product, refer to the MSDS for that product.

Physical hazards include:
• Combustible liquids
• Compressed gases
• Explosives
• Flammables
• Organic peroxides
• Oxidizers
• Pyrophorics
• Unstable or water reactives

Health hazards include:
• Carcinogens
• Toxic or highly toxic agents
• Reproductive toxins
• Irritants
• Corrosives
• Sensitizers
• Hepatotoxins
• Nephrotoxins
• Neurotoxins
• Hematopoietic agents
• Other agents with the potential to damage lungs, skin, eyes, or mucous membranes

Routes of chemical exposure:
• Inhalation
• Ingestion
• Absorption
• Ocular

Inspection of work area
Inspections will be performed yearly. Instructors will inspect their area every session. The following items will be checked:

General Safety and Housekeeping
1. Exit corridors are clear of obstructions.
2. Walking areas are free of any tripping or slipping hazards.
3. Work surfaces, walls and floors are clean.
4. Ventilation is adequate.
5. There are no leaks from faucets, pipes, etc.
6. Prohibitions against eating and smoking are visibly posted.
7. Faculty break areas and offices are clean and neat.
8. Refrigerators are clean and properly functioning.
9. Ladders and footstools are in good repair and appropriate.
10. Light fixtures are in good repair and adequate.
11. Eye wash stations are present, labeled and fully functioning.
12. Trash containers are available and not overfilled.
13. Forceps, dustpans, whisk brooms and protective gloves are available to clean up broken glassware.

Electrical
1. Electric cords are in good repair.
2. Electrical receptacles are grounded and in good condition.
3. No extension cords are in use.
4. Explosion-proof switches are in use.
5. Household appliances are clean and in good repair.
6. Electrical receptacles are free of multiple outlets plugs.

Fire Safety

1. Fire extinguishers are readily available and charged.
2. Fire extinguishers are CO2 or dry powder type.
3. Fire extinguishers and pull arms are clear of obstacles.
4. Exit signs are illuminated and visible.
5. Evacuation route signs are posted by all exit doors.
6. Doors are unblocked and unobstructed.

Personal Protective Equipment (PPE)

1. Face shields or goggles are available in sufficient numbers.
2. Protective over-gowns are available in sufficient numbers and a variety of sizes.
3. Appropriate gloves are available in sufficient numbers and a variety of sizes.
4. Appropriate masks are available in sufficient numbers.

Equipment

1. Ventilation is adequate and operating properly.
2. Hoods have been regularly inspected and cleaned.

First Aid

1. A first aid kit is readily available.
2. The kit is properly stocked with supplies.

Chemical Handling and Storage

1. All containers are properly labeled with the official chemical or approved chemical names.
2. Containers are tightly sealed.
3. Outside surfaces of all containers are clean and free of chemical residue.
4. Storage areas are clean and free of chemical residue.
5. All chemicals are compatible with the material of the containers in which they are stored.
6. Oxidizing agents are stored in a dry area apart from organic materials.
7. Flammable solvents are stored in an approved and labeled cabinet or a well-ventilated area.
8. All glassware is in good repair.
9. All glassware is free of residue.
10. Chemicals are inventoried so that FIFO (first in, first out) is practiced.
11. Excessive amounts of chemicals are not kept on hand.

Right to Know

1. MSDS sheets are maintained, clearly marked and readily available.
2. The location of the MSDS log is clearly posted.
3. A “Right to Know” poster is displayed.

Spill Control

1. There is an emergency response plan for containing spills.
2. Appropriate PPE is available to assist in minor and accidental spills.

Personal Protective Equipment
Eastern International College provides employees with PPE appropriate to their job description. Students provide their own PPE and have been apprised and trained as to their responsibility in this matter. Any student not wearing appropriate PPE will not be allowed to participate in planned activities. The MSDS sheets will be utilized to determine the type of PPE to wear when working with potentially hazardous materials.

Material Safety Data Sheets (MSDS) also known as Safety Data Sheets (SDS)
An MSDS (SDS) is a government-approved form or equivalent that provides specific information on the chemicals in products you use. The Clinical Coordinator will maintain a file of MSDS (SDS) on products for which the manufacturers or suppliers consider MSDS (SDS) to be necessary. The Clinical Coordinator is responsible for acquiring, filing, and updating MSDS (SDS) as well as for contacting manufacturers, suppliers, or dealers if additional information is needed or if an MSDS (SDS) has not been provided with initial shipment of a product. A master list of MSDS (SDS) is available from the program director; the file of MSDS (SDS) is accessible to all employees. MSDS (SDS) sheets must contain the following information:
• Physical and chemical characteristics
• Health hazards with signs and symptoms
• Routes of exposure
• Carcinogenic potential
• Precautions for safe handling and use
• Emergency procedures
• Control measures
Each employee and student must have a basic knowledge of how to find information on an MSDS (SDS) and how to implement the information contained therein.

Section 1
Identification
This section identifies the chemical on the SDS as well as the recommended uses. It also provides the essential contact information of the supplier. The required information consists of:
- Product identifier used on the label and any other common names or synonyms by which the substance is known.
- Name, address, phone number of the manufacturer, importer, or other responsible party, and emergency phone number.
- Recommended use of the chemical (e.g., a brief description of what it actually does, such as flame retardant) and any restrictions on use.

Section II
Hazardous ingredients
This section identifies the hazards of the chemical presented on the SDS and the appropriate warning information associated with those hazards. The required information consists of
- The hazard classification of the chemical.
- Signal word.
- Hazard statement.
- Pictograms.
- Precautionary statement.

- Description of any hazards not otherwise classified.
- For a mixture that contains an ingredient with unknown toxicity, a statement describing how much of the mixture consists of ingredient with unknown acute toxicity.

Section III

Composition and information on ingredients

This section identifies the ingredient(s) contained in the product indicated on the SDS, including impurities and stabilizing additives. This section includes information on substances, mixtures, and all chemicals where a trade secret is claimed. The required information consists of:

- Substances
- Mixtures
- Chemicals where a trade secret is claimed

Section IV

First Aid Measures

This section describes the initial care that should be given by untrained responders to an individual who has been exposed to the chemical. The required information consists of:

- Necessary first-aid instructions by relevant routes of exposure (inhalation, skin and eye contact, and ingestion).
- Description of the most important symptoms or effects, and any symptoms that are acute or delayed.
- Recommendations for immediate medical care and special treatment needed, when necessary.

Section V

Firefighting Measures

This section provides recommendations for fighting a fire caused by the chemical. The required information consists of:

- Recommendations of suitable extinguishing equipment, and information about extinguishing equipment that is not appropriate for a particular situation.
- Advice on specific hazards that develop from the chemical during the fire, such as any hazardous combustion products created when the chemical burns.
- Recommendations on special protective equipment or precautions for firefighters.

Section VI

Accidental Release Measures

This section provides recommendations on the appropriate response to spills, leaks, or releases, including containment and cleanup practices to prevent or minimize exposure to people, property, or the environment. It may also include recommendations distinguishing between responses for large and small spills where the spill volume has a significant impact on the hazard. The required information may consist of recommendations for:

- Use of personal precautions and protective equipment to prevent the contamination of skin, eyes, and clothing.
- Emergency procedures, including instructions for evacuations, consulting experts when needed, and appropriate protective clothing.
- Methods and materials used for containment (e.g., covering the drains and capping procedures).

- Cleanup procedures (e.g., appropriate techniques for neutralization, decontamination, cleaning or vacuuming; adsorbent materials; and/or equipment required for containment/clean up)

Section VII
Handling and Storage
This section provides guidance on the safe handling practices and conditions for safe storage of chemicals. The required information consists of:

- Precautions for safe handling, including recommendations for handling incompatible chemicals, minimizing the release of the chemical into the environment, and providing advice on general hygiene practices.
- Recommendations on the conditions for safe storage, including any incompatibilities. Provide advice on specific storage requirements.

Section VIII
Exposure Control/PPE
This section indicates the exposure limits, engineering controls, and personal protective measures that can be used to minimize worker exposure. The required information consists of:

- OSHA Permissible Exposure Limits (PELs), American Conference of Governmental Industrial Hygienists (ACGIH) Threshold Limit Values (TLVs), and any other exposure limit used or recommended by the chemical manufacturer, importer, or employer preparing the safety data sheet, where available.
- Appropriate engineering controls (e.g., use local exhaust ventilation, or use only in an enclosed system).
- Recommendations for personal protective measures to prevent illness or injury from exposure to chemicals, such as personal protective equipment (PPE) (e.g., appropriate types of eye, face, skin or respiratory protection needed based on hazards and potential exposure).
- Any special requirements for PPE, protective clothing or respirators (e.g., type of glove material, such as PVC or nitrile rubber gloves; and breakthrough time of the glove material).

Section IX
Physical and Chemical Properties
This section identifies physical and chemical properties associated with the substance or mixture. The minimum required information consists of:

- Appearance (physical state, color, etc.);
- Upper/lower flammability or explosive limits;
- Odor;
- Vapor pressure;
- Odor threshold;
- Vapor density;
- pH;
- Relative density;
- Melting point/freezing point;
- Solubility(ies);
- Initial boiling point and boiling range;
- Flash point;

- Evaporation rate;
- Flammability (solid, gas);
- Upper/lower flammability or explosive limits;
- Vapor pressure;
- Vapor density;
- Relative density;
- Solubility(ies);
- Partition coefficient: n-octanol/water;
- Auto-ignition temperature;
- Decomposition temperature; and
- Viscosity.

Section X
Stability and Reactivity
This section describes the reactivity hazards of the chemical and the chemical stability information. This section is broken into three parts: reactivity, chemical stability, and other. The required information consists of:

- Reactivity
- Chemical Stability
- Other: Indication of possible hazardous reactions, conditions to be avoided, list of incompatible materials and list of known or anticipated hazardous decomposition.

Section XI
Toxicological Information
This section identifies toxicological and health effects information or indicates that such data are not available. The required information consists of:

- Information on the likely routes of exposure (inhalation, ingestion, skin, and eye contact). The SDS should indicate if the information is unknown.
- Description of the delayed, immediate, or chronic effects from short- and long-term exposure.
- The numerical measures of toxicity (e.g., acute toxicity estimates such as the LD50 (median lethal dose)) - the estimated amount [of a substance] expected to kill 50% of test animals in a single dose.
- Description of the symptoms. This description includes the symptoms associated with exposure to the chemical including symptoms from the lowest to the most severe exposure.
- Indication of whether the chemical is listed in the National Toxicology Program (NTP) Report on Carcinogens (latest edition) or has been found to be a potential carcinogen in the International Agency for Research on Cancer (IARC) Monographs (latest editions) or found to be a potential carcinogen by OSHA

Section XII
Ecological information (non-mandatory)
This section provides information to evaluate the environmental impact of the chemical(s) if it were released to the environment. The information may include:

- Data from toxicity tests performed on aquatic and/or terrestrial organisms, where available (e.g., acute or chronic aquatic toxicity data for fish, algae, crustaceans, and other plants; toxicity data on birds, bees, plants).
- Whether there is a potential for the chemical to persist and degrade in the environment

either through biodegradation or other processes, such as oxidation or hydrolysis.

- Results of tests of bioaccumulation potential, referring to the octanol-water partition coefficient (Kow) and the bioconcentration factor (BCF), where available.
- The potential for a substance to move from the soil to the groundwater (indicate results from adsorption studies or leaching studies).
- Other adverse effects (e.g., environmental fate, ozone layer depletion potential, photochemical ozone creation potential, endocrine disrupting potential, and/or global warming potential).

Section XIII Disposal
Information

This section provides guidance on proper disposal practices, recycling or reclamation of the chemical(s) or its container, and safe handling practices. To minimize exposure, this section should also refer the reader to Section 8 (Exposure Controls/Personal Protection) of the SDS. The information may include:

- Description of appropriate disposal containers to use.
- Recommendations of appropriate disposal methods to employ.
- Description of the physical and chemical properties that may affect disposal activities.
- Language discouraging sewage disposal.
- Any special precautions for landfills or incineration activities

Section XIV
Transportation Information

This section provides guidance on classification information for shipping and transporting of hazardous chemical(s) by road, air, rail, or sea. The information may include:

- UN number.
- UN proper shipping name.
- Transport hazard class.
- Packing group number.
- Environmental hazards (e.g., identify if it is a marine pollutant according to the International Maritime Dangerous Good Code (IMDG Code)).
- Guidance on transport in bulk (according to Annex II of MARPOL 73/78 and the International Code for the Construction and Equipment of Ships Carrying Dangerous Chemicals in Bulk (International Bulk Chemical Code (IBC Code)).
- Any special precautions which an employee should be aware of or needs to comply with, in connection with transport or conveyance either within or outside their premises (indicate when information is not available).

Section XV
Regulatory Information

This section identifies the safety, health, and environmental regulations specific for the product that is not indicated anywhere else on the SDS. The information may include:

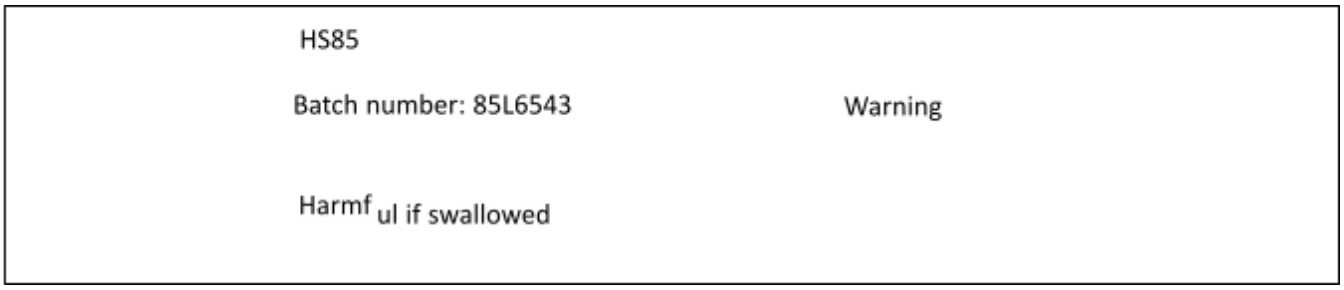
- Any national and/or regional regulatory information of the chemical or mixtures (including any OSHA, Department of Transportation, Environmental Protection Agency, or Consumer Product Safety Commission regulations)

Labels and other forms of warning
The Clinical Coordinator will ensure that all hazardous chemicals are properly labeled and maintained. Labels should list at least the name, telephone number and address of the manufacturer or other responsible party, product identifier, signal words, hazard statement, precautionary statement, and any pictogram. Containers labeled by the manufacturers do not require additional labels. The manufacturer is responsible for properly labeling the original container. When the chemicals are transferred to other containers (secondary containers) to be used at a later time or by other workers, these containers need to be labeled. Examples are containers of alcohol, bleach, disinfectant, and radiographic chemicals such as developer and fixer solutions that are transferred from the original containers. Copies of the original labels can be used to label these containers. In this facility, the United Nations Globally Harmonized system of classification and labeling of chemicals rating system will be utilized.
If you transfer chemicals from a labeled container to another container that is intended only for your immediate use, no labels are required on the second container. Professional products that are regulated by the Food and Drug Administration (FDA) are exempt from the labeling requirements of the Hazard Communication Standard. The FDA approves their labeling. These labels must not be removed from the container. Drugs that are in solid form for direct administration to the patient are also exempt from the labeling requirement.

Non-routine tasks
When you are required to perform non-routine tasks that involve hazardous chemicals, a special training session will be conducted to provide information about the chemicals to which you may be exposed and the precautions you must take to reduce or avoid exposure.

Exemptions
This regulation does not cover finished articles that do not under normal use release a hazardous chemical.

Preparing labels for secondary containers
The Hazard Communication Standard requires that hazardous chemicals be labeled if they are transferred from their original container to an unlabeled secondary container, not intended for immediate use.



Chemicals should be stored in a cool, dry area at temperatures between 67- and 94-degrees Fahrenheit, unless otherwise specified by the manufacturer. Storage areas need to be constructed so that shelving is fixed securely to the floor or wall. The storage area should be away from direct sunlight, high heat and humidity.

Chemicals must be stored in properly labeled containers with special attention given to hazard warnings. These warnings will alert the individual using the chemicals to special precautions to take and protective equipment to wear. The warnings will alert the individual to possible hazards that may occur and appropriate action to take should a chemical accident occur.

Precautions to take when working with hazardous materials:

- Work in a well-ventilated area
- Never smoke around hazardous chemicals
- Follow manufacturer's directions
- Wear all necessary PPE
- Clean up chemical spills immediately
- Refer to the MSDS (SDS) for additional information about the chemical
- Be alert to the possible hazards of the chemicals
- Read all labels
- Do not eat, drink, or apply make-up or contact lenses in work areas
- Securely close all containers when not in use
- Carefully remove contaminated clothing and dispose of properly
- Wash hands when work is completed, and PPE has been removed

Chemical Spills

When chemical spills occur, they should be cleaned up as soon as possible to avoid injuries, fire, explosion or other dangerous situations. Should a chemical spill occur, make sure that the appropriate personnel are notified. Clinical instructors/supervisors are the first line of defense. They will determine if the Director needs to be notified.

The person cleaning up the spill must wear appropriate PPE. The chemical's MSDS sheet should be used to obtain information on proper protocol. For hazardous chemicals that require special spill kits, be sure to follow all directions for proper use of the kit. Mercury spills require the use of a special mercury spill kit. Do not attempt to suction or vacuum the mercury and avoid direct contact.

Handling dangerous equipment

Gas cylinders must be marked legibly to identify the gas contained. Valve protectors/caps must always be in place when not in use. The valve must be closed before the cylinder is moved or when it is empty. Nitrous oxide, oxygen and other compressed gas cylinders must be maintained and visually inspected. Cylinders must be secured to prevent tipping and stored away from heat sources. No smoking signs must be posted.

Air compressors must have pressure gauges and pressure-relief valves. Air filters should be installed in the air intake for the compressor and signs should be posted to warn of the automatic starting feature of

the compressor. The air tank must have a drain pipe and valve for removal of oil and water.

Emergency eye wash stations

Where the eyes or body of any person may be exposed to injuries by corrosive materials, suitable facilities for quick drenching or flushing of the body shall be provided within the work area for immediate emergency use. Eye wash equipment shall be capable of delivering not less than 0.4 gallons of fluid per minute for 15 minutes. The water temperature should be 60 -90 degrees Fahrenheit. The unit used to flush the eye shall be designed to provide enough room to allow the eyelids to be held open with the hands while the eyes are in a water stream. Units shall be positioned 33 - 45 inches from the floor. The unit shall operate such that both eyes will be washed simultaneously at a low velocity. Units shall be in accessible locations, no more than 10 seconds to reach and a distance of no greater than 25 feet from the hazard. Eye wash stations shall be identified with highly visible signs and tested weekly. Testing should be documented.

Fire extinguishers

Only those employees who have been specifically assigned and trained to use a fire extinguisher should operate the extinguisher if needed in order to prevent possible injury. Fire extinguishers must be labeled as to their type, and periodically inspected.

Emergency Exits and signs

Doors and exits must not be locked during business hours and all exits must be kept free from obstruction. Any door that could be mistaken for an exit door must be identified with appropriate signage. Exits must be marked by a readily visible sign. The lettering must be 6 inches high and ¾ of an inch wide. These signs must be lit with a light source with backup battery in the event of power failure.

Fire evacuation plan:

- In case of fire, pull the alarm located in the hallway outside of the dental hygiene clinic.
- Using clinic phone, or reception area phone outside of dental hygiene clinic, alert public safety
- Evacuate the building

It is the policy of the dental hygiene program to evacuate the building in case of fire. Do not attempt to fight the fire yourself. Fire extinguishers are provided only as an aid in the evacuation. Floor plans of the Dental Hygiene Suite along with instructions for evacuation are posted throughout the entire 3rd floor of the building. All fire extinguisher locations are labeled and marked with a red arrow. All evacuation routes are labeled. In the case of a fire emergency during delivery of patient care services, the student is responsible to stop all treatment and escort the patient out. Instructors are to see that all students and patients remain calm and proceed in an orderly fashion to ensure the safety of all involved.

Common hazardous materials encountered in the dental environment

Mercury

Possible results of over-exposure to mercury include:

- Tremors and malaise
- Decreased levels of nerve conductivity
- Decreased brainwave activity
- Decreased verbal skills
- Kidney dysfunction
- Irritability
- Depression

- Memory loss
- Swollen gingiva
- Nausea, coughing, throat irritation
- Headache, dyspnea, weakness, and muscle

pain Precautions include:

- Work in well ventilated areas
- Avoid direct contact by wearing PPE
- Avoid inhaling mercury vapor by wearing PPE
- Testing for mercury toxicity requires urinalysis
- Store scraps of amalgam in tight container under fixer solution to contain release of vapors when container is opened

Nitrous Oxide

Possible results of over-exposure to nitrous oxide include:

- Spontaneous miscarriage (in females and the partners of males who have been over-exposed)
- Liver damage
- Central nervous system damage
- Headache
- Nausea
- Fatigue

Precautions include:

- Use monitoring devices to measure nitrous levels in the air
- Keep cylinders secure and avoid tipping
- Use a patient mask that fits snugly
- Use a scavenging system
- Test for leaks periodically
- Make sure tanks are properly labeled

Phenol

Possible results of over-exposure to phenol include:

- Corrosion of the skin
- Blindness or irritated eyes
- Cyanosis
- Convulsions

Precautions include:

- Use in well-ventilated area
- Keep lids and containers closed when not in use
- Wear PPE
- Follow MSDS directions

Glutaraldehyde

Possible results of over-exposure to glutaraldehyde include:

- Blindness or irritated eyes
- Skin irritation and rashes
- Nose irritation
- Sudden headache

- Note that glutaraldehyde is considered toxic when aerosolized, therefore never spray it Precautions include:
- Use in well-ventilated area
- Keep lids and containers closed when not in use
- Wear PPE
- Follow MSDS directions

Formaldehyde

Possible results of over-exposure to formaldehyde include:

- Serious eye damage or irritation
- Skin irritation
- Respiratory irritation
- Sensitization upon inhalation
- Potential carcinogen effects

Precautions include:

- Use in a well-ventilated area
- Wear PPE
- Follow MSDS directions
- Post precautionary warning label
- Use formaldehyde monitoring device to measure readings

Safety procedures and guidelines

- Students will operate equipment only after being instructed in its proper usage and under the supervision of an instructor. Students are not permitted to work when an instructor is not present in the room.
- All malfunctioning equipment is to be reported to an instructor immediately, and taken out of circulation until repaired.
- Students utilizing model trimmers, rotary instruments, etc. Must be wearing safety glasses, masks and a lab coat. Hair must be pulled back off the face and collar and totally out of the field of operation.
- If time does not permit proper disinfection and cleaning of area or equipment, students may not operate said equipment or begin the procedure.
- Use ventilation fans whenever indicated.

General First Aid Guidelines

In section VI of the MSDS (SDS) sheets, the basic information on emergency first aid procedures should be followed. The following is general information on first aid measures:

Prevention of ingestion of hazardous materials:

- Prevent ingestion by not using mouth to pipette or siphon chemicals. Use aspirating bulb or dropper.
- Prevent ingestion by not eating, drinking, smoking, or applying make-up or contact lenses in areas that may have been contaminated.
- Do not bring any food or drink items into the dental hygiene suite.

Symptoms of chemical exposure may include:

- Irritation and burning of the lips
- Irritation and burning of the mouth and throat
    - Nausea and vomiting
    - Diarrhea
    - Halitosis

Treatment will follow directions of MSDS (SDS)

Prevention of inhalation of hazardous materials:

- Know the chemicals you are handling to prevent their entry into your body through lungs in the form of vapors, gases, dusts or liquid fumes. Toxic chemicals can cause permanent injury to the lungs, nervous system or other target organs, and in serious cases, may cause death.
- Do not smell chemicals and purposefully inhale fumes
- Handle in well ventilated areas using appropriate hoods
- Wear PPE
- When working with chemicals for long periods of time, take fresh air breaks

Symptoms of inhalation of hazardous materials may include:

- Irritation to the skin
- Irritation to the eyes
- Irritation of the respiratory system
- Difficulty breathing
- Headache
- Nausea
- Sleepiness or unconsciousness
- Poor coordination and staggering
- Symptoms may take hours or even days to develop

Treatment will follow directions of MSDS (SDS)

Prevention of skin contact with hazardous materials:

- Avoid skin contact with materials by wearing PPE, including long sleeved over gowns. Skin contact is possible through splashing, immersion, saturation of clothing, spills, and spraying. This contact can lead to dermatitis and chemical burns, which include blistering and tissue death.
- Know the materials you are working with
- Wear appropriate PPE
- Wash gloves before removing to avoid contact with residue upon removal
- Remove and properly discard saturated clothing
- Decontaminate saturated clothing that is to be reused
- Wash your hands and other exposed skin after removing PPE
- Do not use organic solvents in cleaning any skin surfaces. Absorption may occur or be enhanced through the use of other chemicals.
- Use soap or appropriate disinfectant to aid in cleaning procedures

Symptoms of Skin Contact with hazardous materials

- Chemical burns may not be apparent immediately

- Symptoms may include irritation, inflammation, burning, blisters and tissue damage. All cases of dermatitis are to be reported to the supervising instructor.

Treatment will follow directions of MSDS (SDS)

Prevention of eye contact with hazardous materials:

- Wear appropriate eye protection. Permanent injury or blindness can be caused by overexposure.
  - Do not touch eyes with contaminated hands
  - Do not wear contact lenses while working with chemicals. Gases can concentrate under contact lenses causing damage to the eye or causing a soft lens to stick to the eye as the gases are absorbed. Small chemical particles can get trapped under contact lenses causing irritation and inflammation. Soft contact lenses can dry out in hot, low humidity environments. This can cause difficulty removing lenses.

Symptoms of chemical injuries to the eyes:

- Painful burning sensation
- Watering of the eye and possible blurring of vision
- Inflammation and sensitivity to light
- Strong alkaline substances may not produce pain immediately

Treatment will follow directions of MSDS however a 30 second delay in treatment can result in vision loss. Action must be taken immediately. Use a soft flow of water immediately when a chemical enters the eye. The eye should be washed for 15 minutes. Be sure to hold the lids open and roll the eyeball around to thoroughly cleanse the eye and flush the chemical. Eyewash stations must be within a 10 second reach and must be able to wash both eyes simultaneously. Seek medical attention immediately.

Procedures for Self-Contained Water Systems

WARNING

Before handling, filling, and installing water bottles on the Marus self-contained water system, take special care to wash hands with anti-microbial soap. Then wear a new pair of exam gloves. Avoid touching the water pickup tube

Marus self-contained water system

To use the Marus self-contained water system, fill the bottle with treatment water. If the dental unit is not ON, move the master on/off toggle to the ON position. Align the full bottle with the self-contained water cap, making sure the 1/4-inch (6.4 mm) clear pick-up tube extends straight down into the water bottle. Screw the bottle onto the cap until it is secure. Air can be heard filling the bottle until the bottle is pressurized to 40 psi (276 kPa), which may take up to 60 seconds. Operate the syringe and headpieces to clear any air from the water system.

To prevent running out of water during mid procedure, we recommend that you refill the bottle with treatment water before running too low. Replace a near-empty bottle by unscrewing it from the cap (slowly, to release the air pressure) and replace it with a filled bottle. There is no need to move the dental unit master on/off toggle to the OFF position while changing bottles.

***BluTab*™**

Waterline Maintenance Tablets

BluTab Waterline Maintenance Tablets are formulated specifically for dental unit waterlines. BluTab is designed to be continuously present in your water lines and helps keep lines clean.

Directions for use:

1. Place tablet or tablets (see table below) in empty dental unit water bottle every time you refill the water. BluTab is intended for use with potable water (including tap or distilled).
2. Fill bottles with desired volume of water and connect to dental unit. Tablet dissolves in a few minutes.refill the water. BluTab is intended for use with potable water (including tap or distilled).
3. Fill bottles with desired volume of water and connect to dental unit. Tablet dissolves in a few minutes

Water Volume	Tablets
700-750 mls	1
1500 mls	2
2000 mls	3

4. BluTab may be left in the water lines overnight and for extended periods of non-use. BluTab has been shown to be effective for up to 28 days. Use water solution until it is expended; or up to 28 days. It is not necessary to purge lines at the end of each day.
5. Before starting a treatment program with BluTab, flush lines with a recognized protocol. Repeat flushing every 2 months. Consult the manufacturer of your dental unit or water delivery system to determine the best method to flush your water system. For a list of recommended flush products, call 1-888-843-3343.

Clinical monitoring of water quality can ensure that procedures are performed correctly. Test water quality monthly to establish effectiveness of your maintenance program.

Daily Procedures (Purging the Dental Unit)

Your dental unit should be purged with air at the end of each clinic day. Make sure the handpieces have been removed from the tubing before purging the system.

1. Remove and empty the installed water bottle, then reinstall it.
2. Hold handpiece tubing and syringe over a basin or bucket. Turn the unit on, wait a few moments, then operate the unit flush valve, syringe, and foot control until the water is purged from the system.
3. Turn off the unit.

Weekly Procedures

The following procedures should be performed once a week, no more and no less, preferably at the beginning of each clinic week, before the first patient:

1. Make sure the handpieces have been removed from the tubings before purging the system.
2. Make certain the unit has been purged with air.
3. Fill and flush with disinfectant:
   a. Make sure the unit is off. Remove the empty water bottle and set it aside for disinfection.
   b. Add approximately 600 ml (about 20 oz) of the 1:10 disinfectant solution to a disinfected bottle. Install the bottle.
   c. Hold handpiece tubings and syringe over a basin or bucket. Turn the unit on, wait a few moments, then operate the unit flush valve, syringe and foot control until a steady stream of disinfectant solution begins flowing through the tubings (about 15–20 seconds).
4. **Allow disinfectant to remain in the unit for at least 10 minutes (never more than 30 minutes).**
5. **Purge the unit with air:**
   a. Install an empty disinfected bottle to the unit. Hold the handpiece tubing and syringe over a basin or bucket. Turn the unit on, wait a few moments, then operate the unit flush valve, syringe, and foot control until the disinfectant solution is purged from the system.
   b. Turn off the unit

SECTION VI

Periodontal Staging/Grading Classification

TABLE 1. 2017 World Workshop on the Classification of Periodontal and Peri-implant Diseases and Conditions
(Adapted from Caton et al[5])

Periodontal Diseases and Conditions

Periodontal Health, Gingival Diseases and Conditions

Chapple, Mealey, et al. 2018 Rept
Trombelli et al. 2018 Case Definitions

Periodontal Health, Gingival Diseases and Conditions
Lang & Bartold 2018

1. Clinical gingival health on an intact periodontium
2. Clinical gingival health on a reduced periodontium
   a. Stable periodontitis patient
   b. Non-periodontitis patient

Gingivitis – Dental Biofilm-induced
Murakami et al. 2018

1. Associated with dental biofilm alone
2. Mediated by systemic or local risk factors
3. Drug-influenced gingival enlargement

Gingival diseases — Non-Dental Biofilm-induced
Holmstrup et al. 2018

1. Genetic/developmental disorders
2. Specific infections
3. Inflammatory and immune conditions
4. Reactive processes
5. Neoplasms
6. Endocrine, nutritional & metabolic diseases
7. Traumatic lesions
8. Gingival pigmentation

Periodontitis

Papapanou, Sanz et al. 2018 Consensus Rept
Jepsen, Caton et al. Consensus Rept
Tonetti, Greenwell, Kornman. 2018 Case Definitions

Necrotizing Periodontal Diseases
Herrera et al. 2018

1. Necrotizing Gingivitis
2. Necrotizing Periodontitis
3. Necrotizing Stomatitis

Periodontitis as Manifestations of Systemic Diseases
Jepsen, Caton et al. 2018 Consensus Rept./Albandar et al. 2018

Classification of these conditions should be based on the primary systemic disease according to the International Statistical Classification of Diseases and Related Health Problems (ICD) codes

Periodontitis
Fine et al. 2018/Needleman et al. 2018/Billings et al. 2018

1. Stages: Based on Severity and Complexity of Management
   Stage I: Initial Periodontitis
   Stage II: Moderate Periodontitis
   Stage III: Severe Periodontitis with potential for additional tooth loss
   Stage IV: Sever Periodontitis with potential for loss of the dentition
2. Extent and distribution: localized; generalized; molar-incisor distribution
3. Grades: Evidence or risk of rapid progression, anticipated treatment response
   a. Grade A: Slow rate
   b. Grade B: Moderate rate of progression
   c. Grade C: Rapid rate of progression

Other Conditions Affecting the Periodontium

Jepsen, Caton et al. 2018 Consensus Rept
Papapanou, Sanz et al. 2018 Consensus Rept

Systemic Diseases or Conditions Affecting the Periodontal Supporting Tissues
Albandar et al. 2018

Periodontal Abscesses and Endodontic-Periodontal Lesions
Papapanou, Sanz et al. 2018
Herrera et al. 2018

Mucogingival Deformities and Conditions
Cortellini & Bissada 2018

1. Gingival phenotype
2. Gingival/soft tissue recession
3. Lack of gingiva
4. Decreased vestibular depth
5. Aberrant frenum/muscle position
6. Gingival excess
7. Abnormal color
8. Condition of the exposed root surface

Traumatic Occlusal Forces
Fan & Caton 2018

1. Primary occlusal trauma
2. Secondary occlusal trauma
3. Orthodontic forces

Tooth and Prosthesis-related Factors
Ercoli & Caton 2018

1. Localized tooth-related factors
2. Localized dental prostheses-related factors

TABLE 2. Classification Gingival Health and Gingival Disease and Conditions
(Adapted from Chapple et al[11])

Periodontal Diseases and Conditions

Periodontal Health	Gingivitis — Dental Plaque-induced	Gingival Disease —Non-dental Plaque-induced
1. Clinical health on an intact periodontium 2. Clinical gingival health on a reduced periodontium a. Stable periodontitis patient b. Non-periodontitis patient	1. Associated with biofilm alone 2. Mediated by systemic or local risk factors a. Systemic risk factors (modifying factors) - Smoking - Hyperglycemia - Nutritional factors - Pharmacological agents (prescription, non-prescription and recreational) - Sex steroid hormones (puberty, menstrual cycle, pregnancy, oral contraceptives) - Hematological conditions b. Local risk factors (predisposing factors) - Dental plaque biofilm retention factors (e.g., prominent restoration margins) - Oral dryness 3. Drug-influenced gingival enlargement	1. Genetic/developmental disorders Hereditary gingival fibromatosis 2. Specific infections a. Bacterial origin b. Viral origin c. Fungal origin 3. Inflammatory and immune conditions a. Hypersensitivity reactions b. Autoimmune diseases of skin and mucous membranes c. Granulomatous inflammatory lesions (orofacial granulomatosis) 4. Reactive processes a. Epulides 5. Neoplasms a. Premalignancy b. Malignancy 6. Endocrine, nutritional and metabolic diseases a. Vitamin deficiencies 7. Traumatic lesions a. Physical/mechanical trauma b. Chemical (toxic) burn c. Thermal insults 8. Gingival pigmentation a. Melanoplakia b. Smoker's melanosis c. Drug-induced pigmentation (antimalarials, minocycline) d. Amalgam tattoo

J Periodontol 2018;89(Supp 1):S74-S84. John Wiley and Sons.
Available at: *"https://aap.onlinelibrary.wiley.com/doi/full/10.1002/JPER.17-0719"*.

TABLE 3. Diagnostic look-up table for gingival health or dental plaque-induced gingivitis in clinical practice
(Adapted from Chapple et al[11])

Intact periodontium Gingivitis	**Health**	**Gingivitis**
Probing attachment loss	No	No
Probing pocket depths (assuming no pseudo pockets)	≤3 mm	≤3 mm
Bleeding on probing	<10%	Yes (≥10%)
Radiological bone loss	No	No

Reduced periodontium Non-periodontitis patient	**Health**	**Gingivitis**
Probing attachment loss	Yes	Yes
Probing pocket depths (all sites & assuming no pseudo pockets)	≤3 mm	≤3 mm
Bleeding on probing	<10%	Yes (≥10%)
Radiological bone loss	Possible	Possible
Successfully treated stable periodontitis patient	**Health**	**Gingivitis in a patient with a history of periodontitis**
Probing attachment loss	Yes	Yes
Probing pocket depths (all sites & assuming no pseudo pockets)	≤4 mm (no site ≥4 mm with BOP)	≤3 mm
Bleeding on probing	<10%	Yes (≥10%)
Radiological bone loss	Yes	Yes

J Periodontol 2018;89(Supp 1):S74-S84. John Wiley and Sons.
Available at: *"https://aap.onlinelibrary.wiley.com/doi/full/10.1002/JPER.17-0719".*

TABLE 4. Periodontitis Staging and Grading
(Adapted from Tonetti et al[27])

Framework for periodontitis staging and grading		Disease Severity and Complexity of Management			
		Stage I: Initial periodontitis	Stage II: Moderate periodontitis	Stage III: Severe periodontitis with potential for additional tooth loss	Stage IV: Advanced periodontitis with extensive tooth loss and potential for loss of dentition
Evidence or risk of rapid progression, anticipated treatment response, and effects on systemic health	Grade A Grade B Grade C	Individual Stage and Grade Assignment			

Periodontitis stage		**Stage I**	**Stage II**	**Stage III**	**Stage IV**
Severity	Interdental CAL at site of greatest loss	1 to 2 mm	3 to 4 mm	≥5 mm	≥5 mm
	Radiographic bone loss	Coronal third (<15%)	Coronal third (<15% to 33%)	Extending to mid-third of root and beyond	Extending to mid-third of root and beyond
	Tooth loss	No tooth loss due to periodontitis		Tooth loss due to periodontitis of ≤4 teeth	Tooth loss due to periodontitis of ≥5 teeth
Complexity	Local	Maximum probing depth ≤4 mm Mostly horizontal bone loss	Maximum probing depth ≤5 mm Mostly horizontal bone loss	In addition to stage II complexity: Probing depth ≥6 mm Vertical bone loss ≤3 mm Furcation involvement Class II or III Moderate ridge defect	In addition to stage III complexity: Need for complex rehabilitation due to: - Masticatory dysfunction - Secondary occlusal trauma (tooth mobility degree ≥2) - Severe ridge defect - Bite collapse, drifting, flaring - Less than 20 remaining teeth (10 opposing pairs)
Extent and distribution	Add to stage as descriptor	For each stage, describe extent as localized (<30% of teeth involved), generalized, or molar/incisor pattern			

Periodontitis grade			**Grade A: Slow rate of progression**	**Grade B: Moderate rate of progression**	**Grade C: Rapid rate of progression**
Primary Criteria	Direct evidence of progression	Longitudinal data (radiographic bone loss or CAL)	Evidence of no loss over 5 years	<2 mm over 5 years	≥2 mm over 5 years
	Indirect evidence of progression	% bone loss/age	<0.25	0.25 to 1.0	>1.0
		Case phenotype	Heavy biofilm deposits with low levels of destruction	Destruction commensurate with biofilm deposits	Destruction exceeds expectation given biofilm deposits; specific clinical patterns suggestive of periods of rapid progression and/or early onset disease (e.g., molar/incisor pattern; lack of expected response to standard bacterial control therapies)
Grade modifiers	Risk factors	Smoking	Non-smoker	Smoker <10 cigarettes/day	Smoker ≥10 cigarettes/day
		Diabetes	Normoglycemic/no diagnosis of diabetes	HbA1c <7.0% in patients with diabetes	HbA1c ≥7.0% in patients with diabetes

J Periodontol 2018;89(Supp 1):S159-S172. John Wiley and Sons.
Available at: *"https://aap.onlinelibrary.wiley.com/doi/full/10.1002/JPER.18-0006".*

TABLE 5. Three Steps to Staging and Grading a Patient with Periodontitis
(Adapted from Tonetti et al[27])

Step 1 Initial Case Overview to Assess Disease	Screen: • Full mouth probing • Full mouth radiographs • Missing teeth Mild to moderate periodontitis will typically be either Stage I or Stage II Severe to very severe periodontitis will typically be either Stage III or g IV
Step 2 Establish Stage	For mild to moderate periodontitis (typically Stage I or Stage II): • Confirm clinical attachment loss (CAL) • Rule out non-periodontitis causes of CAL (e.g., cervical restorations or caries, root fractures, CAL due to traumatic causes) • Determine maximum CAL or radiographic bone loss (RBL) • Conform RBL patterns For moderate to severe periodontitis (typically Stage III or Stage IV): • Determine maximum CAL or RBL • Confirm RBL patterns • Assess tooth loss due to periodontitis • Evaluate case complexity factors (e.g., severe CAL frequency, surgical challenges)
Step 3 Establish Grade	• Calculate RBL (% of root length x 100) divided by age • Assess risk factors (e.g., smoking, diabetes) • Measure response to scaling and root planning and plaque control • Assess expected rate of bone loss • Conduct detailed risk assessment • Account for medical and systemic inflammatory considerations

J Periodontol 2018;89(Supp 1):S159-S172. John Wiley and Sons.
Available at: *"https://aap.onlinelibrary.wiley.com/doi/full/10.1002/JPER.18-0006".*

Eastern International College

SECTION VII
CLINIC FORMS

Eastern International College

Dental Hygiene Clinic Fee Schedule

Patient Name: _____

Category	Code	ADA Procedure Name	Date of Service	Faculty Signature	EIC FEE
OTHER	**DD008**	**Prophylaxis**			**$25.00**
Preventive	**D1110**	Adult Prophylaxis			
Preventive	**D1130**	Adolescent Prophylaxis			
Preventive	**D1120**	Pedo Prophylaxis			
Other	**DD007**	FREE EIC Student/Alumni/Faculty Prophylaxis			**$0.00**
		Exam			**$0.00**
Diagnostic	**D0120**	Adult Periodic Exam			
Diagnostic	**D0150**	Adolescent Periodic Exam			
Diagnostic	**D0120-P**	Pedo Periodic Exam			
		Fluoride			**$0.00**
Preventive	**D1204**	Topical Fluoride - Adult			
Preventive		Topical Fluoride - Adolescent			
Preventive	**D1203**	Topical Fluoride - Child			
Preventive	**D1351**	Sealant (per tooth)			**$ 10.00**
		Radiographs			**$25.00**
Diagnostic	**D0210**	Complete X-ray Series			
Diagnostic	**D0330**	Panograph			
Diagnostic	**D0220**	Periapical			
Diagnostic	**D0230**	Periapical –each add. film			
Diagnostic	**D0270**	Bitewing (single film)			
Diagnostic	**D0272**	Bitewing (two films)			
Diagnostic	**D0274**	Bitewing (four films)			
Diagnostic	**D0276**	Bitewing (six films)			
		Other			
Other	**D0004**	Peridex			**$15.00**
Other	**D0005**	Prevident 5000			**$15.00**
Periodontics	**D4381**	Arestin (1 surface)			**$0.00**
Preventive	**D1207**	Desent. Agent/ Opalescence Go			**$ 10.00**
Adj. Serv.	**D9972**	Bleaching Tray (both arches)			**$ 45.00**
Adj. Serv.	**D9999**	1 Bleaching Syringe (each)			**$10.00**
Adj. Serv.	**D9973**	In-Office Bleaching			**$50.00**
Adj. Serv.	**D9941**	Fabrication of Mouthguard			**$ 45.00**

Date of Service	Total Fee	Amount Paid	Type of Payment (PT/ST)	Balance/ Receipt #

Student Name:_____ID#_____

Eastern Intern Hon College

Services Provided

Patient Name ______________________ **Student Name:** ______________________

Date	Procedure	Student Signature	Faculty Signature

Eastern Int, rn tio Coll ege

D_n|t I Hy n Pro – m Vit ls

Pttl1n'tN-me; --

O ______________ dical/Dental U 1 : ____________________________ Visit: Initial C:0ntii1u lr11

Vi ls.:t m r \,. __________ Pulse__________ Respiration__________ Blood Pressure__________ ·A Classification I II IV

ient Signature: ____

5, ud' n Sign,;iur , ______________________________ Faculty Signature: ____

D ______________ Merlical/D t l Upd e ______________________________ \hi !n.i i I R c re Con nuinf! Care

Vitals: Temperature________ Pulse__________ Respiration__________ .Bloodf'fl:'5.Sllire ______________ A (laglflc,atlon ! U III IV

r ti ntS,i na lii!: ____

Studen Sisntiure: ______________________________ Ity- ur ____

______________ Md1eal/De111: I Up at ______________________________ Vis,. rn ial Re- ir Con 'nuinl! Care

Vi I :Temper.ature__________ . Pu -----Respiration__________ Blood Pressure__________ C1assllc..at on I U III IV

rll ntsJ n.:it ti!: ____

Stud'. rit ie:n tur : ______________________________ Faculty Signatwe ____

Date: ______________ Medical/Den l UJ)d t . ______________________________ Visit: Initial Re re- Co ·nuing Care

Vitals: Te esrature__________ !lu!s;e__________ Respi tion.______________ Pt-e5.Sw______________ .. Classifl .ation I II III jV

Patient 5.ignature: ____

Student Signature: ______________________________ aculty Signature: ____

Date: ______________ Medical/De11tal Update: ______________________________ 1sit: n' ial fle[.aire Continuing Care

Vital : Tem erature__________ .flube__________ Resp ra'llioo__________ .Rlood,e ______________ AS,AcJ.m1i ic.ation I rll III IV

Patient Signature: ____

Student Sie:nature: ______________________________ :ulty Signature: ____

EASTERN INTERNATIONAL COLLEGE
DENTAL HYGIENE PROGRAM
Detailed Pharmacological Data Form

Date:
Medication/Drug Name:
Dosage and Formulation:
Indication(use):
Adverse Effects:
Effects of Dental treatment

Comments

Date:
Medication/Drug Name:
Dosage and Formulation:
Indication(use):
Adverse Effects:
Effects of Dental treatment

Comments

Date:
Medication/Drug Name:
Dosage and Formulation:
Indication(use):
Adverse Effects:
Effects of Dental treatment

Comments

Date:
Medication/Drug Name:
Dosage and Formulation:
Indication(use):
Adverse Effects:
Effects of Dental treatment

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Patient Treatment Deficiency (Evaluation and Competency) Audit Form

Student Name: _____

Patient Name: _____ Cale Level: Perio Level:

Date: _____

Areas of Competency			
Competency	Score	Comment	Faculty Initials
1. Risk Assessment			
2. EOE/IOE Assessment			
3. Occlusion Assessment			
4. Gingival Assessment			
5. Periodontal Assessment			
6. Hard Tissue			
7. Deposit Assessment			
8. Treatment Planning • Diagnostic • Implementation • Documentation			
9. Instrumentation			
10. Calculus Removal			
11. Infection Control			
12. Ethics and Professionalism			
SCORE			

Criteria Assessment is to be completed on the patient's final appointment. S=Excellent 4=Good 3=Average 2= remediation 1= Failure *Minimum Passing Grade 36	48-60 points=PASS 36-47 points=Remediation 35 and below=Failure Students must pass all categories. Remediation is necessary within 2 weeks to pass with minimum passing grade*

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DATA CHECKLIST AND CALCULUS ASSESSMENT WORKSHEET

Patient Name: ..... Initial Date: .....

Student Name: ..... Instructor: .....

DA.TA COLLECTION CHECKLIST	Student Initials	Dentist Initials		Dental Hygiene Faculty Initials	Date Completed
Medical Dental History and Vitals *(A,,fust be completed and signed by Dentist before movinJ? forward)*					
Extraoral/Intraoral Exam: (Dentrix)					
Radiograpbs (Discuss with Dentist; Fill out Rationale Form)					
Dental Charting/Occlusion (Dentrix)					
Patient Referrals/Consults *(Copy placed in Chart if referral given)*		With X-rays?	WithoutX-rays?		
Gingival Assessment (Dentrix)					
Periodontal Probing (Dentrix)					
Calculus Assessment (Chart)					
Oral Health Risk Assessment/CAMBRA (Chart)					
DR Faculty* & ***Dentist must* *check before student is allowed to mov forward*					
PI-IP and Oral Home Care Instruction					

Patient Hygiene Performance (PHP) Podshaley and Haley (1968)

After disclosing the entire nwuth, select the first tooth present (without a crown) and sore biafilm accordingly

Criteria (Divide tooth into *5* subsections)
O =No plaque
I = Plaque present on I subsection
2 = Plaque present on 2 subsections
3= Plaque present on 3 subsections
4 = Plaque present on 4 subsections

Evaluation

Rating	Score
Excellent	0 (no plaque)
Good	0.1-1.7
Fair	1.8 - 3.4
Poor	3.5 - 5.0 *5* = Plaque present on all subsections

Date: _____ __

Choose the first tooth present without a crown	Facial 3, 2, 1	Facial 8,9	Facial 14, 15, 16	Lingual 19, 18, 17	Facial 24, 25	Lingual 30,31,32
SCORE:						

Total Plaque Score: **PHP** = Total Plague Score / *II* of teeth scored

Total Score: _____ __

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CALCULUS DETECTION WORKSHEET

Draw a line over the area for either supragingival or subgingival calculus

BLUE for Supragingival Calculus

RED for Subgingival Calculus

Calculus()c1ccted• *Jden.tify a/1-su,fflcesofa lculusileleutedupon initial examination.*

R. Facial L.

000

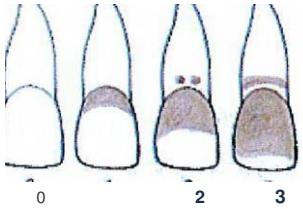
4 5 6 7 8 9 10 11 12 13 14 15 16

Lingual

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

R. Facial L.

*Instructor Corrections should be noted in **BLACK INK***



CALCULUS INDEX

Student Evaluation

SCORE=

'acuity Evaluation

SCORE=

CALCULUS LEVEL RATING

Level I (Light) **0-1**

Level II (Medium) **1.1-1.8**

Level III (Medium/Heavy) **1.9-2.3**

Level IV (Heavy) **2.4-3.0**

TOTAL CALCULUS LEVEL:

CAI!€1III\JISREN1©1t bEV, III\JA.iffI©N

MAXILLA	1	2	3	4	**S**	6	7	**8**	**9**	10	**11**	12	**13**	14	15	16
ERRORS																
Complete																
MANDIBLE	**32**	31	**30**	**29**	**28**	27	**26**	**25**	**24**	23	22.	2.1	**20**	19	**18**	17
ERRORS																
Complete																

URQ.____LRQ___ ULQ __ LLCL.___

URSext **UASext** ULSext **LRSext** LASext LLSext

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DENT.AL HYGIENE CARE PLAN

Patient Name:_____ Date:_____

Student Name:_____ Instructor: _____

ORAL HEALTH ASSESSMENT SUMMARY		
CALCULUS LEVEL:	PERIODONTAL TAL EVAL LEVEL:	
Dental Caries Risk Level:	Periodontal Disease Risk Level:	Oral Cancer Risk Level:
Dental Hygiene Diagnostic Statement:		

DENTAL HYGIENE CARE PLAN				
Sequence of Care	**Appointment 1**	**Appointment 2**	**Appointment 3**	**Appointment 4**
Medical/Dental HistoryNitals				
EOE/ IOE				
Radiographs				
Dental Charting/ Occlusion				
Gingival Assessment				
Periodontal Charting				
Indices				
Patient Hyg. Performance (PHP) SCORE	Score:	Score:	ore:	Score:
Patient Education				
Anesthesia				
Ultrasonic Debridement				
Instrumentation				
Chemotherapeutics				
Polishing				
Sealants				
Fluoride (Tray/ Varnish)				
Alginate Impression/ Bite Reg.				
!Vlouthguarcl / Bleaching tray				
Nutritional Counseling				

Student Signature:_____ Faculty Signature: _____

Patient Signature:_____ Date: _____

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Rationale for Exposing Radiographs

Patient Name: _____ Date: _____

Dental History	
Reason for today's dental **Visit:** (Include chief complaint if any)	
Frequency of dental visits:	D Every 3-4 months ☐ Biannually ☐Annually ☐ 1+ years, Irregular care
Date of last dental visit:	**Date of last dental radiographic examination:**
	Type: I☐FMX DBW ☐PA
Reason for last dental visit:	

Rationale
Rationale for exposure of radiographs: _____

Prescription for Radio2raphs	
☐ FMX (18 series) ☐4HBW 06VBW ☐ 2 or 4 Pediatric BW ☐ Occlusal ☐PANO ☐ PA(s):	Student Name (Print): Student Signature: _____ Date: Dentist Signature: _____ Date:

Radiographic Examination	
Dental Referral Completed: D YES ☐NO	
Radiographic evaluation completed by:	Dentist Signature: Date:

Radio2raphic Release Authorization
I, _____ ,hereby authorize the release ofmy dental x-rays and request that they be sent to the following dentist or person via email: ☐ Dentist ☐ Self Email: ..... Patient's Signature: _____ Date: _____

Radio ra hie Evaluation
Radio ra hs are considered dia ostic. ☐ Yes ☐ No Dentist Si nature:

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REFUSAL OF RADIOGRAPHS FORM

I, _____,request that the following proposed radiograph(s):_____ not be taken.

It has been recommended that I have diagnostic radiographs based on the American Dental Association (ADA) guidelines. I am being provided with the information necessary to fully understand the procedure recommended for me and the consequences of my informed refusal.

I have discussed my treatment with the dental hygiene faculty, student dental hygienist, and supervising dentist, and have been given the opportunity to ask questions and have them answered.

I realize proper diagnosis of any cavities, cysts, abscessed teeth, tumors, bone loss, or any other condition not otherwise mentioned cannot be made without these x-rays being taken. I hereby release the attending doctor and Eastern International College from any liability for undiagnosed conditions.

DATE: _____ __

Student Name: _____ **Student Signature:** _____ __

Dentist Name: _____ **Dentist Signature:** _____ __

Patient Signature: _____ __

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Oral Health Risk Assessment

PATIENT NAME: _____ *"Oral Health Risk Assessment is ta be completed ance a year**

DENTAL CARIES *Risk Factors*	DATE:	DATE:	DATE:	DATE:
Poor Oral Hygiene (PHP 3.5 - 5.0) (L)				
Active caries (1 carious lesion = M ; > 1 carious lesions = H)				
New restorations due to caries within 1 year **(M)**				
Cariogenic Diet: > 3 cariogenic beverages/snacks **(H)**				
Xerostomia: radiation, medication, svstemic disorder (H)				
White soot lesions not related to fluorosis and without cavitation (M)				
Exoosed root surfaces (localized = M ; generalized = H)				
Erosion, abrasion (localized = L ; generalized = M)				
Plaque retentive factors: defective restorations, fixed orosthesis/ortho (L)				
Infrequent fluoride exposure: nonfluoridated toothpaste/water (L)				
Recreational drug use, use ofmethamohetamines (H)				
Mental or physical disability affecting oral hygiene *(M)*				
Tooth anatomy or enamel defects (L)				
CIRCLE DENTALCARIES RISKLEVEL:	L M H	L M H	L M H	L M H
PERidDO&TAL DISEASE *Risk Factors*				
Age> 55 (L)				
Family historv for oeriodontal disease (L)				
Smoking/Tobacco use (H)				
Poor Oral Hygiene *(PHP* 3.5 - 5.0) (L)				
BOP (localized = L • generalized = **M)**				
Plaque retentive factors: defective restoration(s), food impaction sites (L)				
> 4 mm loss of attachment (LOA) (localized= M ; generalized= H)				
Furcation involvement (H)				
Diabetes (H)				
Osteoporosis (L)				
Immunosuppressed (M)				
Tooth anatomy or enamel defects (L)				
Medication induced hyperplasia or xerostomia (M)				
Functional Oral Habits: Mouth breathing, bruxism (L)				
Oral piercing (L)				
CIRCLEPERIODONTALDISEASERISK LEVEL:	L M H	L M H	L M H	L M H
ORALCANQE *Risk Factors*				
Age> 55 (L)				
Smoking/Tobacco use (H)				
Alcohol use> 1-2 drinks daily (M)				
Chronic oral irritation: ill-fitting denture, cheek biting (L)				
Historv of oral/pharyngeal cancer (H)				
History of other cancer **(M)**				
Frequent UV exposure: sun/tanning (H)				
CIRCLE**ORAL CANCER RISKLEVEL:**	L M H	L M H	L M H	L M H

RISK ASSESSMENT KEY			
AR"EAOFRISK	**LOWRISJ(<L)**	**MODERATE RISK <M)**	**HIGH RISK (H)**
DENTAL CARIES	• No factors indicated • IL •	• IM • 2 L's ▪	AnyH ?:. 2 M's • > 3 L's
PERIODONTAL DISEASE	• No factors indicated • S2 L's •	• IM • 3-4 L's •	AnyH ?:.2 M's • ?:. 5 L's • I M&>2 L's
ORAL CANCER	• No factors indicated • IL	• 2 L's • <2M's	AnyH

Date: _____ Student: Faculty: Patient: _____

Date: _____ Student: Faculty: Patient: _____

Date: _____ Student: Faculty: Patient: _____

Date: _____ Student: Faculty: Patient: _____

Adapted from Ohio State University and MCC Dental Hygiene Program REVISED 5/18GG

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EASTERN INTERNATIONAL COLLEGE
QUALITY ASSURANCE CHART REVIEW

Patient Name: ..... Date of completion: _____

Student Name: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Faculty Signature: _____ __

Please review the Eastern International College Dental Hygiene patient chart and circle Y (YES) or N (NO) related to the information described. Upon completion of the chart review, please make corrections so that the chart is complete.

1. Patient's name is correctly spelled	y	N
2. Consent forms, bill of rights, privacy act, & HIPAA are present and signed	y	N
3. Current medical history is present & signed	y	N
4. All "yes" on medical history have follow up notes	y	N
5. Dental Hygiene Clinic Fee Schedule is filled out accordingly	y	N
6. Vitals fom1 updated	y	N
7. Pharmacological Form updated	y	N
8. Data Collection sheet signed by Dentist and Faculty	y	N
9. Calculus Index completed	y	N
10. Calculus Assessment sheet completed	y	**N**
11. PHP score completed	y	N
12. Oral Health Summary completed	y	N
13. Dental Hygiene Care Plan completed and signed	y	N
14. Oral Health Assessment (CAMBRA) completed and signed	y	N
15. Radiograph rationale or refusal completed and signed	y	N
16. Patient's name present on all sheets	y	N
17. Services provided sheet is present	y	N
18. Treatment narrative is free of spelling errors	y	N
19. Treatment noted are dated, student and faculty signatures with most current page on top	y	N
20. Patient completed Patient Satisfaction Survey	y	N
21. Chart is in correct order	y	N

Eastern International College

Patient Satisfaction Survey

Date: _____ __

This form has been developed as part of the Eastern International College's outcome assessment in order to evaluate the patient's overall experience with the student's instruction, serves and atmosphere.

This form must be filled out by the patient at the end of the last visit.

Turn this form into the clinical faculty or receptionist.

Key: Excellent= 5 Good= 4 Neutral= 3 Fair= 2 Poor= 1

	Excellent	Good	Neutral	Fair	Poor
1. Satisfaction with overall treatment received during appointment	5	4	3	2	1
2. Satisfaction with the promptness with which you were taken back to the treatment area	5	4	3	2	1
3. Satisfaction with how well the student explained procedures that would happen during your appointment	5	4	3	2	1
4. Satisfaction with respect and concern shown to you by the student's instructor	5	4	3	2	1
5. Satisfaction with efforts to make your appointment comfortable	5	4	3	2	1
6. Satisfaction with efforts to respect privacy during your appointment	5	4	3	2	1
7. Satisfaction with the willingness of instructors/Doctors/student to answer any questions you had	5	4	3	2	1
8. Satisfaction with the quality of care that you received	5	4	3	2	1
9. Satisfaction with the outcome of your treatment	5	4	3	2	1
I0. Satisfaction with cleanliness/appearance of facility	5	4	3	2	1

COMMENTS:

_____

_____

_____

_____

_____

_____

_____

REVISED 4/23 TJ

Eastern International College

CVSTOM MODEL- MOUTHGUARD

:r--JAME: _____ DATE: _____

STRUCTOR·

	1st	2nd	3rd
1. Impression previously taken and study cast previously poured.			
2. Trims cast in a horseshoe shape so that the central portion representing the tongue and palate areas are mostly removed.			
3. Inserts sheet of mouthguard material in the frame of the vacuum and clamps it into place. Lifts clamp up to heating element and turns on heat to soften the material.			
4. Places cast on platform in center under sheet of mouthguard material			
5. Lowers the frame when sheet of material has softened and sags an inch or more. Turns on vacuum when molted material covers cast. Leaves vacuum on for 30 seconds.			
6. Allows material to cool to capture all fixtures. Trims excess material from cast.			
7. Trims excess of material from trays carefully on cast leaving about 3/8 inch onto the palate and facial lrimriva for protection.			
8. Places guard on the maxillary cast and checks to see that material is not too thick in the molar region. (The mandibular cast should close evenly onto the guard and not nroo the bite open)			
9. Corrects bite if extended too high using petroleum jelly and gently eating the area of height with an alcohol torch until the guard meets evenly with the anterior and posterior.			
10. Rounds out with an acrylic bur the indentations of the guard. Creates smooth borders and occlusal surface.			
11. Washes the guard with liquid soap and water. Rinses thoroughly and sprays with disinfectant. Stores until delivery aooointment with patient's name.			
12. Delivers to patient. Makes sure fit is comfortable without rough areas. Explain to patient how to properly use, store, and clean j2;uard.			
13. **Asepsis maintained***			
SCORE: (X/13) X 100=	%	%	%

80% Minimum to pass CSI **85% Minimum to pass CSII** **90% Minimum to pass CSIII** **"'CRITICAL: Unsatisfactory results** in **antomatic failure**	**Indicate Pass or Fail**	*PIF*	P/F	P/F
	Faculty Initials:			
	Date:			

* *f,.*f:ulure of the pt attempt-Student is required to remediate for a minimum ofl week

** *f,.*failure of the 2nd attempt-Student is required to remediate for a minimum of 2 weeks

**' A failure of the 3rd attempt-Student will receive an automatic failure in the course

FACULTY NOTE:

MORE THAN ONE FACULTY MEMBER MAY OBSERVE DIFFERENT PARTS OF THIS EVALUATION IF DELIVERY IS COMPLETED ON A DIFFERENT DAY THAN TRIMMING. FACULTY SHOULD INITIAL WillCH PARTS OF COMPETENCY THEY HAVE EVALUATED.

Eastern International College

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Student Name:___ _

EIII Eastern International College

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PROBE

NAME: _____ __ DATE: _____ __

INSTRUCTOR: _____ __

	pt	20d	3rd
l. Operator/patient- best position			
2. Uses light, mirror, and gauze correctly			
3. Modified pen grasp, light grasp, no split fulcrum			
4. Steady hand & fulcrum 1-3 teeth away			
5. Finger rest on 1/0 with palm apical			
6. Chooses correct instrument			
7 . Begins at DL-angle & overlaps at DL-angle			
8. Adapts side of probe tip to tooth surface			
9. Inserts probe subgingivally to base of sulcus/pocket & remains subgingival durin_g activation			
10. Wrist motion activation			
11. Orients probe parallel to long axis of the tooth			
12. Walks probe interproximal by tilting slightly into COL area			
13. Use **WALKING** strokes (Series of short bobbing strokes)			
14. Covers entire circumference of the junctional epithelium			
15. Gentle pressure exerted with probe tip against junctional epithelium			
16. Records correct probing measurement(+/- Imm)			
17. Tissue integrity maintained			
18. Systematic sequence			
19. Professionalism maintained. Consideration to patient comfort and safety.			
20. **Asepsis maintained***			
SCORE: (X/20) X 100=	%	%	%
Indicate Pass or Fail	P/F	P/F	P/F
Faculty Initials:			
Date:			
TEST AREA			

80% Minimum to pass CSI
85% Minimum to pass CSII
90% Minimum to pass CSIII

***CRITICAL: Unsatisfactory results in automatic failure**

* A failure of the 1" attempt-Student is required to remediate for a minimum of 1 week
** A failure of the 2nd attempt-Student is required to remediate for a minimum of 2 weeks
*** A failure of the 3rd attempt-Student will receive an automatic failure in the course

EID Eastern International College

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._.II"' College

EXPLORER 11/12

NAME: _____ DATE: _____

INSTRUCTOR: _____

	pt	2nd	3rd
1. Operator/patient- best position			
2. Uses light, mirror, and gauze correctly			
3. Modified pen grasp, light grasp, no split fulcrum			
4. Steady hand & fulcrum 1-3 teeth away			
5. Finger rest on 1/0 with palm apical			
6. Chooses correct instrument			
7. **Uses correct working-end of the instrument***			
8. POSTERIOR: Begins at DL-angle & overlaps at DL-angle ANTERIOR: Begins at midline & overlaps at midline			
9. Adapts 1-2mm of the side of the tip to the tooth			
10. Inserts tip subgingivally to base of sulcus/pocket & remains subgingival during activation			
11. Wrist motion activation			
12. Explores the interproximal COL area			
13. Overlapping strokes cover entire surface			
14. Assessment strokes used (Feather light lateral pressure)			
15. Strokes vertical/oblique			
16. Short & controlled strokes while maintaining contact with tooth surface			
17. Tissue integrity maintained			
18. Systematic sequence: (Aims toe in working direction)			
19. Professionalism maintained. Consideration to patient comfort and safety.			
20. **Asepsis maintained***			
SCORE: (X/20) X 100=	%	%	%
80% Minimum to pass CSI **85% Minimum to pass CSII** **90% Minimum to pass CSill** ***CRITICAL: Unsatisfactory results in automatic failure** — **Indicate Pass or Fail**	P/F	P/F	P/F
Faculty Initials:			
Date:			
TEST AREA			

* A failure of the 1''[1] attempt-Student is required to remediate for a minimum of 1 week
** A failure of the 2nd attempt-Student is required to remediate for a minimum of 2 weeks
*** A failure of the 3rd attempt-Student will receive an automatic failure in the course

IBID Eastern International College

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UNIVERSAL CURETTE- COLUMBIA 13/14

NAME: _____ __ DATE: _____ __

INSTRUCTOR: _____ __

	pt	2nd	3rd
1. Operator/patient- best position			
2. Uses light, mirror, and gauze correctly			
3. Modified pen grasp, light grasp, no split fulcrum			
4. Steady hand & fulcrum 1-3 teeth away			
5. Finger rest on 1/0 with palm apical			
6. Chooses correct instrument			
7. **Uses correct working-end of the instrument***			
8. POSTERIOR: Begins at DL-angle & overlaps at DL-angle ANTERIOR: Begins at midline & overlaps at midline			
9. Adapts toe-third of cutting edge against tooth			
10. Shank position indicates 0° face/tooth angulation for subgingival insertion 45° - 80° face/tooth angulation for activation			
11. Wrist motion activation			
12. Scales as far interproximal as anatomy permits			
13. Overlapping strokes while remaining subgingival			
14. Assessment strokes used (Uses lateral pressure for calculus removal only)			
15. Strokes vertical/oblique			
16. Short & controlled strokes while maintaining contact with tooth surlace			
17. Tissue integrity maintained			
18. Systematic sequence: (Aims toe in workingdirection)			
19. Professionalism maintained. Consideration to patient comfort and safety.			
20. **Asepsis maintained***			
SCORE: (X/20) X 100=	%	%	%
Indicate Pass or Fail	P/F	P/F	P/F
Faculty Initials:			
Date:			
TEST AREA			

80 % Minimum to pass CSI
85 % Minimum to pass CSU
90% Minimum to pass CSIII

***CRITICAL: Unsatisfactory results in automatic failure**

* A failure of the 1st attempt-Student is required to remediate for a minimum of 1 week
** A failure of the 2nd attempt-Student is required to remediate for a minimum of 2 weeks
*** A failure of the 3rd attempt-Student will receive an automatic failure in the course

EIII Eastern International College

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"'«"' College

UNIVERSAL CURETTE 5/6 OR 1/2

NAME: _____ __ DATE: _____ __

INSTRUCTOR: _____ __

	1st	znd	3rd
1. Operator/patient- best position			
2. Uses light, mirror, and gauze correctly			
3. Modified pen grasp, light grasp, no split fulcrum			
4. Steady hand & fulcrum 1-3 teeth away			
5. Finger rest on 1/0 with palm apical			
6. Chooses correct instrument			
7. **Uses correct working-end of the instrument***			
8. POSTERIOR: Begins at DL-angle & overlaps at DL-angle ANTERIOR: Be_gins at midline & overlaps at midline			
9. Adapts toe-third of cutting edge against tooth			
10. Shank position indicates O^0 face/tooth angulation for subgingival insertion 45° - 80° face/tooth an_gulation for activation			
11. Wrist motion activation			
12. Scales as far interproximal as anatomy permits			
13. Overlapping strokes while remaining subgingival			
14. Assessment strokes used (Uses lateral pressure for calculus removal only)			
15. Strokes vertical/oblique			
16. Short & controlled strokes while maintaining contact with tooth surface			
17. Tissue integrity maintained			
18. Systematic sequence: (Aims toe in working direction)			
19. Professionalism maintained. Consideration to patient comfort and safety.			
20. **Asepsis maintained***			
SCORE: (X/20) X 100=	%	%	%
Indicate Pass or Fail	P/F	P/F	P/F
Faculty Initials:			
Date:			
TEST AREA			

80% Minimum to pass CSI
85% Minimum to pass CSU
90% Minimum to pass CSID

***CRITICAL: Unsatisfactory results in automatic failure**

• A failure of the 1st attempt-Student is required to remediate for a minimum of I week
** A failure of the 2nd attempt-Student is required to remediate for a minimum of 2 weeks
*** A failure of the 3rd attempt-Student will receive an automatic failure in the course

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Inlernolion:11
College

ANTERIOR SICKLE SCALER

NAME: ..... DATE: .....

INSTRUCTOR:

	pt	2nd	3rd
1. Operator/patient- best position			
2. Uses light, mirror, and gauze correctly			
3. Modified pen grasp, light grasp, no split fulcrum			
4. Steady hand & fulcrum 1-3 teeth away			
5. Finger rest on 1/0 with palm apical			
6. Chooses correct instrument			
7. **Uses correct working-end of the instrument***			
8. ANTERIOR: Begins at midline & overlaps at midline			
9. Adapts tip-third of cutting edge against tooth			
10. Shank position indicates 45°•80° face/tooth angulation for activation			
11. Wrist motion activation			
12. Scales as far interproximal as anatomy permits			
13. Overlapping strokes			
14. Assessment strokes used (Uses lateral pressure for calculus removal only)			
15. Strokes vertical/oblique			
16. Short & controlled strokes while maintaining contact with tooth surface			
17. Tissue integrity maintained			
18. Systematic sequence: (Aims toe in working direction)			
19. Professionalism maintained. Consideration to patient comfort and safety.			
20. **Asepsis maintained***			
SCORE: (X/20) X 100=	%	%	%
Indicate Pass or Fail	P/F	P/F	P/F
Faculty Initials:			
Date:			
TEST AREA			

80% Minimum to pass CSI
85% Minimum to pass CSII
90% Minimum to pass CSIII

***CRITICAL: Unsatisfactory results in automatic failure**

* A failure of the 1st attempt-Student is required to remediate for a minimum of 1 week
** A failure of the 2nd attempt-Student is required to remediate for a minimum of 2 weeks
*** A failure of the 3rd attempt-Student will receive an automatic failure in the course

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POSTERIOR SICKLE SCALER

NAME: _____ __ DATE: _____ __

INSTRUCTOR: _____ __

	i5t	2nd	yd
1. Operator/patient- best position			
2. Uses light, mirror, and gauze correctly			
3. Modified pen grasp, light grasp, no split fulcrum			
4. Steady hand & fulcrum 1-3 teeth away			
5. Finger rest on 1/0 with palm apical			
6. Chooses correct instrument			
7. **Uses correct working-end of the instrument***			
8. POSTERIOR: Begins at DL-angle & overlaps the DL-angle			
9. Adapts tip-third of cutting edge against tooth			
10. Shank position indicates 45°-so^{0} face/tooth angulation for activation			
11. Wrist motion activation			
12. Scales as far interproximal as anatomy permits			
13. Overlapping strokes			
14. Assessment strokes used (Uses lateral pressure for calculus removal only)			
15. Strokes vertical/oblique			
16. Short & controlled strokes while maintaining contact with tooth surface			
17. Tissue integrity maintained			
18. Systematic sequence: (Aims toe in working direction)			
19. Professionalism maintained. Consideration to patient comfort and safety.			
20. **Asepsis maintained***			
SCORE: (X/20) X 100=	%	%	%
80 % Minimum to pass CSI **85 % Minimum to pass CSII** **90% Minimum to pass CSIII** ***CRITICAL: Unsatisfactory results in automatic failure** — **Indicate Pass or Fail**	P/F	P/F	P/F
Faculty Initials:			
Date:			
TEST AREA			

* A failure of the 1st attempt-Student is required to remediate for a minimum of 1 week
** A failure of the 2nd attempt-Student is required to remediate for a minimum of 2 weeks
*** A failure of the 3rd attempt--Student will receive an automatic failure in the course

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GRACEY CURET 1/2

NAME: _____ DATE: _____

INSTRUCTOR: _____

	pt	2nd	3rd
1. Operator/patient- best position			
2. Uses light, mirror, and gauze correctly			
3. Modified pen grasp, light grasp, no split fulcrum			
4. Steady hand & fulcrum 1-3 teeth away			
5. Finger rest on *VO* with palm apical			
6. Chooses correct instrument			
7. **Uses correct working-end of the instrument***			
8. ANTERIOR: Begins at midline & overlaps at midline			
9. Adapts toe-third of cutting edge against tooth			
10. Shank position indicates O^0 face/tooth angulation for subgingival insertion 45° • 80° face/tooth angulation for activation			
11. Wrist motion activation			
12. Scales as far interproximal as anatomy permits			
13. Overlapping strokes while remaining subgingival			
14. Assessment strokes used (Uses lateral pressure for calculus removal only)			
15. Strokes vertical/oblique			
16. Short & controlled strokes while maintaining contact with tooth surface			
17. Tissue integrity maintained			
18. Systematic sequence: (Aims toe in working direction)			
19. Professionalism maintained. Consideration to patient comfort and safety.			
20. **Asepsis maintained***			
SCORE: (X/20) X 100=	%	%	%
Indicate Pass or Fail	P/F	P/F	P/F
Faculty Initials:			
Date:			
TEST AREA			

80% Minimum to pass CSI
85 % Minimum to pass CSII
90% Minimum to pass CSIII

***CRITICAL: Unsatisfactory results in automatic failure**

* A failure of the 1st attempt-Student is required to rernediate for a minimum of I week
** A failure of the 2nd attempt-Student is required to remediate for a minimum of 2 weeks
*** A failure of the 3rd attempt-Student will receive an automatic failure in the course

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GRACEY CURET 11/12

NAME: _____ __ DATE: _____ __

INSTRUCTOR: _____ __

	pt	znd	3rd
1. Operator/patient- best position			
2. Uses light, mirror, and gauze correctly			
3. Modified pen grasp, light grasp, no split fulcrum			
4. Steady hand & fulcrum 1-3 teeth away			
5. Finger rest on *VO* with palm apical			
6. Chooses correct instrument			
7. **Uses correct working-end of the instrument***			
8. POSTERIOR: Begins at DL-angle and works toward Mesial			
9. Adapts toe-third of cutting edge against tooth			
10. Shank position indicates O^0 face/tooth angulation for subgingival insertion 70° - 80° face/tooth angulation for activation			
11. Wrist motion activation			
12. Scales as far interproximal as anatomy permits			
13. Overlapping strokes while remaining subgingival			
14. Assessment strokes used (Uses lateral pressure for calculus removal only)			
15. Strokes vertical/oblique			
16. Short & controlled strokes while maintaining contact with tooth surface			
17. Tissue integrity maintained			
18. Systematic sequence: (Aims toe in working direction and begins with most posterior tooth)			
19. Professionalism maintained. Consideration to patient comfort and safety.			
20. **Asepsis maintained***			
SCORE: (X/20) X 100=	%	%	%
Indicate Pass or Fail	P/F	P/F	P/F
Faculty Initials:			
Date:			
TEST AREA			

80 % Minimum to pass CSI
85 % Minimum to pass CSII
90% Minimum to pass CSIII

***CRITICAL: Unsatisfactory results in automatic failure**

• A failure of the 1'1 attempt-Student is required to remediate for a minimum of 1 week
** A failure of the 2nd attempt-Student is required to remediate for a minimum of 2 weeks
*** A failure of the Yd attempt-Student will receive an automatic failure in the course

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ULTRASONIC SCALER

NAME: _____ __ DATE: _____ __

INSTRUCTOR: _____ __

	pt	2nd	3rd
1. Explains purpose of procedure to patient			
2. Prepares device by flushing water line for 2 minutes			
3. Selects and assembles armamentarium (Fills cavitron handle with water and inserts tip)			
4. Evaluates water flow: Adjusts power and water settings as necessary			
5. Operator/patient- best position			
6. Modified pen grasp			
7. Steady hand & appropriate fulcrum			
8. Optimizes use of light, mirror and suction			
9. Adapts 2-3 mm of the side of the tip to the tooth (Does not use direct tip on tooth surface)			
10. Activates working-end with slow, repetitive, sweeping strokes, keeping the working-end in motion at all times			
11. Overlaps strokes in transverse and vertical orientations to adequately cover entire tooth surface			
12. Uses light lateral pressure			
13. Tissue integrity maintained			
14. Professionalism maintained. Consideration to patient comfort and safety.			
15. **Asepsis maintained***			
SCORE: (X/15) X 100=	%	%	%
80% Minimum to pass CSI **85% Minimum to pass CSII** **90% Minimum to pass CSIII** ***CRITICAL: Unsatisfactory results in automatic failure**	**Indicate Pass or Fail**	P/F	P/F	P/F
	Faculty Initials:			
	Date:			
	TEST AREA			

• A failure of the 1st attempt-Student is required to remediate for a minimum of 1 week
*+ A failure of the 2nd attempt-Student is required to remediate for a minimum of 2 weeks
*** A failure of the 3rd attempt-Student will receive an automatic failure in the course

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MEDICAL HISTORY & VITAL SIGNS

NAME: _____ DATE: _____

INSTRUCTOR: _____

	pt	2nd	3rd
I. Explains purpose of procedure to patient			
2. Medical history reviewed, medications recorded			
3. Radial pulse located with proper finger placement			
4. Pulse rate assessed for 60 seconds (*Sequence: Pulse, Respirations, BP)			
5. Respiration rate assessed for 60 seconds (Immediately after pulse rate)			
6. Measures and selects correct blood pressure cuff size			
7. Locates the brachial artery			
8. Positions cuff correctly to bare arm, 1 inch above the antecubital fossa			
9. Supports arm at heart level			
10. Locates the radial pulse and inflates cuff 30 points beyond where the pulse is no longer felt			
11. The stethoscope end piece is placed over brachial artery			
12. Slowly releases valve to deflate cuff			
13. Records pulse rate, respiration rate, and BP (Arm used: RA or LA) in patient chart			
14. Professionalism maintained			
15. **Asepsis maintained***			
SCORE: (X/15) X 100=	%	%	%
80% Minimum to pass CSI **85% Minimum to pass CSII** **90% Minimum to pass CSIII** ***CRITICAL: Unsatisfactory results in automatic failure** — **Indicate Pass or Fail**	P/F	P/F	P/F
Faculty Initials:			
Date:			
TEST AREA			

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EXTRAORAL & INTRAORAL EXAMINATION (EOE/IOE)

NAME: _____ ___ DATE: _ _ _ _ _ _ _ _ _ _

INSTRUCTOR: _____ ___

	pt	2nd	3rd
1. Explains purpose of procedure to patient & dons PPE prior to examination			
2. Instructs patient to remove oral appliances, lip balm/lipstick, & instructs patient to rinse with pre-procedural antimicrobial oral rinse			
3. **EOE:** Observes overall extraoral features of head, face, and neck			
4. Bilateral palpation of submandibular & submental salivary gland lymph nodes			
5. Bilateral palpation of parotid salivary glands			
6. Bilateral palpation of pre- and post-auricular lymph nodes			
7. Bilateral palpation of occipital lymph nodes			
8. Bilateral palpation of the **TMJ,** observes for deviations as patient opens & closes, listens for sounds of cracking/popping			
9. Bimanual palpation cervical chain lymph nodes and clavicle			
10. Bimanual palpation of thyroid gland (Instructs patient to swallow)			
11. **JOE:** Removes gloves, sanitizes, dons clean gloves			
12. Preliminary examination of the lips & intraoral mucosa with mouth mirror & light			
13. Inspects lips & vermillion border. Observes for abnormalities (ex: scares, blisters, cracks)			
14. Retracts and inspects inner portion oflips, labial mucosa, mucobuccal folds, & frenum			
15. Bi-digital palpation oflips & labial mucosa			
16. Retracts and inspects buccal mucosa, mucobuccal folds, & parotid papillae. Observes for abnormalities (ex: lesions) or variations of normal (Ex: Fordyce e:ranules)			
17. Bimanual palpation of mucobuccal folds			
18. Inspects teeth. Observes # of teeth, missing teeth, dental abnormalities, & restorations			
19. Inspects hard palate. Observes incisive papilla, median palatine raphe, palatine rugae, and palatal torus			
20. Inspects soft palate. Observes fovea palatini			
21. Digital palpation of hard palate			
22. Depresses tongue to examine tonsillar region, uvula, & oropharynx			
23. Bi-digital palpation of alveolar ridges. Observes for exostosis and tori			
24. Inspects and digitally palpates retromolar pads & maxillary tuberosities			

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HOMECARE INSTRUCTIONS & PHP INDEX

NAME: _____ DATE: _____

INSTRUCTOR: _____

	pt	2nd	3rd
1. Explains purpose of procedure to patient			
2. Operator/patient- best position			
3. Uses light and mirror correctly			
4. *PHP Index:* Selects and prepares appropriate annamentarium (Ex: disclosing solution, cotton tip applicator. oral rinse)			
5. *PHP Index:* Applies disclosing solution to correct tooth surfaces (*Note: A complete visual for your patient may require disclosing all tooth surfaces, however, be sure to indicate the correct tooth surfaces for PHP Index)			
6. *PHP Index:* Calculates index correctly (Patient must rinse in order to calculate index)			
7. **TELL-** Utilizing a handheld mirror, identifies "problem areas" with the patient. (Utilizes assessment data to identify areas in need of improved hv iene)			
8. Recommends oral hygiene tools based on appropriate rationale for patient needs (Considers tools characteristics; ex: design, size, etc)			
9. **SHOW-** Demonstrates and explains proper oral hygiene techniques on typodont (extraoral visual) and then intraorally (patient observes with handheld mirror)			
10. **DO-** Instructs patient to demonstrate techniques themselves			
11. Corrects patient techniques as necessary			
12. Answers patient questions effectively			
13. Utilizes appropriate terminology and evidence-based techniques			
14. Professionalism maintained			
15. **Asepsis maintained***			
SCORE: (X/15) X 100=	%	%	%
80 % Minimum to pass CSI **85 % Minimum to pass CSII** **90 % Minimum to pass CSIII** ***CRITICAL: Unsatisfactory results in automatic failure** — **Indicate Pass or Fail**	P/F	P/F	P/F
Faculty Initials:			
Date:			
TEST AREA			

* A failure of the 1st attempt-Student is required to remediate for a minimum of 1 week

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*** A failure of the 3rd attempt-Student will receive an automatic failure in the course

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POLISHING

NAME: _____ DATE: _____

INSTRUCTOR: _____

	pt	2nd	3rd
1. Explains purpose of procedure to patient			
2. Selects appropriate polishing agent and prepares arrnamentarium			
3. Operator/patient- best position			
4. Uses light, mirror, and gauze correctly			
5. Applies sufficient amount of agent to rubber cup			
6. Modified pen grasp			
7. Steady hand & fulcrum			
8. Distributes agent over tooth surface to be polished before activating			
9. Activates handpiece close to tooth to establish slowest rpm prior to making contact with surface			
10. Applies steady pressure on rheostat to maintain an even, low speed (rpm)			
11. Flares cup slightly underneath gingival margin & onto proximal surface			
12. Uses light patting motion (1-2 seconds)			
13. Replenishes supply of polishing agent frequently			
14. Uses saliva ejector to remove excess and excess saliva			
15. Instructs patient to rinse and expectorate			
16. Flosses all proximal surfaces			
17. Tissue integrity maintained			
18. Systematic sequence: Begins with most posterior tooth, working from the gingival third to the incisal/occlusal third			
19. Professionalism maintained. Consideration to patient comfort and safety.			
20. **Asepsis maintained***			
SCORE: (X/20) X 100=	%	%	%
80% Minimum to pass CSI **85% Minimum to pass CSII** **90% Minimum to pass CSIII** ***CRITICAL: Unsatisfactory results in automatic failure** — **Indicate Pass or Fail**	P/F	P/F	P/F
Faculty Initials:			
Date:			
TEST AREA			

* A failure of the 1st attempt-Student is required to remediate for a minimum of 1 week
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*** A failure of the 3rd attempt-Student will receive an automatic failure in the course

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FLUORIDE TRAY

NAME: _____ DATE: _____

INSTRUCTOR: _____

	pt	2nd	3rd
1. Explains purpose of procedure to patient			
2. Operator/patient- best position			
3. Selects appropriate fluoride agent			
4. Chooses and confirms correct size of tray intraorally			
5. Gel: Fills tray 2/3 full with fluoride agent and does not overlill			
6. Dries all teeth prior to insertion of trays (Uses saliva ejector & air water syringe)			
7. Demonstrates appropriate technique for insertion of trays: *Inserts both filled trays, or uses two step procedure (one tray at a time)			
8. Once inserted, instructs patient to gently bite down, keeping teeth together throughout the procedure			
9. Instructs patient not to swallow and to tilt head forward while fluoride trays are inserted			
10. Utilizes saliva ejector to remove excess as necessary			
11. Times and monitors patient for full duration (4 minutes)			
12. Once complete, removes trays and instructs patient to expectorate			
13. Conducts intraoral inspection with light and mouth mirror to detect for signs of adverse reaction			
14. Proper post-procedure instructions explain to patient: Do not eat. Rinse, or drink for 30 minutes			
15. Professionalism maintained. Consideration to patient comfort and safety. (Does not leave patient unattended)			
16. **Asepsis maintained***			
SCORE: (X/10) X 100=	%	%	%
Indicate Pass or Fail	P/F	P/F	P/F
Faculty Initials:			
Date:			
TEST AREA			

80 % Minimum to pass CSI
85 % Minimum to pass CSII
90% Minimum to pass CSIII

***CRITICAL: Unsatisfactory results in automatic failure**

* A failure of the 1st attempt-Student is required to remediate for a minimum of 1 week
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*** A failure of the 3rd attempt-Student will receive an automatic failure in the course

IBID Eastern International College

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FLUORIDE VARNISH

NAME: _____ DATE: _____

INSTRUCTOR: _____

	pt	2nd	3rd
1. Explains purpose of procedure to patient			
2. Operator/patient- best position			
3. Selects appropriate fluoride agent			
4. Prepares all teeth according to manufacturer's suggestion (If necessary, uses saliva ejector & air waler syringe)			
5. Applies thin layer of varnish to all tooth surfaces			
6. Utilizes the saliva ejector to remove excess as necessary			
7. Conducts intraoral inspection with light and mouth mirror to detect for signs of adverse reaction			
8. Proper post-procedure instructions explain to patient: Avoid hard/crunchy foods, hot or alcoholic beverages, no brushing/flossing for recommended time by manufacturer (approx. 4-6 hours)			
9. Professionalism maintained. Consideration to patient comfort and safety.			
10. **Asepsis maintained***			
SCORE: (X/10) X 100=	%	%	%
80% Minimum to pass CSI **85% Minimum to pass CSII** **90% Minimum to pass CSIII** ***CRITICAL: Unsatisfactory results in automatic failure** — **Indicate Pass or Fail**	P/F	P/F	P/F
Faculty Initials:			
Date:			
TEST AREA			

* A failure of the 15[1] attempt-Student is required to remediate for a minimum of 1 week

** A failure of the 2nd attempt-Student is required to remediate for a minimum of 2 weeks

*** A failure of the 3rd attempt-Student will receive an automatic failure in the course

EIIII Eastern International College

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INSTRUMENT SHARPENING: MOVING STONE TECHNIQUE

NAME: _____ DATE: _____

INSTRUCTOR: _____

	pt			2nd			3rd		
	S	UC	GC	S	UC	GC	S	UC	GC
1. Selects and prepares appropriate armamentarium									
2. Utilizes proper setting for sharpening (Stable surface with £OOd light source)									
3. Identifies proper working cutting edges									
4. Identifies the need to sharpen (test stick)									
5. *Non-dominant hand:* Holds instrument handle in a modified pen grasp									
6. Establishes the correct face-to-shamening device angulation									
7. *Dominant hand:* Activates sharpening device with short up and down strokes, while applying smooth even pressure									
8. Systematic sequence: Heel-Middle-Toe/fip									
9. Properly contours the toe-third or tip-third of the instrument									
10. Prevents metal burs (wire edge) by finishing with a downward stroke									
11. Removes any remaining metal burs by honing the face of the instrument (if necessarv, wipes remaining particles with l.!'.auze)									
12. Evaluates sharpness along the entire length of the blade with test stick									
13. **Asepsis maintained***									
SCORE: (X/13) X 100=	%	%	%	%	%	%	%	%	%
80% Minimum to pass CSI **85% Minimum to pass CSU** **90%Minimum to pass CSIII** ***CRITICAL:** Unsatisfactory results in automatic failure — **Indicate Pass or Fail**	P/F	P/F	**P/F**	P/F	P/F	P/F	P/F	P/F	P/F
Averaged score									
Faculty Initials									
Date:									

* A failure of the I st attempt-Student is required to remediate for a minimwn of 1 week
** A failure of the 2nd attempt-Student is required to remediate for a minimum of 2 weeks
*** A failure of the 3rd attempt-Student will receive an automatic failure in the course

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INSTRUMENT SHARPENING: STATIONARY STONE TECHNIQUE

NAME: _____ __ DATE: _____ __

INSTRUCTOR: _____ __

	pt			2nd			3rd		
	S	**UC**	**GC**	**S**	UC	**GC**	**S**	**UC**	**GC**
1. Selects and prepares appropriate arrnamentarium									
2. Utilizes proper setting for sharpening (Stable surface with good Jight source)									
3. Identifies proper working cutting edges									
4. Identifies the need to sharpen (test stick)									
5. *Dominant hand:* Holds instrument handle in a modified pen grasp									
6. Establishes the correct face-to-sharoening device angulation									
7. *Non-dominant hand:* Holds stone in place									
8. Systematic sequence: Heel-Middle-Toeffip									
9. Properly contours the toe-third or tip-third of **the** instrument									
10. Prevents metal burs (wire edge) by finishing with a downward stroke									
11. Removes any remaining metal burs by honing the face of the instrument (if necessarv, wipes remaining particles with gauze)									
12. Evaluates sharpness along the entire length of the blade with test stick									
13. **Asepsis maintained***									
SCORE: (X/13) X 100=	%	%	%	%	%	%	%	%	%
Indicate Pass or Fail	**P/F**	P/F	P/F	P/F	P/F	P/F	P/F	P/F	P/F
Averaged score									
Faculty Initials									
Date:									

80% Minimum to pass CSI
85% Minimum to pass CSU
90% Minimum to pass CSIII

***CRITICAL: Unsatisfactory results in automatic failure**

* A failure of the 1st attempt-Student is required to remediate for a minimum of 1 week
** A failure of the 2nd attempt-Student is required to remediate for a minimum of 2 weeks
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cAJ:..,CULUSDETICTION COMPETENCY

NAIYfE: _____

rns.._rRUCTOR:_____

Checlc ""Yes" or "No" for all surfaces of the below teeth. Satisfactory performance of this lab/clinical skill is expected. After the instnJCt"Or evaluates the skill performance, discussion of the findings will detennine the evaluation score. If the student does not attain a passing grade above 75%, remediation will continue until a passing grade is attained.

	YES	NO	YES	NO	+S	-S
1. rooth#						
Mesial						
Distil!						
Facial						
Lingual						
2. Tooth#						
Mesial						
rnstst						
&cisl						
Lingual						
3. Tooth#						
Disuu •						
Facial						
Lingual						

Prbo•l'Y Quadrant

Ch()j)se 2•or more teeth to show six sUJ:fa es of moderate to heavy exnlorer-detectable.sublrimtlval calculus

	MD F L				
	MD FL				
	MD FL				
	MD FL				
	M D F L				
	M D F L				

Secondlll'Y **Quadrant**

Choose one or more teeth to show two surfaces of moderate to heavY ex Jlorer-detectable sublrinl!i.valcalculus

	MD F L				
	M D F L				
	MD FL				

Suggestions/Comments:

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ALGINATE IMPRESSIONS

NAME: _____ DATE: _____

INSTRUCTOR·

	pt		2nd		3rd	
	Max.	**Mand.**	**Max.**	Mand.	**Max.**	Mand.
I. Explains procedure to patient						
2. Assembles materials						
3. Covers sink drain with paper towel						
4. Selects appropriate tray size						
5. Proportioned powder and water; mixed to a smooth consistency						
6. Loads tray correctly						
7. Smooths material with wet finger						
8. Stands in proper position (Max behind patient, Mand in front of patient)						
9. Inserts tray with retraction of cheek and rotation of tray						
10. Positions and seats tray over teeth so that tongue, cheeks or lios are not impinged						
11. Stabilizes until alginate sets (Head is forward and chin down)						
12. Determines set by checking material						
13. Breaks seal by placing fingers above/below rim						
14. Retracts tissue and removes tray diagonally without trauma to the teeth on opposing arch						
15. Removes tray, rinses and disinfects impression						
16. Evaluates impression & determines acceptability or need to reoeat imoression						
17. Temporarily wraps in moist paper towel						
18. Gives patient water to rinse and clears patient's oral cavity and face of debris						
I9. Clean & disinfect area						
20. **Asepsis maintained***						
SCORE: (X/20) X 100=	%	%	%	%	%	%
Indicate Pass or Fail	P/F		P/F		P/F	
Faculty Initials:						
Date:						

80% Minimum to pass CSI
85% Minimum to pass CSU
90% **Minimum** to **pass CSIII**

***CRITICAL: Unsatisfactory results in automatic failure**

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** A failure of the 2nd attempt-Student is required to remediate for a minimum of2 weeks
*** A failure of the 3rd attempt-Student will receive an automatic failure in the course

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..,.-,, College

BITE REGISTRATION

NAME: ____ __ DATE: __________________ __

:GISTRUCTOR:

	1st	2nd	3rd
1. Reviews medical history. Explains procedure to patient			
2. Assembles automix dispensing gun material			
3. Determines patient's normal occlusion position			
4. Places material onto occlusal surfaces of mandibular teeth, starting in the molar region			
5. Covers entire surface of teeth using side-to-side motion with tip			
6. Instructs patient to occlude for required time according to manufacturer instructions			
7. Checks registration to ensure all teeth are present			
8. Rinses and disinfects			
9. Demonstrates professionalism, regard for patient safety and comfort			
10. **Asepsis maintained***			
SCORE: (X/10) X 100=	%	%	%

80¾ Minimum to pass CSI **85°/4 Minimum to pass CSII** **90% Minimum to pass CSIII** ***CRITICAL: Unsatisfactory results in automatic failure**	**Indicate Pass or Fail**	P/F	P/F	P/F
	Faculty Initials:			
	Date:			

* A failure of the P' attempt-Student is required to remediate for a minimum ofl week

*" A failure of the 2nd attempt-Student is required to remcdiate for a minimum of2 weeks

*** A failure of the 3rd attempt-Student will receive an automatic failure in the course

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suuGINGIVAL IRRIGATION

NAJV1E---------'--- DATE._____ _

INSTRUCTOR._____ __

	1"	znd	3rd
1. Explain procedure to patient			
Z . Selects and assembles correct/appropriate armamentarium			
3- Conectly identify areas needing subgingival irrigation utilizing periodontal charting			
4. Proper patient and operator position			
5. Aspirates to load syringe			
6. Bend cannula for pocket access			
7 . Test flow			
8. Establish fulcrum			
9. Insert cannula to base of pocket			
10- Continuous sweeping stroke is employed to safely and gently irrigates pockets with anti-microbial aJ(ent			
11- Suction is used to evacuate solution			
12- Recap cannula safely			
13. Dispose entire unit in sharps container			
14. Proceed systematically			
15. Asepsis followed**			
SCORE:(/ 15) x 100 =	%	%	%

85 % l\finimlllD to pass CSII **90% l\1i1limmn to pass CSIII** *CRITICAL: Unsatisfactory results in automatic **failure**	**Pass or Fail:**	**P/F**	**P/F**	**P/F**
	Faculty Initials:			
	Date:			
	Test Area:			

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IN-OFFICE BLEACHING

NAME: ..... DATE: .....

INSTRUCTOR:

	pt	2nd	3rd
L Reviews medical history, confirms NO contraindications, explains procedure to patient. Informed consent is explained/signed. Patient qualifies for bleaching (has had recent prophylaxis/has minimal calculus buildup)			
2. Selects and assembles armamentarium			
3. Talces pre-bleaching shade			
4. Pumice used to clear teeth ofbiofilm			
5. Inserts self-supporting plastic cheek retractors.			
6. Securely attaches microtip to OpalDam and checks flow. Expresses continuous bead along gingival margin building barrier 4-6mm high and 1.5-2.0 thick. Express dam between any open embrasures.			
7. Light cure OpalDam resin barrier for 20 seconds prior to arch using back and forth motion. Carefully checks the resin cure with explorer			
8. Mixes bleaching product correctly (Ensures both syringes are securely attached before proceeding. Presses plunger of the red syringe pushing all contents into the clear syringe)			
9. Activates bleaching product (Continually presses materials between syringes with two thumbs for a minimum of SO times (25 per side) rapidly)			
I0. Patient- best position (sitting upright)			
11. Separates two syringes and attaches the micro-tip onto the red syringe. Checks flow prior to applying intraorally.			
12. Uses air to dry teeth and applies 0.5-1.0 mm thick layer of Opalescence Boost 40% to labial surface of the tooth and slightly onto incisal/occlusal surfaces. Allows gel to remain on teeth for 20 mins.			
13. Suctions gel thoroughly and does not rinse with water. Repeats step 12 twice or until desired results are achieved. **Does not exceed 3 aoolications oer visit**			
14. After final application and all visible gel is removed, thoroughly rinse teeth. Gently slips tiv of explorer beneath dam to lift off while maintaining tissue integrity.			
I5. Final shade is talcen			
16. Desensitizing gel or applied for 4 minutes			
17. Consideration to patient comfort, safety, and no significant sensitivity/burning is noted. Post-op instructions given to patient			
I8. Asepsis maintained*			
SCORE: (X/18) X 100=	%	%	%
85% Minimum to pass CSII **90% Minimum to pass CSIII** ***CRJTICAL: Unsatisfactory results in automatic failure** — **Indicate Pass or Fail**	P/F	*PIF*	P/F
Faculty Initials:			
Date:			

* A failure of the 1st attempt-Student 1s required to rcmcdiate for a minimum ofl week
** A failure of the 2nd attempt-Student is required to remediate for a minimum of2 weeks

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CUSTOM MODEL- MOUTHGUARD

r-,;rAME: _____ DATE: _____

:criS TRUCTOR

	1st	2nd	3rd
1. Impression previously taken and study cast previously poured.			
2. Trims cast in a horseshoe shape so that the central portion representing the tongue and palate areas are mostly removed.			
3. Inserts sheet of mouthguard material in the frame of the vacuum and clamps it into place. Lifts clamp up to heating element and turns on heat to soften the material.			
4. Places cast on platform in center under sheet of mouthguard material			
5. Lowers the frame when sheet of material has softened and sags an inch or more. Tums on vacuum when molted material covers cast. Leaves vacuum on for 30 seconds.			
6. Allows material to cool to capture all fixtures. Trims excess material from cast.			
7. Trims excess of material from trays carefully on cast leaving about 3/8 inch onto the palate and facial QlllITTVa for protection.			
8. Places guard on the maxillary cast and checks to see that material is not too **thick** in the molar region. (The mandibular cast should close evenly onto the guard and not oroo the bite open)			
9. Corrects bite if extended too high using petroleum jelly and gently eating the area of height with an alcohol torch untffthe guard meets evenly with the anterior and posterior.			
I0. Rounds out with an acrylic bur the indentations of the guard. Creates smooth borders and occlusal surface.			
11. Washes the guard with liquid soap and water. Rinses thoroughly and sprays with disinfectant. Stores until delivery appointment with patient's name.			
12. Delivers to patient. Makes sure fit is comfortable without rough areas. Exolain to patient how to properly use, store, and clean e:uard.			
13. **Asepsis maintained***			
SCORE: (X/13) X 100=	%	%	%
Indicate Pass or Fail	*PIP*	*PIP*	P/F
Faculty Initials:			
Date:			

80% Minimum to pass CSI
85% Minimum to pass CSII
90% Minimum to pass CSIII

"CRITICAL: Unsatisfactory results in **automatic failure**

* A failure of the 1st attempt-Student is required to remediate for a minimum ofl week
** A failure of the 2nd attempt-Student is required to remediate for a minimum of 2 weeks
**' A failure of the 3rd attempt-Student will receive an automatic failure in the course

FACULTY NOTE:
MORE THAN ONE FACULTY MEMBER MAY OBSERVE DIFFERENT PARTS OF THIS EVALUATION IF DELIVERY IS COMPLETED ON A DIFFERENT DAY THAN TRIMMING. FACULTY SHOULD INITIAL WHICH PARTS OF COMPETENCY THEY HAVE EVALUATED.

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CUSTOM MODEL/BLEACHING TRAY

STUDENT NAME _____ DAIB: _____

INSTRUCTOR: _____

	1st	2nd	3rd
1. Review medical history. Informed consent is explained and signed by the patient. Alginate impressions are taken. Inspects casts (study models) and removes any blebs of dental stone on the teeth.			
2. Trims casts in a horseshoe shape so that the central portion representing the tongue and palate areas are mostly removed. Apply Block-Out resin on the teeth to be whitened and ewe Ii ht resin.			
3. Inserts a sheet of whitening material in the frame of the vacuum former and clamps it in place. Lift clamping frame up to heating element and tum on the heat to soften the material.			
4. Place the cast on the platform and center it under the sheet of whitening material.			
5. Lower the frame when the sheet of whitening material has softened and sags an inch or more. Turn on the vacuum when the molten whitening material covers the cast. Leave the vacuum on for at least 30 seconds to allow ada tation of whitenin material.			
6. Allow whitening material to cool to capture all the fixtures and trim excess of whitening material from the cast. Remove whitening material carefully.			
7. Trim excess of material from trays ever so carefully to maintain the scallop (curved) sha e of the in iva mar in. 8. Wash the whitening trays with liquid soap and water. Rinse thoroughly and spray it with a disinfectant. Store until delivery appointment in a case marked with patient's name.			
9. Deliver to patient. Make sme it fits comfortable without rough areas. Explain to patient how to keep it clean and use properly.			
IO. Demonstrate patient how to administer the whitening gel to avoid overfilling the trays.			
11. Patient should always be warmed of potential adverse effects such as sensitivity of the gingiva (gum) tissue and the teeth by given verbal and written manufacture instructions to follow at home.			
12. Arrange a follow-up appointment; if possible, 2 weeks from the whitening start date to evaluate the final result.			
SCORE: (/ 12) x 100 =	%	%	%
85% Minimum to pass CSII 90%Minimum to pass csm ***CRITICAL: Unsatisfactory results** in **automatic failure** — Pass or Fail:	P/F	P/F	P/F
Faculty Initials:			
Date:			
Test Area:			

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STUDENT NAME _____

INSTUCTOR _____ DATE:_____ __

	1st	2nd	3rd
1. Prosthesis is correctly identified			
Instructs the patient on proper home care of prosthesis			
- Plastic bag is in treatment area. and prosthesis is placed in plastic bag and transported to sterilization			
4. Fill plastic bag with water and calculus removal tablet			
S- Enfflresolo:tionis in the ULTRASONIC chamber			
6- Hace the bag in.the ultrasonic chamber and set timerfor IO minutes			
7_ When cycle is complete, rinse prosthesis THOROUGHLY (may use denture brush if needed)			
g_ Check prosthesis for any deposits			
9_ Docnment the procedure in the patient's chart			
10- Asepsis followed *			
SCORE: (/10)x 100=			
Pass or Fail:	P/F	P/F	P/F
Faculty Initials:			
Date:			

85 1\fmunum to pus CSil

90 wai:mum to pass csm

***CBfl'lCAL: Unsatisfacto:cy results in automatic failure**

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AIR POLISHING

NAME: _____

INSTRUCTOR: DATE: _____

	1st	2nd	3rd
1. Reviews medical history and confinns NO contraindications. Explains procedure to patient.			
2. Selects appropriate system components and sets system up correctly. (Attaches to unit correctlv, and attaches tip properly)			
3. Fills powder to horizontal bar. Does not overfill, screws cap back onto chamber			
4. Sets the water flow rate to obtain a small continuous spray			
5. Operator/patient- best position.			
6. Uses modified pen grasp and DIRECT vision			
7. Points away from gingiva at 35-45 degree angle & avoids soft tissue. Keeps nozzle toward tooth surface 3-5 mm away.			
8. Utilizes proper suction to ensure patient comfort.			
9. Pulls tip off of chamber and clears excess debris properly (Runs air/water through or olaces metal tip into tip)			
10. Unscrews chamber from unit and discards additional powder			
11. Sanitizes/disinfects external portion of chamber (Does not get moisture inside of chamber. When needed onlv uses alcohol to wipe out interior of chamber)			
12. Brings tip to sterilization. Restores polisher base.			
13. *Tissue integrity maintained			
14. Professionalism maintained. Consideration to patient safety & comfort.			
15. **Asepsis maintained***			
SCORE: (X/15) X 100=	%	%	%
80% Minimum to pass CSI **85% Minimum to pass CSII** **90% Minimum to pass CSIII** ***CRITICAL:** Unsatisfactory results in automatic failure	**Indicate Pass or Fail**	PIF	PIF	PIF
	Faculty Initials:			
	Date:			

* A failure of the **1st** attempt-Student is required to remediate for a minimum of 1 week

** A failure of the 2nd attempt-Student is required to remediate for a minimum of2 weeks

*** A failure of the 3,d attempt-Student will receive an automatic failure in the course

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DENTAL SEALANTS

STUDENT NAME: .....

INSTRUCTOR NAME: ……..……

DATE: _____ __

	1st	2nd	3rd
I. Explains procedure to patient (parent/guardian)			
2. Appropriate teeth are selected and confirmed by Dentist			
3. Sealants are incorporated as part of the treatment plan			
4. Proper annamentarium is selected, amber shield is on curing light and amber golT11!es are worn by patient			
5. Plaque is removed from the surface of tooth to be sealed (Polish with pumice or air nolish)			
6. Rinses tooth, dries, and isolates			
7. Etches tooth for required time			
8. Etch is rinsed for required time			
9. Tooth is dried until there is a "frosted white" appearance on surface where tooth has been conditioned			
/0. Proper amount of sealant material is applied			
11. Sealant is cured with light for appropriate time			
12. Shepherd's Hook Explorer is used to assess sealant for retention and voids/irregularities			
13. Articulating paper is used to assess occlusion			
14. High spots are removed with appropriate instruments			
15. Floss is utilized to assess contact areas			
16. * Dry area is maintained throughout the process			
17. Procedure is properly documented in patient's chart			
18. **Asepsis maintained***			
SCORE: (X/18) X 100=	%	%	%
Indicate Pass or Fail	*PIF*	*PIF*	P/F
Faculty Initials:			
Date:			
TEST TOOTH			

80% Minimum to pass CSI
85% Minimum to pass CSII
90% Minimum to pass CSID

***CRITICAL: Unsatisfactory results in automatic failure**

Additional Teeth Sealed during clinic session:

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