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

I understand that the nature of Dental Hygiene courses includes pre-clinical and laboratory practice on student partners. Furthermore, I am cognizant of the fact that enrollment in the BCC 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 BCC to provide patient care. In the event an item is broken or stolen, I will pay the College the amount to replace the item.

____________________  ________________________
Date                   Student Signature

____________________
Social Security or Student ID #
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INTRODUCTION

This manual has been prepared to serve as a guide and resource reference for the dental hygiene student. It includes the clinical services goals and objectives, clinic policies, and procedures. 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 well-being of all patients, students, faculty and staff. This manual contains important information to help you through the next two years. It can also be found online at: www.rcbc.edu/dental.

A dental hygienist is a licensed member of the 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 in order to involve the patient as a partner in care 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 health care settings with diverse populations.

The program includes many hours of theory, laboratory and clinical practice, along with basic science and general education courses. Clinical experiences will be provided in the Rowan College at Burlington County dental hygiene suite. However, students may be required to attend off-campus facilities for enrichment experiences.

Dental hygiene courses are web enhanced, and access to the Internet will be necessary to complete course requirements. Public access to computers is provided in many sites on campus. It is the student's responsibility to access these websites on a regular basis as announcements and assignments are posted there. Prior to beginning clinical assignments, students must complete a medical form. Additional prerequisites to attending clinical sessions include providing proof of immunizations, medical and malpractice insurance, and CPR certification for health care providers. After the initial two step TB test is completed prior to the first clinical session, an additional TB test is required between the first and second years of study. All documentation for negative TB tests must be submitted in order to attend clinical sessions.

Students must complete all degree requirements for the A.A.S. degree within five years of the date of their matriculation in the dental hygiene curriculum.

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 make a decision. The Program is entitled to modify these procedures when necessary, in order to properly exercise educational responsibility. Every effort will be made to apprise students of changes as soon as possible.
Competencies, Goals and Objectives

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, patients, faculty and administrators.

Students must strive to adhere to technical, behavioral, attitudinal and professional standards of clinical performance. Failure to maintain and/or adhere to such standards will provide a basis for dismissal from the Dental Hygiene program.

CLINICAL SERVICES OBJECTIVES

Clinical Services I (DHY151)

Upon completion of Clinical Services I, 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 skill independence and efficiency.

Skills

1. Obtain and record a comprehensive medical and dental history including vital signs.
2. Perform and record data obtained from the following procedures:
   1. Extraoral and intraoral examination including a gross physical observation and examination of the periodontium
   2. Oral cancer screening
   3. Comprehensive periodontal assessment
   4. Risk assessment
3. Organize and sequence a comprehensive treatment plan through analysis of collected data and assessment tools and application of dental hygiene diagnosis to the clients' individual needs.
4. Utilize periodontal assessment data, oral hygiene indices and risk assessments to record and evaluate a patient's oral status.
5. Perform complete dental charting, including deposits and assessment of occlusion.
6. Perform scaling and root debridement procedures.
7. Apply topical anesthetic.
8. Apply topical fluoride treatments.
9. Apply desensitizing agents.
10. Demonstrate and utilize appropriate and effective infection control and waste disposal techniques and all standard precautions at all times in the clinical setting.
11. Demonstrate competency in the administration of OHI – S index on patients and its use in tailoring, demonstrating and implementing an individualized self-care regimen.
13. Use effective, non-traumatic instrumentation.
15. Assess patient needs and attitudes toward preventive education, including nutritional counseling and smoking cessation.
16. Assess the need for supplemental fluoride therapy and make appropriate recommendation for use.
18. Remove soft deposits and stains during the performance of complete debridement.
19. Demonstrate preparation for medical emergencies in order to prevent and/or manage medical emergencies.
20. Recognize need for pain control procedures beyond topical anesthesia.
21. Employ radiation safety principles prior to, during, and following exposure to ionizing radiation.
22. Expose, develop, evaluate and interpret intra-oral and extra-oral radiographs utilizing both traditional film and digital techniques.
23. Accurately document all patient care encounters to completely reflect the delivery of patient care services.
Knowledge

24. Recognize conditions that necessitate special consideration prior to and during treatment and adapt treatment to patient's special needs.

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


27. Evaluate the results of dental hygiene intervention.

28. Apply problem-solving skills when providing dental hygiene client care services.

29. Become familiar with the need for and use of ultrasonic instrumentation.

Values/Beliefs

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

30. Maintain thorough and accurate records.

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

32. Accept responsibility for one's actions.

33. Work effectively with classmates, staff, faculty and patients to achieve programmatic goals and objectives.
Clinical Services II (DHY 201)

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 demonstrate the previous semester’s objectives with increasing confidence, independence and efficiency.

Skills

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. Demonstrate the use of pain control in maintaining patient comfort throughout the delivery of patient care services.

6. Provide and demonstrate homecare instruction to patients on the use of adjunctive aids (i.e., power tooth brush, water pik, gingival stimulator & etc.)

7. Competently complete a child, adolescent, adult, geriatric and special needs patient.

Knowledge

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

Clinical Services III (DHY 251)

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 demonstrate the previous semester’s objectives with increasing confidence, independence, and efficiency.

**Skills**

1. Complete Mock NERB Board documentation.
2. Demonstrate advanced instrumentation skills on periodontally involved patients.
3. Select appropriate patients and demonstrate treatment planning for and placement of intrasulcular medicaments.
4. Competently complete a periodontally involved patient
5. Demonstrate proficient use of ultrasonic instrumentation and air polishing.

**Knowledge and Values/Belief**

4. Assess one’s own ability to perform dental hygiene services at high levels of patient care while upholding ethical principles and providing up-to-date standard of care.
5. Hone self-evaluative skills.
Progression in and graduation from the Dental Hygiene Program

Any student earning a grade lower than “C” in any course designated with a DHY prefix, may not progress in the program without first repeating the course and earning a satisfactory grade. Students earning an “F” must therefore reapply to the program. Students earning two “Fs” are not eligible for readmission. Earning satisfactory grades ("C" or higher) in all general education courses is likewise a requirement to continuation, as these courses are prerequisites for the Dental Hygiene core courses.

GRADING - The following grade scale is utilized in all DHY courses:
94 – 100  A
91 – 93  B+
87 – 90  B
84 – 86  C+
80 – 83  C
<80  F
Passing: ≥ 80%

POLICY ON COURSE REPETITION

A maximum of one dental hygiene course may be repeated. If for any reason a student completes two or more courses with a grade below “C” (even in different semesters), they will not be permitted to continue in the program, nor can they reapply. Any repeated course may only be repeated once, and registration for repeating courses will be based upon availability of space.

When returning to the program after a leave of absence the last successfully completed clinical course must be audited in order to demonstrate maintenance of clinical skills.

To progress through all dental hygiene clinical courses (DHY 101, DHY 151, DHY 201, and DHY 251,) a minimum of 80% of all clinical requirements must be completed by the end of the scheduled clinic sessions. All deficiencies will be carried over to the next semester and the student will be required to complete said deficiencies in addition to that semester’s requirements. Students completing clinical procedures over and above the requirements will be allowed to apply a maximum of three patients, no more than two per category (P1, P2, P3, P4 or C1, C2, C3, C4), to the next semester's requirements. In order to graduate, ALL clinical requirements must be completed by the end of scheduled clinical sessions in the final semester (DHY 251). Points will be deducted for deficiencies in requirements. Students not completing at least 80% of the patient care requirements within a given semester will earn an "F" in the course and therefore cannot continue in the program.
The following technical standards and essential functions are deemed necessary to matriculation, progression, retention and successful completion of the Rowan College at Burlington County Dental Hygiene 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, films, 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 – in order 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 situation.
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. These are all marks of professionalism.

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 Commission on Dental Competency Assessment examination or ADEX;
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. Etch teeth in preparation for bonding, sealants and desensitizing agents;
4. 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;
5. Place caries detecting agents;
6. Use instruments for caries detection. Such instruments shall not include lasers that are capable of altering, cutting, burning or damaging hard or soft tissue;
7. Place intrasulcular therapeutic medications approved by the Food and Drug Administration, as directed by a dentist;
8. Examine soft and hard tissues of the head, neck, and oral cavity and note deformities, defects and abnormalities therein;
9. Fabricate athletic mouth guard appliances;
10. Isolate the operative field, including the placement and removal of rubber dams;
11. Place and remove matrices and wedges;
12. Place temporary sedative restorations;
13. Perform hand removal of soft temporary restorations;
14. Remove excess cement from crowns or other restorations and orthodontic appliances;
15. Remove sutures;
16. Fabricate and cement temporary crowns and bridges after preparation of tooth (teeth) by a dentist. This shall not include intra-oral occlusal adjustment;
17. Perform hand removal of crowns and bridges that have been temporarily cemented;
18. Take alginate impressions;
19. Place amalgam and gold foil in a tooth for condensation by the dentist;
20. Place and remove retraction cords and medicated pellets. This shall not include electrosurgery or the use of lasers for tissue retraction;
21. Perform bite registration procedures;
22. Place and remove periodontal dressings and other surgical dressings;
23. Trial size (pre-select) orthodontic bands, wires, stainless steel crowns and temporary crowns intra-orally or on diagnostic models;
24. Place and remove arch wires and ligature wires;
25. Make radiographic exposures as permitted by the Department of Environmental Protection pursuant to N.J.S.A. 26:2D-24 et seq.;
26. Provide oral health education including dietary analysis and clinical instruction in order to promote dental health;
27. Apply topical anesthetic agents;
28. Take and record vital signs;
29. Retract patient’s cheek, tongue or other tissue parts during a dental procedure;
30. 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;
31. Hold a curing light for any dental procedure. Such curing light shall not include a laser capable of altering, cutting, burning or damaging hard or soft tissue or electrosurgery for tissue retraction;
32. Take dental photographs including the use of intraoral cameras;
33. Select shades for prosthetic appliances;
34. Demonstrate home-use bleaching systems and apply bleaching agents;
35. Apply hot or cold packs pursuant to the direction of a licensed dentist;
36. 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;
37. Administer local anesthesia provided s/he satisfies the requirements set forth in N.J.A.C. 13:30-1A.3.
38. Monitor a patient to whom the supervising dentist has administered nitrous oxide/oxygen inhalation analgesia pursuant to N.J.A.C. 13:30-8.20, provided that the licensed dental hygienist has successfully completed a Board approved courses offered in a Commission on Dental Accreditation of the American Dental Association (CODA) accredited college or university or in a hospital licensed by the Department of Health and Senior Services, which emphasizes the administration of nitrous oxide simultaneous with the administration of oxygen and safe and effective patient monitoring

A licensed dental hygienist practicing under 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 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. 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.
Academic integrity is of 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, which undermines the bonds of trust and integrity among members of the college community. Students are expected to uphold these standards. Any breach of or intent to breach the college academic code of conduct shall result in the imposition of appropriate sanctions.

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, as defined in Sanctions. Attempted academic dishonesty, whether it is successful or not, will be treated as a violation of the Code 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:

- Copying from others, with or without their knowledge and/or consent, or allowing others to copy from one’s own work.
- Possessing or using a “cheat sheet” or study guide, or other notes, formulae, or written information not specifically authorized for use by the instructor.
- Possessing or using notes, formulae, or other information in a programmable calculator, cell phone or other electronic device without explicit instructor permission.
- Possessing or using a cell phone, pager, PDA, or other electronic device to send or obtain unauthorized information.
- Taking an exam for another student, or permitting someone else to take an exam for one.
- Asking another to provide improper assistance on an exam or other academic exercise, or providing such assistance to another.
• 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.
• Collaborating on take-home exams or other academic exercises without explicit instructor permission.
• 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 or not it is used, appropriate sanctions will be imposed.

Plagiarism: Using the ideas, information, or language of another without specific or proper acknowledgement, including but not limited to:
• 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.
• Using direct quotation from a source without quotation marks, even if the source has been cited correctly.
• Paraphrasing or summarizing the ideas or text of another work without documenting the source.
• 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.
• Using graphics, visual imagery, video, or audio without permission of the author or acknowledgment of the source.
• Translating text from one language to another without citing the original work.
• 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.
• Presenting the work of another student as one’s own, with or without permission.
• Submitting work done previously for another class on purpose.
• 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 College 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, however.
Other Forms of Academic Dishonesty: Misrepresenting or falsifying academic achievement, gaining unfair advantage, or engaging in or facilitating academic dishonesty, including but not limited to:

- Misrepresenting or falsifying academic accomplishments, such as by altering computer or print records.
- Deceiving an instructor or creating false excuses to obtain special consideration or an extension.
- Continuing to work on an exam when the time allotted has elapsed.
- Forging a signature.
- Falsifying or inventing any information, data, or citation in an exam, essay, patient records or other academic or clinical exercise.
- Submitting substantial portions of any academic exercise more than once for credit without the prior authorization and approval of the current instructor.
- Facilitating any of the above actions, or otherwise performing or completing work that another student then presents as his or her own.
- Interfering with the ability of a fellow student or students to perform assignments.
- 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.
- Theft of material, supplies, assignments, projects or notes

CONFIDENTIALITY 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. Personal, private health information should never be discussed in public.

Students are not permitted to remove the patient’s chart and/or dental x-rays from the RCBC dental hygiene suite. Any infraction of this policy will constitute automatic probation and a zero “0” will be given for that patient regardless of 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.
ATTENDANCE AND LATENESS
A true 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 that the student can develop the skills necessary to become a professional and proficient health care provider. It is the student’s responsibility to utilize the entire session for providing patient treatment. Absence and tardy arrival to class will adversely affect the professionalism portion of the course grade. Students must be present for 85% of course hours in order to receive credit for the course. Students are responsible for all work covered during their absence. All demonstrations/presentations/hands-on activities/exams must be made up within one week of the due date of the original assignment. Make up exams are at the discretion of the lecturing faculty. Therefore a make-up exam may or may not be available. If the exam is not available a grade of zero will be earned.
It is also the students’ 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 Clinical Assistant 609-894-9311 X 1321, the Dental Hygiene director X 1419, the Dental Hygiene full time faculty, X 1676 or the course instructor and leave a voice mail message prior to class start time. Five points will be deducted from the final clinic grade if a student fails to phone the responsible member of the faculty or staff to inform the assigned instructor that s/he will be absent from a clinic rotation or clinic session or if the student fails to cancel his or her scheduled patient. Calling a classmate is not an acceptable substitution for this obligation.

LEAVE OF ABSENCE
Students applying for a leave of absence will be readmitted on a space available basis. Reentry must be obtained by the beginning of the second semester after the last successfully completed clinical Dental Hygiene course, or one year later. The last successfully completed clinical course will have to be audited. For example: if DHY 101 was the last successfully completed clinical course it must be audited prior to reentry in order to demonstrate a satisfactory level of clinical skills.

RETURNING STUDENTS
If for any reason a student applies for reentry following withdrawal or failure, reentry must be obtained by the beginning of the second semester after the last successfully completed clinical Dental Hygiene course. The last successfully completed clinical course will have to be audited. For example: if DHY 101 was the last successfully completed clinical course, it must be audited prior to reentry in order to demonstrate a satisfactory level of clinical skills.

STUDENT ILLNESS
If a student becomes ill while on school property, s/he should inform another person immediately. This individual should remain with the ill student if possible, and ask another person to obtain help from an instructor. If necessary, security will be called by dialing 1100 from any school phone. In order to handle
emergency situations expediently, it is the responsibility of all students to keep emergency contact names, phone numbers and pager numbers current in program records.

The emergency kit and oxygen can be obtained from the dental hygiene suite. 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 written clearance from a physician will be required for the student to resume clinical activities.

College Policies:

In order for students to know their rights and responsibilities, all students are expected to review and adhere to all regulations and policies as listed in the College Catalog and Handbook. These documents can be accessed at http://www.rcbc.edu/publications. Important policies and regulations include, but are not limited, to the following:

- College Attendance Policy
- Grading Standards
  - Withdraw (W) and Incomplete Grades (I & X)
  - Withdrawal date for the semester
- Student Code of Conduct
  - Academic Dishonesty/Plagiarism and Civility
- Use of Communication and Information Technology

Office of Student Support and Disability Services

RCBC welcomes students with disabilities into the college’s educational programs. Access to accommodations and support services for students with learning and other disabilities is facilitated by staff in the Office of Student Support (OSS). To receive accommodations, a student must contact the OSS, self-identify as having a disability, provide appropriate documentation, and participate in an intake appointment. If the documentation supports the request for reasonable accommodations, the OSS will provide the student with an Accommodation Plan to give to instructors. For additional information, please contact the Office of Student Support at 609-894-9311, ext. 1208, disabilityservices@rcbc.edu, or http://www.rcbc.edu/studentsupport.

Educational Technology Statement

Rowan College at Burlington County (RCBC) advocates the use of technology to enhance instruction. Students should assume that classroom and online technology will be used throughout their coursework at RCBC, as it will most certainly be used in their future education and careers. The College provides on-campus facilities for the convenience of the RCBC community. Various college departments, including the Office of Information Technology and the Office of Distance Education, provide technology training and assistance to faculty and students.
Student Success Services
RCBC offers a variety of free services for its students including those listed below. Descriptions of these services, as well as many others, can be found in the College Catalog and Handbook and on the RCBC website at http://www.rcbc.edu/students.

- Academic Advisement (http://www.rcbc.edu/advising)
- Career Services (http://www.rcbc.edu/careers)
- Educational Opportunity Fund (EOF) (http://www.rcbc.edu/eof)
- Financial Aid (http://www.rcbc.edu/financialaid)
- International Students Office (http://www.rcbc.edu/international)
- Library/Integrated Learning Resource Center (ILRC) (http://www.rcbc.edu/library)
- Office of Veteran Services (http://www.rcbc.edu/vets)
- Student Support Counseling (http://www.rcbc.edu/cpit)
- Tutoring Center (http://www.rcbc.edu/tutoring)
- Test Center (http://www.rcbc.edu/testcenter)
- Transfer Services (http://www.rcbc.edu/transfer)

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, before the student can return to class.
3. Missing more than three (3) class sessions (less than 85% attendance, for most lecture courses) will make you ineligible for tutorial sessions, and may seriously affect your ability to satisfactorily complete the course. If an 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.
4. 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.
5. The student is responsible for all materials given through lecture, handouts, reading assignments, Blackboard activities and class discussion, whether they are present or absent. It is the student’s responsibility to log on to the web site on a regular basis to check for assignments, announcements, e-mails and schedule changes.
6. Food, drinks, vaping, smoking, smokeless tobacco, and gum chewing are prohibited in class.
7. Cheating on any quiz, test or exam will result in an automatic ZERO for both those giving and receiving information.
8. 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.
9. No one is to leave class during an exam without first handing in their work.
10. Professionalism is expected at all times. Absences and lateness will be taken into consideration when professionalism grades are determined. A ½ point will be deducted for each lateness in clinical courses and a full point will be deducted for lateness in didactic courses. Additional points will be deducted for incidents and infractions of course and programmatic policies.
11. The staff member and student will sign all written reports documented in the professionalism book. Students will be given a copy of said report, whereupon students will have one week to submit a written rebuttal. Student signature does not imply agreement it is merely to acknowledge receipt of the report.

12. As a courtesy to the instructor and classmates, beepers and cell phones are to be placed on silent mode before entering class. Texting and other forms of electronic communication are prohibited during class and clinical sessions.

13. 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.

14. Clinical and laboratory grades are comprised of proficiencies, skill evaluations and assignments. It is the students’ 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.

15. A student who receives a grade <80% in either the theory, clinical or laboratory components will fail the entire course. Averages will not be rounded, which means that a 93.7 is a 93, or a B+ and a 79.9 is an F.

GRADING:

<table>
<thead>
<tr>
<th>Percentage Range</th>
<th>Grade</th>
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<tbody>
<tr>
<td>94 – 100</td>
<td>A</td>
</tr>
<tr>
<td>91 – 93</td>
<td>B+</td>
</tr>
<tr>
<td>87 – 90</td>
<td>B</td>
</tr>
<tr>
<td>84 – 86</td>
<td>C+</td>
</tr>
<tr>
<td>80 – 83</td>
<td>C</td>
</tr>
<tr>
<td>&lt;80</td>
<td>F</td>
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</tbody>
</table>

Passing: > or = 80%

PREGNANCY

It is the sole responsibility of the pregnant student to submit to the program director, a written medical clearance from the health professional monitoring the pregnancy. Disclosure must be done in a timely manner. Medical clearance 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, which must be done immediately, of the pregnancy, the student will not be allowed to continue participating in the aforementioned situations until the program director receives medical clearance in writing. Delaying disclosure is unsafe for the fetus and the mother. This policy is written for the protection of all involved.
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 RCBC 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. Further, I agree not to enter any x-ray room while x-rays are in progress.

I agree to release BCC 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.

Signatures                                Date

Student____________________________________    ___

Faculty_____________________________________    ___

Witness____________________________________   ___
CPR CERTIFICATION

It is the responsibility of dental hygiene students to maintain Professional Rescuer CPR for the Health Care Provider. The certification must be valid throughout the entire program and some of the licensing boards require proof of current certification in order to sit for licensing exams. Students who fail to show proof of current certification will not be permitted to participate in any clinical activity. Such absences will be noted and count towards attendance requirements.

STUDENTS' PHYSICAL EXAMINATION

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.)*
- *OR a one step QuantiFERON-TB Gold In-Tube test*
- 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)

In order to meet the mandatory requirements of our affiliate agencies and college policies, all dental hygiene students must annually document proof of medical/health insurance. Students not holding current health insurance coverage will be required to purchase minimal insurance coverage for accidents in the clinical setting through the College.

Malpractice insurance is required and is available through the College. Appropriate fees are charged upon registration for dental hygiene courses.
PATIENTS' BILL OF RIGHTS
The College has established rights for patient care. As an integral part of RCBC in providing dental care to the community, the Program has adopted the following Patient’s Bill of Rights as their standard of care:
The patient has the right to:
1. Considerate and respectful care.
2. Privacy and discretion concerning consultation, examination, dental problems, and treatment. Those not directly involved in care must have permission from the patient to be present.
3. Confidential communication and maintenance of records pertaining to care.
4. Reasonable responses to the request for services with continuity of care and presentation of information for completion of and access to treatment.
5. Receipt of information regarding the relationship and responsibility of those rendering treatment and their role in the completion of the treatment plan.
6. Knowledge and effects of clinical research on care and the option to refuse participation in research projects.
7. Continuity and completion of care and availability of appointments.
10. Access to current information concerning the condition of the patient including the diagnosis, recommended treatment, consequence of no treatment and alternatives.
11. Informed consent.
12. Refusal of treatment; however, information must be given outlining the consequences of such action.
13. Information regarding continuing dental needs and anticipated completion time for dental hygiene treatment.
14. Access to the Program Director for problem solving relative to dental care during normal hours of clinic operation.
15. Access to emergency care.
16. Treatment that meets the standards of care in the profession.

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, faculty and staff reciprocally in a professional manner. If patients are difficult to manage due to physical or mental impairment or are belligerent or make inappropriate comments, this is to be reported to the supervising instructor immediately.
FACULTY AND STAFF RIGHTS AND OBLIGATIONS
All faculty and RCBC 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.

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 but is not limited to: 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. Accountability for one's actions or lack thereof is likewise a component of professionalism. Failure to comply with any of the aforementioned 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, document the developed plan, and evaluate the extent of the success of treatment provided. All grades are kept in the student’s clinical evaluation binder, and students are given copies of the evaluation criteria prior to being evaluated. The Dental Hygiene Process of Care Evaluation sheet will be utilized in clinical courses throughout the program. During the course of the program students will be asked to demonstrate maintenance of clinical skills. This will be accomplished by a ‘back-to-basics’ approach requiring students to demonstrate proficiency on typodonts and/or patients.

ACCREDITATION
The Dental Hygiene Program of Rowan College at Burlington County has received accreditation through the American Dental Association’s Commission on Dental Accreditation (hereafter referred to as CODA). CODA will review complaints that relate to our program’s compliance with the accreditation standards. They are interested in sustaining quality dental hygiene education programs, but will not intervene on behalf of individuals or act as a court of appeals in matters of admission, appointment, promotion or dismissal of faculty, staff or students. CODA defines a complaint as one alleging that the program in question may not be enforcing compliance with written standards or required accreditation procedures. A copy of these standards and other CODA policy and procedures may be obtained by calling the CODA at 1-800-621-8099. All complaints must be received in writing and may be addressed to:
American Dental Association
Commission on Dental Accreditation
211 East Chicago Ave.
Chicago, IL 60611
CLINIC ASSIGNMENTS

All students (student operators and students on rotation) are expected to arrive 15 minutes prior to the scheduled clinic session and remain in the clinic or lab until the end of the session. Tardiness is recorded, reviewed, and counted in the final professionalism grade for each student. During the 15 minutes prior to opening the clinic to patients, the student will go to his/her assigned cubicle to set-up. During set-up the student will wear all appropriate PPE, disinfect, barrier and prepare the unit for patient treatment, retrieve the patient chart, flush water lines, and be ready to huddle with the instructor. The student should remain in the cubicle unless instructed otherwise by a faculty member.

The student's prime responsibility during assigned clinical sessions is to function as a clinical operator in the RCBC dental hygiene clinic. Other responsibilities include performing services as a Radiology Assistant, Sterilization Assistant and Student Receptionist each semester.

If a patient breaks an appointment and the student cannot find another patient for treatment, the student must check with the assigned instructor for another clinical task, such as assisting a classmate in data collection, sharpening instruments, evaluating radiographic series 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. Rowan College at Burlington County is not responsible for any personal items left in the dental hygiene suite.

No credit will be given if a student jeopardizes the health, welfare or safety of the patient, him 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 Director 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 considered to be below expected performance level, and/or if a student is not following the outlined clinic protocol, the student may either be referred for remediation and/or dismissed from the Program. Repeat offenses are cause for dismissal.

Clinic Hours - The morning clinic session will start promptly at 8 AM and extend to 12 PM. The afternoon session will start at 1 PM and extend to 5 PM. Patients are dismissed one half hour before the end of the session to allow time for scheduling further appointments and infection control procedures. Students are not permitted to leave the facility without instructor permission. Students must report to the clinic at 7:45 or 12:45 respectively.

CLINIC AND RECEPTION TELEPHONES

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 “Rowan College at Burlington County Dental Health Center”. 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.
Instrument Proficiency (Skill Evaluations)

GENERAL RULES

1. In clinical courses, DHY 101 and 151 skill evaluations will be conducted on typodonts and/or patients. In DHY 201 and 251 skill evaluations will be conducted on patients only. The evaluation is designed to assess the student’s instrumentation skills and the maintenance thereof. A failure of 2 proficiencies with the same instrument or 3 separate proficiencies with 3 different instruments will necessitate remediation within one week of failure. Remediation must be followed by a demonstration of competency. A failed proficiency cannot be repeated on the same day. Instrument proficiencies in DHY 201 and DHY 251 must be done at the time of treatment and not as a separate service.

2. A minimum of 80% must be achieved for each component of the instrumentation evaluation in DHY 151, 85% in DHY 201, and 90% in DHY 251 in order to pass.

3. Other than instrument evaluations, each skill has minimum passing requirements clearly stated along with the grading criteria. All critical areas must be completed satisfactorily in order to pass regardless of the overall grade.

4. Instrument evaluation performed on patients shall be conducted during actual debridement procedures on patients 18 years or older.

PATIENT APPOINTMENTS

Patients are assigned to students on a rotating basis. Students must check with the clinic receptionist and review the online appointment book in order to avoid overbooking. Assigned patients take precedence over other patients. If a student does not wish to assume the risks and responsibilities involved in accepting assigned patients, the student should inform the receptionist, and patients will never be assigned to that student. Students assume sole responsibility for supplying patients necessary to fulfill course requirements. Each clinical course syllabus has the requirements outlined within. Students are also required to provide the receptionist with all the pertinent information about their patients so that charts can be prepared and generated. All patients must be recorded in the official clinic appointment book, as well as the student’s personal appointment book, written in pencil with pertinent contact information clearly included.

Booking two patients at the same appointment time is not allowed. Two patients may be scheduled at different times in one clinic session only after obtaining instructor permission. In the case of double booking mistakes, the patient listed in the official clinic appointment book is the patient who will be seen during that clinic session. When a student has violated appointment policy and overbooked, the incident will be recorded in the professionalism book and two points will be deducted from the professionalism grade. A record of the incident will be maintained.
CANCELLATIONS

If the patient cancels an appointment s/he will be assigned to the same student for a later date. 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 or from their own call list.
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 suite without first notifying their immediate supervising instructor.

CLINIC CHARTS

Charts are retrieved by the student at the reception area prior to huddle and returned immediately at the end of the clinic session.

Students are not permitted to remove the patient’s chart from the RCBC 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 (tracking sheets) are also not to be removed from the dental hygiene suite. Removal of these files will result in automatic probation and point deductions on the professionalism portion of the 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 black permanent ink. All treatment rendered must be recorded and signed by the student and a clinical instructor at the end of each clinic session. No erasures, white out or skipping lines is allowed on any legal documentation.
Patient cancellation, disappointments, (failed appointments) and tardiness should be documented in the chart and signed by a staff member. Two consecutive cancellations, disappointments, and late arrivals should be brought to the receptionist's/clinic faculty's attention for possible deactivation.

RECARER APPOINTMENTS

At the final treatment session, the patient will be updated in our computer recall system and the importance of maintaining the suggested schedule is explained to the patient. The receptionist handles the recall system. It is the student’s task to ensure that the patient is aware of the necessity of keeping appointments to maintain optimum dental health and the need for visiting his or her dentist of record.

STUDENT APPOINTMENT DUTIES

1. Punctuality is a component of professionalism. Patients expect to be seen at their appointed time (8AM or 1 PM). Therefore, students must arrive 15 minutes early in order to prepare their treatment area (7:45 or 12:45).
2. A student must make three notifications if clinic absence is unavoidable:
   1. Your instructor
   2. The clinic receptionist
   3. Your patient
3. Students scheduling their own patients must inform the receptionist of the name, address, telephone number and status (new, recare, continuing care) 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 in order 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 RCBC Dental Hygiene Suite. 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 Dental Hygiene Suite through the doors closest to the reception area and introduce themselves to the receptionist.
8. Patients should identify their student hygienist by last name to avoid confusion and embarrassing mix-ups.
9. The receptionist will provide the patient with a copy of the medical history form, the HIPAA form, the patient bill of rights and our clinic disclaimer.
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.

GREETING PATIENTS

1. Introduce yourself to a new patient; welcome back a returning patient. Obtain the patient’s paperwork 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. Patient 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 or in the clinic treatment area. When the parent is the patient, small children may not sit on the parent’s lap during treatment.

DISRUPTIVE PATIENTS

If an incident occurs in the reception area, the receptionist will ask the patient to leave. If the patient is uncooperative, Public Safety will be called (extension 1100) or staff or student will request 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 Public Safety is required.

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. 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 clinical dentist for monitoring and/or treatment. Sexually suggestive comments and harassing behavior towards student clinicians will not be tolerated and patients need to be apprised of our policy and/or asked to leave the facility.
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 in order to quickly recognize a patient experiencing deviations from the norm.

The third step is initiation of any and 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 recommendations for Basic Life Support. All faculty and dental hygiene students must be currently certified in Healthcare Provider CPR in order to attend clinic sessions.

If the screening dentist/supervising instructor performing this initial assessment determines that an acute medical emergency exists, s/he directs the faculty member or student to call RCBC Public Safety (1100) and report the emergency situation. The emergency kit and oxygen tank should be moved to the site of the emergency. Emergency equipment is located in the closet of the sterilization/prep room.

When EMS is requested and an ambulance and trained Emergency Medical Technicians and College Public Safety 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 Dental Hygiene Department will confirm that the incident and all appropriate paperwork is documented and maintained. A report will also be sent to the Board of Dentistry.
DENTAL HYGIENE CLINIC EMERGENCY PROTOCOL

STEP 1  Stop dental treatment immediately when a medical emergency is detected and notify your instructor.

STEP 2  BASIC CPR - Palpate the carotid artery to ascertain the presence of a pulse. Institute external cardiac massage and mouth-to-mouth breathing, if necessary. Maintain a patent airway by the head tilt/chin lift method and remove foreign bodies from the mouth. Pocket rescue masks and ambu bag are in the emergency closet. POSITIONING OF PATIENT - Patients who have difficulty in breathing and/or are having chest pain should be placed in an upright position. Unconscious or semi-conscious patients should be placed in a supine position with legs slightly elevated.

STEP 3  The instructor will notify the supervising dentist who will assess the situation to determine if campus safety personnel should be contacted.

STEP 3A  If indicated, locate the closest telephone and place a call to campus public safety, extension 1100, to verbalize the emergency situation so that the local Emergency Medical Support can be summoned. If this is a true life threatening emergency call 911 and then notify Public Safety.

STEP 4  Locate the emergency kit and bring to the emergency site.

STEP 5  The supervising dentist will take patient's blood pressure, pulse, and respiratory rate and record this information in the patient's chart.

STEP 5A  If indicated, the doctor will turn on oxygen tank on portable oxygen unit and place oxygen mask on patient's face. (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 on only patients who are not breathing.

STEP 5B  If indicated, portable suction tubing and tips should be attached to the dental unit to aspirate fluids.

STEP 6  The dentist will monitor vital signs and perform appropriate emergency treatment until the situation is under control and emergency care arrives.

STEP 7  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 public safety along with reports sent to the Board of Dentistry.
DENTAL HYGIENE LABORATORY EMERGENCY PROTOCOL

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

STEP 2  Assess the nature of the emergency. If needed, provide basic lifesaving techniques as follows:
  BASIC CPR - Palpate the carotid artery to ascertain the presence of a pulse. Institute external cardiac massage and mouth-to-mouth breathing, if necessary. Maintain a patent airway by the head tilt/chin lift method and remove foreign bodies from the mouth. Pocket rescue masks are in the emergency closet.
  POSITIONING OF PATIENT - Patients who have difficulty in breathing and/or are having chest pain should be placed in semi-sitting position. Unconscious or semi-conscious patients should be placed in a sub-supine position with legs slightly elevated.

STEP 3  The instructor will notify the supervising dentist, on duty in the clinic, who will assess the situation to determine if campus safety 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.

STEP 3A  If indicated, locate the closest telephone (on back wall near hallway door) and place call to campus public safety (extension 1100) to verbalize the emergency situation so that the local Emergency Medical Support can be summoned. In a true life threatening emergency, 911 should be called and then notify public safety.

STEP 4  Locate the emergency kit and bring to the emergency site.

STEP 5  The supervising dentist or supervising instructor will take patient’s blood pressure, pulse, and respiratory rate and record this information.

STEP 5A  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.

STEP 6  The dentist/instructor will monitor vital signs and perform appropriate emergency treatment until the situation is under control and emergency care arrives.

STEP 7  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 as well as the Board of Dentistry.
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 FRACTURE

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

2. Immediately isolate the area involved with gauze or cotton rolls.
3. Seat the patient upright.
4. Apprise the patient of the situation, explaining that the instrument tip has broken. The patient should be given a cup to use for expectorating, and instructed not to use the evacuator cup.
5. Alert your neighboring student peer to please notify the supervising instructor that s/he is needed in your treatment area for ‘tip retrieval’.
6. 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 films may be necessary to document the incident.
7. Documentation is essential to the proper handling of the incident. All notations must be dated and signed by both student and instructor.
8. Original documentation, including before and after films will be submitted to the Program Director for review. Duplicate films and documentation shall remain with the patient’s clinical chart.
9. NOTE: if the tip has not been retrieved, make appropriate referrals and send duplicate films.
Students are required to purchase two complete sets of instruments. It is the sole responsibility of the student to safeguard their instruments and to replace equipment as necessary.

For the first semester each student will need:

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<tr>
<th>ITEM</th>
<th>QUANTITY</th>
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<td>1. Instrument Cassettes</td>
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<td>3. Nevi scaler Ant DE Ever Edge #9 Hdl cir</td>
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</tr>
<tr>
<td>4. #4 Nevi scaler posterior DE everEdge #9</td>
<td>2</td>
</tr>
<tr>
<td>5. #1/2 Barnhart Curette</td>
<td>2</td>
</tr>
<tr>
<td>6. Barnhart 5/6</td>
<td>2</td>
</tr>
<tr>
<td>7. Gracey 1 / 2</td>
<td>2</td>
</tr>
<tr>
<td>8. Gracey 7/8</td>
<td>2</td>
</tr>
<tr>
<td>9. Gracey 11/12</td>
<td>2</td>
</tr>
<tr>
<td>10. Gracey 13/14</td>
<td>2</td>
</tr>
<tr>
<td>11. ½ Mini Five Gracey, EverEdge #9 handle</td>
<td>2</td>
</tr>
<tr>
<td>12. Mirror handle # 7</td>
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</tr>
<tr>
<td>13. 3 pack of mirror heads</td>
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<tr>
<td>14. TU-17/23 DE Explorer</td>
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</tr>
<tr>
<td>15. QOW11.5B DE CC Probe, #7 HDL</td>
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<tr>
<td>16. College Pliers DP2</td>
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<td>17. Flat ceramic stones # 3</td>
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<td>22. Uniforms / Scrubs</td>
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<td>23. Lab Coat</td>
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<table>
<thead>
<tr>
<th>ITEM</th>
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<td>24. Bib chains</td>
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<tr>
<td>25. Self-standing mirror</td>
<td>1</td>
</tr>
<tr>
<td>26. Face shields (optional)</td>
<td>2 boxes</td>
</tr>
<tr>
<td>27. Safety goggles</td>
<td>4 pair (2 w/shields)</td>
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<tr>
<td>28. Masks (if shields are not purchased)</td>
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<tr>
<td>29. Gloves (non-sterile, non-latex, examination</td>
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<tr>
<td>30. Gloves (non-latex utility)</td>
<td>2 pair</td>
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<tr>
<td>31. Overgloves</td>
<td>1 box</td>
</tr>
<tr>
<td>32. Disposable examination gowns</td>
<td>1 box</td>
</tr>
</tbody>
</table>
For **second semester** each student will need:
1. Handpiece 1

For **third semester** each student will need:
1. Ultrasonic scaling instruments 1 set
2. Gracey curets 15/16 and 17/18 1 set

As students progress through the program, additional supplies and/or equipment will need to be purchased. Instrument handling, sterilization and storage are reviewed in the students' courses and textbooks. 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.

**APPEARANCE AND ATTIRE**

A student must assume the responsibility for maintaining standards as a professional. Appearance and attire are a means of conveying the values of a concerned and dedicated health professional. Professional attire should be considered as a component of barrier protection. Depending on the location and design of a tattoo, it may be necessary to have it covered during clinical sessions.

Requirements for all clinic assignments and rotations are defined below.

1. **UNIFORM**

RCBC assigned uniform only; **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); and a RCBC student name tag worn above left breast of lab coat or overgown. Identification badges are to be worn at all times. Appropriate undergarments, including but not limited to brassieres, panties and boxer shorts are required and must be undetectable under the uniform. RCBC 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 specific requirements with the Program Director.

During patient contact, students will be required to wear a disposable examination gown over their uniform. Disposable gowns must not be worn outside of the dental hygiene suite. White 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. Rowan College at Burlington County is not responsible for lost or stolen items.
2. **APPEARANCE** – overall appearance must be professional

   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 must be able to be disinfected and must coordinate with uniform or hair color. Hair dye should reflect a natural color.

   b. Make-up is to be used in moderation.

   C. Jewelry: A watch with a second hand and a plain smooth wedding band only. No earrings are permissible.

   d. Hands: Nails must be shorter than fingertips, well-manicured, clean and smooth; no nail polish is permitted not even clear polish.

   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. Depending on the location and design of a tattoo, it may be necessary to have it covered during clinical sessions.

3. **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

**INFRACTIONS OF THE ABOVE MENTIONED APPEARANCE AND ATTIRE REQUIREMENTS WILL BE REFLECTED IN THE PROFESSIONALISM PORTION OF THE FINAL GRADE. AS WILL LATTENESS, ABSENCES, BAD ATTITUDES, INSUBORDINATION, ARGUMENTATIVENESS AND ALL OTHER EXHIBITIONS OF UNPROFESSIONAL BEHAVIOR. A WRITTEN RECORD OF SUCH INFRACTIONS WILL BE SIGNED AND DATED BY BOTH THE STAFF MEMBER AND STUDENT AND MAINTAINED IN THE PROFESSIONALISM BOOK.**

4. **BARRIER PROTECTION**

   Students are required to wear:

   - utility gloves, safety glasses with side shields (or face shields) and mask during unit preparation procedures, delivery of patient care services and when handling contaminated instruments and materials.
• examination/treatment gloves (must be latex free), safety glasses with side shields/prescription glasses with side shields, (or face shields) mask and disposable clinic gown for all treatment and laboratory procedures involving patient contact or potentially infectious materials.

• over gloves or barrier protection over examination gloves for charting entries, probe depth readings, etc.; while in contact with patients, and while obtaining supplies and instruments from dispensary areas.

5. GENERAL CONDUCT

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

b. 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.

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

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

e. 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, remediation, probation, temporary dismissal from clinical assignments or automatic program dismissal.
RADIOGRAPHS ON CLINIC PATIENTS
Radiographs will be exposed based on the screening doctor’s recommendation, which must be recorded in the patient's chart. The student will then obtain film or utilize the digital equipment, assemble the appropriate armamentarium and expose the radiographs. Radiographs will be evaluated by the clinic faculty and grades assigned accordingly. Each and every series exposed by a student is to be submitted for grading.

PEDODONTIC PATIENTS
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 in order for services to be provided.

A pedodontic 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 consent signed by the parent/guardian. The parent/guardian should be accessible by phone during the duration of treatment.

SUPERVISING DENTISTS
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 medically 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, s/he should initially consult with dental hygiene faculty. If it is determined that a local anesthetic is to be used, the student will consult with the supervising dentist. After a student has completed DHY 222, our Board of Dentistry approved Local Anesthesia course, it will be that student's responsibility to administer requisite anesthesia.

ANESTHESIA GUIDELINES
Set-up includes long or short needles, syringe, anesthetic carpule, needle recapping device, college pliers, cotton rolls, gauze, cotton tipped applicator and topical anesthetic.
Choice of anesthetic agent will be discussed with the supervising dentist as it pertains to patient needs and as dictated by the medical history.
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.
MEDICALLY COMPROMISED PATIENTS/MEDICAL CONSULTATION

Definition of medically compromised
Any patient requiring treatment modification as a result 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, patient with asthma or COPD who cannot be placed in a supine position and patients who need to be premedicated for dental treatment are included in the grouping. There are examples of some medically compromised patients but by no means all inclusive. 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 returns it to the dental hygiene clinic for review. All documentation will be maintained in the patient's permanent record.

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 area.

FAMILY MEMBERS AS PATIENTS
Family members requesting dental hygiene services will be required to pay the appropriate fees. However, a professional courtesy will be provided for a spouse and/or child(ren) and other immediate family members living at the same address and no fee will be charged. Fees may also be waived for school groups participating in preventive oral health care services on field trips. Waiver will be made only when accompanied by teacher and classmates for scheduled appointments. Students will receive one fee waiver voucher for every grade of “A” earned in a dental hygiene (DHY designated) course. When volunteer opportunities arise fee waiver certificates may also be distributed for those able to attend.

STUDENTS SITTING 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 nor can they complete any clinical requirements while performing duties as required by their assigned rotation.
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. By the same token proficiencies may be practiced on fellow students but no credit will be awarded.
Instrument proficiencies requiring the use of area specific curets necessitate sufficient periodontal pocket depth and or attachment loss to properly demonstrate competence. Therefore these proficiencies cannot be conducted on patients without several areas of at least 4 –5 mm pocketing or 5 – 6 mm of attachment loss. A failed proficiency cannot be repeated on the same day. Using the wrong end of the instrument is cause for proficiency failure even if a passing grade is achieved. Instrument proficiencies must be performed at the time of treatment, not as a separate service.

**RADIOGRAPHIC MONITORING BADGES**

Radiographic monitoring badges will be issued for students’ use. Badges must be worn during all radiology laboratory sessions and the delivery of patient care services. 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, they will not be allowed to expose radiographs. Professionalism requires careful maintenance of equipment. In addition to a $10 fee for radiation monitoring badge loss, the professionalism grade will be negatively affected.

**PROGRAM PROTOCOL FOR RECARE 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 self-care routines. Any deviation from the recare interval must be documented on the patient's record and be signed and approved by faculty.

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 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

A student will be evaluated in the following areas:

**Clinical Evaluations:** Students are evaluated daily by assigned dental hygiene instructors. These evaluations are designed to measure the student's performance.

Please remember that the clinic evaluations measure your daily performance in clinic. No actual grades are awarded per patient. Each student is given feedback only. Everyone cannot and is not expected to score 100% each session. These evaluations are part of the learning process and we all learn from our mistakes. Actual grades are calculated at midpoint and end of semester.

**Skill Evaluation Examination:** In clinical courses, DHY 101 and 151 skill evaluations can be conducted on typodonts and/or patients. In DHY 201 and 251 skill evaluations will be conducted on patients only. The exam is designed to assess the student's instrumentation skills and the maintenance thereof. A failure of 2 proficiencies with the same instrument or 3 separate proficiencies with 3 different instruments will necessitate remediation within one week of failure. Remediation must be followed by a demonstration of competency. A minimum of 80% must be achieved for each component of the evaluation in DHY 151, 85% in DHY 201, and 90% in DHY 251 in order to pass.

**Assistant Rotations:** Each student must successfully rotate as a clinical assistant/sterilization assistant, radiology assistant, and receptionist assistant. The rotation is designed to assist the student with the management skills necessary for inventory, reception area duties, and the dental hygiene recare system, as well as overseeing the maintenance of clinical supplies and equipment. Failure to complete assigned rotation will adversely affect student’s final grade. Missed rotations must be made up within the semester in which they occur unless otherwise approved by the Program Director.

Instructors will record any clinical issues that require attention. ACADEMIC WARNINGS will be sent to every student at midsemester to indicate deficiencies in clinical requirements.
Skills Maintenance Evaluations and Proficiency Requirements –All Clinical Courses

DHY 151 Clinical Services I

Skills Maintenance Evaluations: The following instruments will be evaluated in DHY 151.
Explorer, Probe, Universal Curet, and Anterior and Posterior Scaler

Proficiencies: The following proficiencies will be conducted by the student during the semester on appropriately selected patients:
- fluoride treatments - 4 patient observations - 2 tray, 2 varnish
- blood pressure evaluation – 2 patients
- OHI-S scores – 2 patients

Radiology Clinical Requirements
- 2 FMX series
- 3 BWX series

DHY 201

Maintenance of Skill Evaluations: The following instruments will be evaluated in DHY 201:
UNC Probe, Barnhart 5/6 and 1/2, Gracey Curets and Anterior and Posterior Scalers.

Proficiencies: The following proficiencies will be conducted by the student during the semester on appropriately selected patients:
- Blood Pressure Evaluations (2 patients),
- Dental Sealants – 4 surfaces – 1 per quadrant (only 2 surfaces per patient can count towards requirement)
- Ultrasonic Instrumentation (2 patient full mouth observations)
- Air Polishing (1 patient full mouth observation)
- Pain Control 2 Oraqix applications),
- Nutritional Counseling Patient (1)
- Chairside Patient Education Observation (1)

Competencies: The following competencies will be completed by the student during the semester on appropriately selected patients:
- Child patient
- Adolescent patient
- Adult patient
- Geriatric patient
- Medically compromised patient

Radiology Clinical Requirements
- 3 FMX series - 1 film, 1 digital and the third is the student's choice
- 2 BWX series
- 1 Panoramic exposure
DHY 251

**Maintenance of Skill Evaluations** The following instruments will be evaluated in DHY 251:
Universal Curets – Barnhart 1/2, 5/6; All Gracey Curets – 1/2, (separately) 7/8, 11/12, 13/14 (as a set) and 15/16, 17/18 (as a set)

**Proficiencies:** The following proficiencies will be conducted by the student during the semester on appropriately selected patients:
- Blood Pressure Evaluations (2 patients)
- Ultrasonic Instrumentation (2 patient proficiencies)
- Air Polishing (1 full mouth patient proficiency)
- Intra-sulcular medicaments (2 sites)

**Competencies:** The following competencies will be completed by the student during the semester on appropriately selected patients:
- Periodontally involved patients

**Radiology Clinical Requirements**
- 3 FMX series - 1 film, 1 digital and the third is the student's choice
- 2 BWX series
- 1 Panoramic exposure

**CLINICAL REQUIREMENTS BY SEMESTER**

<table>
<thead>
<tr>
<th>Calculus Level</th>
<th>DHY 151</th>
<th>DHY 201</th>
<th>DHY 251</th>
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<td><strong>14</strong></td>
<td><strong>18</strong></td>
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| Medically Compromised       | 1       | 2       | 3       | 6               |

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<thead>
<tr>
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<td>2 FMX</td>
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<td>8</td>
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<td>1 Pan</td>
<td>1</td>
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Minimum completion requirements: DHY 151 = 9.5 patients, DHY 201 = 11 patients
In order to progress in the program, patient completion rates must meet minimum requirements.

Each year Rowan College at Burlington County participates in a national initiative to improve access to quality dental care for children 12 and under, known as Give Kids A Smile Day. Students are required to participate in this activity for a full day. Give Kids A Smile Day is an all-day affair necessitating students’ time and efforts towards service learning.
Procedural Guidelines for Clinical Services

A. PREPARATION FOR CLINICAL SESSION

1. Prepare clinician
   - put on overgown, facemask and eyewear
   - wash hands according to protocol
   - put on utility gloves

2. Prepare Unit
   - fill treatment water bottles (2) with water and one ICX tablet per bottle (all bottles emptied at the end of the session)
   - run water through water lines (handpiece and air/water syringe) for 2 minutes
   - Utilizing the double wipe technique, surface disinfect unit, bracket table control panels, light and handles, and all adjacent counter and cabinet surfaces that may be contacted during clinical services. Vinyl chair surfaces should be wiped down with soap and water only and then again with water only to remove soap residue

3. Apply barriers with clean dry hands as follows:
   - Chair full cover
   - Air/water syringe—small sleeve
   - Saliva ejector- small sleeve
   - Light handles –both sides
   - Bracket table adjustment handle
   - Computer key pad
   - Red/Blue pencils and 4 color pen while leaving one clean pen

   Use Barrier tape for the following:
   - Chair control panels -both sides
   - Operator stool adjustment levers
   - Edge of pull out writing surface
   - Light switch

4. Place cup liner in cuspidor
5. Place Bracket table cover
6. Retrieve all necessary supplies from bay cart:
   - 2x2 gauze squares- at most 6
   - 2-3 cotton swabs
   - 2-4 cotton rolls
   - saliva ejector tip
   - tongue depressor
   - sterilized instruments (remain wrapped until patient is seated!!)
   - soufflé cup (for disclosing solution-tape bottom to bracket table cover to prevent spillage)
   - waste cup for blood soaked items

7. If polishing will be accomplished during visit, prepare handpiece at the time of polishing procedure and not before
Retrieve necessary supplies from central cart
   - Prophy paste
   - Disposable prophy angle
Remove handpiece from sterile wrappings
Attach to handpiece tubing
Attach disposable prophy angle

B. PATIENT RECEPTION AND TREATMENT

1. Have patient report to the reception area at 8:00 AM for the morning dental hygiene session, at 1:00 PM for the afternoon 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, RCBC disclaimer and HIPAA form to complete. The fee will be collected at this time.

3. The student hygiene clinical assistant or staff receptionist will notify the student hygienist that the patient is present.

4. All forms needed for clinic should be accessible to the instructor (patient chart DHPC evaluation form, student tracking sheet).

5. GREETING PATIENTS
   
a. Introduce yourself to a new patient; welcome back a returning patient. Obtain the patient’s chart from the receptionist if a new chart was generated.
b. 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. Patient personal items are not to be stored on counters or in cabinets.
c. Seat the patient, place the patient bib and adjust the chair, remembering to alert the patient prior to moving chair parts.

   Note: Patients may not leave small children unattended in the reception area or in the clinic treatment area. When the parent is the patient, small children may not sit on the parent’s lap during treatment

6. Proceed to record/review medical and dental history (including blood pressure and pulse on patients 14 and older). 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. After instructor verification of alert, adhere an orange “alert” sticker on front of the chart and one on the medical history form itself. These can be obtained from the bay cart. The sticker on the front of the chart is to remain blank and information is to be written on the medical history form inside the chart only.
a. On the first appointment of a re-call sequence all patients need to fill out a new Medical History form. All positive findings in the Medical History should be noted and significant findings circled in red with explanatory notes included.

b. If there are no changes in the medical history during succeeding continuing care appointments, write "no changes" in update area, the medications sheet and record “no changes in the Services Rendered after Review Md/D Hx. Include an update on the status of any medications taken by the patient in the medication record if changes occur.

c. On the first visit of a re-call appointment, all medications must be reviewed and reentered on the medication record. This should include dose, indication for use and dental implications.

d. The patient must sign the medical history on the first appointment of each re-call sequence. The update area must be signed at each succeeding continuing care appointment. In the case of a child (minor) patient, the parent/guardian must sign and date the Child Medical & Dental History form.

**Blood Pressure Guidelines (BP taken on patients 14 years and older)**

Normal: < 120/80 mm Hg
Prehypertension: Between 121/81 and 139/89 mm Hg
Stage 1 Hypertension: Between 140/90 and 159/99 mm Hg
Stage 2 Hypertension: ≥ 160/100 MM Hg

Patients with a BP > 180/100 cannot be treated in our facility.

7. Update Services Rendered and sign in on the instructor sign-up sheet at the end of the bay to inform instructor that you are ready for the Medical & Dental History review.

While waiting for the instructor to come, the student may proceed with the oral assessment procedures with a MIRROR ONLY!!!

8. 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.

9. Open cassette and place air/water syringe on unit. Perform the oral assessment procedures and record all findings utilizing the clinical documentation procedures. If patient has a removable appliance (denture, removable bridge) evaluate the mouth with the appliance seated in the mouth and then ask the patient to remove appliance and place in a towel for cleaning procedures (performed chairside utilizing a denture bath and tablet).
• Appearance, extra-oral and intra-oral inspection
• Facial profile and occlusion
• TMJ-Myofacial pain dysfunction
• Radiographic analysis (if available)
• Gingival evaluation
• Periodontal /dental charting including the PSR

**Patients 15 years of age and under are not probed unless the instructor gives specific instructions to do so.**

10. Perform and record the OHI-S index for **calculus only** (no disclosing solution is to be used at this time so that tissue characteristics may be evaluated by instructor).

11. Complete the dental hygiene care plan including the risk assessment, summary statement, and dental hygiene diagnostic statements. Student is to sign the treatment plan prior to the instructor coming to the unit. **THE PATIENT DOES NOT SIGN THE TREATMENT PLAN UNTIL THE INSTRUCTOR HAS REVIEWED AND SIGNED IT!**

12. Update Services Rendered and sign in on the instructor sign-up sheet to inform instructor that you are ready for 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 using green ink as directed by the instructor. 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.

13. Instructor will sign the treatment plan and will clarify treatment sequence with student.

14. 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.** If radiographs are indicated the student may sign in for them at this time.

15. Perform and record the OHI-S index for biofilm and debris. Utilizing the OHI-S conduct homecare instruction. This must be done before any instrumentation is performed. This is a most valuable service for the patient and sufficient time must be allotted. Students must observe their patient’s homecare techniques in order to suggest necessary modifications. It is not necessary to bring the patient to the sink to observe homecare but this technique is available if the student and the patient feel it is beneficial. Demonstration only is not appropriate and will be reflected in the students DHPC evaluation. The homecare regime for each patient must be individualized to meet the patient’s specific needs. Record
comments and recommendations in Self Care Evaluation on the oral assessment form.

16. Begin debridement procedures as specified in treatment plan and approved by your instructor.
Assess the need for topical, Oraqix or local anesthesia if not determined at 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 available at all times. Upon completion of debridement check your work with an explorer and floss.
Implant-care instruments may be obtained from the designated area in sterilization. The student is responsible for properly preparing their instruments for sterilization.

17. Update Services Rendered and sign in on the instructor sign-up sheet to inform instructor that you are ready for scale check. During instructor evaluation, record residual areas of calculus on the DHPC form in green ink. Remove areas as directed by instructor. Before continuing on to polishing sign in for a recheck if such recheck is indicated by your instructor.

18. Polish using selective polishing techniques. Use dental floss to remove polishing particles and debris interproximally.

19. Update Services Rendered and sign in for a polish check. Once again during the instructor’s evaluation, record residual areas of biofilm or stain in red ink on the DHPC form. Remove areas as directed by instructor.

20. Proceed with fluoride treatment as indicated in treatment plan. Fluoride gel is applied to children over six years of age and adults. Fluoride varnish is to be used on children under six years of age.

22. Review treatment plan to determine any additional services.

23. Return removable appliances to patient if applicable.

24. Before patient dismissal:
   o Completed patients should be scheduled for re-care. This is accomplished chairside before escorting your patient to the reception area.
   o In-progress patients should be scheduled for their next appointment. This is accomplished chairside before escorting your patient to the reception area.
   o Patients needing dental treatment will be referred 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.

25. Dismiss patient and escort to the reception area for "walk out" procedures.

26. 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 MAY RESULT IN LOSING CREDIT FOR THAT PATIENT. IT IS THE STUDENT’S RESPONSIBILITY TO SECURE ALL SIGNATURES.**

C. AFTER PATIENT DISMISSAL

1. With utility gloves, mask and glasses, examine instruments/cassettes for debris. Wipe instruments if necessary. With utility gloves on, place instruments in marked bins for removal to sterilization area for cleaning and processing. Remove and wipe handpiece and ultrasonic tips (if used) with disinfectant wipe. Lubricate handpiece according to manufacturer’s directions and place in labeled sterilization bag for processing. **These items do not go into the ultrasonic cleaner or instrument washer but go directly into an autoclave for sterilization.** After instruments are deposited in the bin and before you continue with unit disinfection complete all charting paperwork and tracking sheets and submit to your instructor.

2. Remove all barriers from unit and surfaces. Discard appropriate contaminated items in the biohazard bag provided by the sterilization assistant (blood soaked gauze and cotton rolls only). All other trash is discarded into trash receptacles.

3. Flush evacuation lines (including saliva ejector) with water for 15 seconds. Disassemble and clean evacuation tips.

4. 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.
   - Install an empty water bottle
   - Hold handpiece tubing and syringe over a basin or cuspidor. Turn the unit on, wait a few seconds and then operate the unit flush valve, air water syringe and foot control until the water is purged from the system.

5. 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 have been contacted during clinical services. Vinyl chair surfaces should be wiped down with soap and water only and then again with water only to remove soap residue.

6. The following maintenance procedures will be conducted on scheduled days:
   - Cleaning of solid waste trap- WEEKLY
   - Flushing evacuation lines with enzymatic cleaner- WEEKLY
   - Disinfecting treatment water bottles and shocking the water system biannually before the start of each semester.

7. Return chair and unit to its correct position and call instructor for inspection. The student **MAY NOT LEAVE** the clinical area before the instructor has inspected the unit and computer entry.

**ASEPTIC PROTOCOL**

1. Treatment area preparation using barriers and PPE are required for the safety of patients, students, faculty and staff.
2. Rowan College at Burlington County 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 DHY 101, and can be reviewed in your textbooks.
4. Disposable latex free 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 procedure such as but not limited to, ultrasonic or hand scaling, polishing, and disinfection procedures. Masks must be changed if they become wet or soiled.
6. Students must wash their hands prior to donning disposable gowns and utility gloves in preparation to clean and disinfect the treatment area. Facemasks 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 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
decorator 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. Clean, non-contaminated overgloves are an acceptable
alternative when leaving your treatment area.

11. Treatment records and paperwork is to be handled as little as possible in the
treatment area. Overgloves should be worn or barrier techniques utilized
whenever handling is necessary. 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, instruments are
prepared for transport to the sterilization area and trash is disposed of according
to OSHA guidelines.

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 with 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
内阁 and ensure that all disposed of materials are actually in the receptacle
and not lying on the cabinet floor having missed their destination.

22. Utility gloves are washed, then wiped with disinfectant and hung to dry on the
hook beneath the sink.

23. Remove and dispose of overgown 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.
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.

Autoclaves are monitored through the use of process indicators and biological monitoring systems.

**PROTOCOL FOR ASEPTIC TECHNIQUE IN LABORATORY FACILITIES**

Students will perform procedures on each other during laboratory sessions. Annual physical examinations or updates are required and will be reviewed by supervising instructors. Those who are designated medically compromised must obtain medical clearance from their physician to participate in clinically oriented lab sessions.

Careful adherence to preparation and maintenance protocols of the laboratory area and equipment is necessary to provide 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 ASEPTIC 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 during 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 mouthrinse 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 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 the amount of 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 expected at all times.
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 RCBC white lab coats when not involved in the delivery of patient care services and disposable overgowns 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 instructor. At the end of laboratory session, instructor must inspect area for disinfection and cleanliness before 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 maintained at all times.

**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 equipment 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. 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. RCBC and the Dental Hygiene Program are not responsible for student’s personal property.
10. 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.

11. When task is completed, turn off equipment and clean work area. PPE must be utilized during all cleaning activities.
12. 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, tile square 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 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 trashcan, not down the drain.
9. All students are expected to clean up after themselves. This includes flushing of the trimmers, wiping down the counter, 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 plastic headrest cover.
2. After pouring models, remove headrest cover and wipe down vibrator. (No stone should be left on any part of the equipment, i.e., wire head, base, switch.)

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: lab benches, side and floor.

GUIDELINES FOR USE OF LAB ENGINE / SLOW HANDPIECE / DREMEL
1. Check to insure unit is plugged in.
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. Return engine to its original station when finished.
5. Clean entire area: lab bench, tops, sides and floor.
6. Clean, bag and autoclave burs and other attachments.

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 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 ASEPTIC 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 RCBC facility. Use either clinic phones or make sure that your personal identifying number is blocked when using personal cell phones to confirm patients.

2. Patients must complete the medical history questionnaire and sign the consent form prior to exposing films.

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 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. In the darkroom, all counters are disinfected prior to film processing. The work area where films 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 student’s name, date and contents. RINN XCPs are bagged as sets for specific areas of exposure.

10. Handwashing is to be performed before and after gloving as it is with any clinical procedure. Overgloves 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. Fresh gloves will be required for processing films. Gloves are not worn while seating and dismissing the patient. Full clinical dress, i.e. uniforms are required as this is considered a clinical activity.
12. Film is dispensed by the instructor. Students are never to help themselves to films. Packets are placed on the barrier on the metal cart outside the exposure room. Exposed films are placed in a disposable cup also located on the cart outside the exposure room.

13. When radiographs are exposed, patient charts and forms are placed the wooden shelf outside the exposure room.

14. 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 film packet is placed in the labeled container near the processors.

EXPOSURE PROCEDURE

1. Proceed to reception area and greet 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 exposure 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 exposure room.

5. Prepare pertinent patient forms and charts and place on the metal cart outside the exposure room.

6. All of the patient’s personal belongings should be hung on the hook within the exposure room. 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 hold these items on his or her lap.

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 film or PID.

12. Explain the procedure to the patient. Remember, earning the patient’s trust and cooperation is a key component to successful film exposure.

13. Expose the requisite films 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 overgloves. Remove mask and protective eyewear. Disinfect and store appropriately.

18. **GRADING**—
   1. All exposed radiographic series (BW & 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 and therefore not be counted toward clinical requirements.
   3. A zero will be averaged in for any series exposed but not submitted for grading. Likewise a zero will be averaged in for any radiology requirements not completed. The student will then carryover this deficiency to the next semester and need to complete that requirement in addition to that semester's requirements.
**ASSIGNED ROTATIONS**

Students will rotate through each of the following positions:
- Receptionist assistant
- Radiology assistant
- Sterilization/clinical assistant

The student will be evaluated during each rotation and a grade will be assigned accordingly. The student is responsible for reading and performing all duties as listed, and must come to each rotation prepared.

**NOTE:** If a student requests a rotation change, the student must obtain permission from the clinic faculty by completing the appropriate form and providing the name and signature of a student willing to trade rotations with them. It is preferred to trade with someone from your same bay.

Please refer to assistant rotation clinical manual for specific guidelines and have the manual with you when you report to complete rotation assignments. The following is a sample of the duties you will be required to perform during these rotations. Exact duties and details are outlined in your rotation manual.

**ANY MISSED ROTATIONS MUST BE MADE UP.**

**Reception Assistant Rotation**

1. Report, ready to begin, **15 minutes** prior to start of clinical session (7:45 or 12:45), wearing a **clean and pressed** white lab coat.

2. Collect prior day’s **Instructor Sign-In Sheet** on the Bay clipboards. Fill in the date and the Bay letter on the new sheet. Make sure there are several copies of this form on each clipboard and replenish if needed. Place the used sheets in the designated file.

3. Turn on computer. After the clinical assistant enters the password, select the Patterson EagleSoft program. Log into the electronic appointment book.

4. Greet patients as they arrive, and put a red check by their name in the appointment book. Address the patient appropriately, which often means using a title such as Mr. Mrs., Ms. or Dr.

5. Patient forms:
   - Give **new** patients a clipboard with the **Medical/Dental History Form**, the **HIPPA** form, the RCBC disclaimer and the **Welcome-Bill of Rights Form**.
   - A parent or guardian must complete the **Child Medical/Dental History form**, as well as the other forms, for all minors (**under age 18**). We must have a signed
parental consent (on the back of the Medical/Dental History form) **in order to treat a minor whose parent or guardian is not present.**

Patients returning for a recall appointment (3-6 mos.) should be given a new Medical Dental History form to fill out. They do not sign another HIPPA form. Place a new Patient Assessment form and a DHPC Evaluation and Risk Assessment form in the chart. Also place a Services Rendered form on the right (on top of all other forms) if there is none or if a new one is needed. Be sure to number the pages sequentially when adding a new services rendered page. **Change the year sticker if applicable.**

6. Collect the $5.00 fee (**cash or check* only**) when the patient turns in the completed forms. Denote paid (pd.) on the appointment schedule. Make sure all forms are signed. The reception assistant should sign as the witness on the Welcome-Bill of Rights Form.

* Checks are made payable to RCBC

**Receipts are available upon request. Stamp after completing.**

7. **Assembling charts**
   - Place forms in chart – attach the HIPAA form and the Welcome-Bill of Rights form to the right side of the chart. The Services Rendered form should be placed on top of these forms. Do not attach the Medical/Dental History form. It should be attached to the left side of the chart at the completion of the appointment. For recall patients, the new Medical/Dental History Updated form can be attached on top of the current medical history.
   - Make a printed label - last name first.
   - Adhere alphabet stickers (first two letters of last name) on top right edge of chart.

   * If there is a temporary chart (Ex: gray/screening) for the patient, convert that chart to a permanent chart as per the instructions above.
   - X-rays can be slid into the pocket.
   - Erase the name on the gray chart so that it can be re-used.

8. Write DH student’s name in pencil on the outside of the chart and take the patient chart to the student.

9. Broken appointments or cancelled appointments should be noted in the patients chart under Services Rendered as BA or CA respectively. **Include** the date and have the clinical assistant sign.
10. The phone should be answered in a cordial, courteous manner using the following greeting: “Rowan College at Burlington County College Dental Hygiene Center, may I help you?”

* Before scheduling an appointment, first ask if the patient has been to our clinic before. If so, enter patient’s name in EagleSoft to check on recall date and any history of broken appointments. Confirm address and phone number(s) and make any changes that are necessary.

** When scheduling an appointment record the patient’s first and last name and phone # (ask for the best number to reach them). Also include any other pertinent information. If it is a child patient, include the age in parentheses and record the parent’s last name if it is different than the child’s name.

Screening patients are recorded on the page below the student appointment page. Record patient’s name and phone #. Do not schedule screening patients in the first half hour or the last hour of the clinic session.

After patients have been checked in:

1. Confirm screening patients scheduled in the next clinic session. When dialing an outside number press 81, the area code and then the number.
2. Replenish clipboards
3. Punch holes on the top of the forms
5. Place Patient Survey forms on clipboards (about 5).
6. Pull charts for the next clinic session of your class.
   Returning patients are marked in appointment book as either CS (continuation of service) or REC (for recall). Put charts in alphabetical order, rubber band and place post-it on top, marked with clinic session date and Senior or Freshman.
7. Enter patient data into the computer.
8. Tally clinic fees on Funds form make a copy and take both copies to the cashier window.
   The cashier will sign the form and give you a copy. This copy is placed in the designated file. Leave $15.00 in the cash box to be used for change.
Screening Patients:

1. When the patient arrives* have the patient complete the appropriate forms. While the patient is completing the forms, the unit can be set up. Set up includes barriers, a mouth mirror, an explorer, a probe, a patient bib and bib clip, 2 gauze squares, mouthwash and a pair of patient goggles.
   * Do not set up the unit until the patient arrives.
2. The completed forms along with a screening form are placed into a temporary chart. Write the patient’s name (last name first) and phone # in pencil on the front of the chart.
3. Take the chart, a red and black pen, and the patient to the designated unit. Place the bib on the patient, take and record blood pressure and write screening patient on the sign in form. Then inform either the roving instructor the bay instructor that the patient is seated.
4. Upon completion of the screening, schedule the patient with an appointment, reminding them of our cancellation policy. The screening instructor will inform the reception assistant of any medical clearance needed and what the specific concern is. If clearance is needed, confirm the patient’s physician’s name, address and telephone number. Fill out the Medical Consultation form. Now place a medical alert sticker on the chart if one has not yet been affixed.
5. Break-down and disinfect the unit.

Patient dismissal:

1. For patients requesting x-rays, place mounted x-rays in a large envelope that is stamped with the clinic stamp. Write patient’s name on the front of the envelope. Check to see that the x-ray label includes all the necessary information. Complete the Patient Request to Release Radiographs form and have the patient sign. Slide the form into the pocket of the patient’s chart.
2. For child patients, ask if a school excuse is needed (We can also supply a work excuse).
3. Ask completed patients to fill out the Patient Survey form and give them a sample toothpaste.
4. Be sure to THANK patients for coming to the clinic.

End of Clinic Session:
- File charts and x-rays.
- Make sure reception desk is neat.
- Straighten up magazines and books.
- Sharpen pencils.
- Turn off music.
- Turn off compressors and vacuum pumps.
- Close reception room door.

REMEMBER – ALL PATIENT INFORMATION IS CONFIDENTIAL AND MUST NOT BE DISCUSSED WITH ANYONE OUTSIDE OF THE CLINICAL SETTING!

All charts are considered legal documents, therefore, all notes, identification and pertinent information MUST be recorded in ink.
Even the most difficult person must be treated with respect and professionalism—keep your composure!
The reception area is not the place to air complaints. Conversations and actions should reflect a very professional attitude. Students without patients should NOT “hang out” in the reception area.

Sterilization/Clinical Assistant Rotation

1. Report, ready to begin, 15 minutes prior to the start of the clinic session (7:45 or 12:45). Check in with the RCBC Clinical Assistant. Lateness is recorded and reflected in the professionalism grade.
2. Get keys and unlock the Emergency Closet, and the anesthesia cabinet.
3. Replenish supplies on the Bay carts and the fluoride cart. Make sure each cart is neat and clean (change paper coverings if soiled).
4. Use gray cart to deliver toothbrushes and floss to students. Only new (NP) and recall (REC) patients get a toothbrush and floss. Patients in for continuation of service (CS) do not receive a toothbrush and floss. Also include a supply of cassette-size sterilization bags. Label one for each student seeing a patient with the student’s name, Bay letter, and instrument colors. Do not label any other bags for students.
   Any student borrowing a Sealant, Prophy Jet, or Anesthesia, etc. tray must sign it out with the Sterilization Assistant.
Sterilization - Getting Ready:

1. **Put on all PPE (a mask, protective eyewear or face shield, over-gown and puncture-resistant utility gloves) before handling contaminated instruments or disinfecting surfaces.** Pull the sink lever up and use the sink “hands free” by kicking the metal plate at the bottom.

2. **Ultrasonic Cleaning Unit:** The unit will only be filled rarely as needed. Before filling these units, make sure the gray lever on the side of the machine is in the vertical position.
   OR

   **Instrument Disinfector:** load carefully and ensure that all cassettes are closed. When a full load is ready **AND YOU WILL BE IN CLINIC FOR THE HOUR IT WILL TAKE TO RUN,** you may run the disinfect – vario cycle. (Turn the sign to clean if you run a full cycle.) If it is the end of the day and everyone is leaving, run the rinse cycle. Be sure to open the door to allow for drying of the instruments and prevent rusting. **Leave the sign on dirty if you have only rinsed the instruments.**

3. **Statims (S1 & S2):** Unscrew the cap on the top of the Statim. Make sure both Statims have enough **distilled** water – the water level must be at least an inch above the sensor (white rectangular plastic piece inside water reservoir).

4. **Lisas (L1 & L2):** The Lisa will display a message if the water reservoir needs to be filled, otherwise do not add water. The Lisa will take almost a full gallon of **distilled** water. Unscrew black cap (on the top of sterilizer) replace with black funnel and carefully add distilled water. You will hear an audible tone when the reservoir is full. Stop and replace the black cap (do not twist this cap on real tight). **Do not turn the Lisa on until you are ready to run a load of instruments.**

5. **Magna Clave:** Load instruments carefully leaving room between bagged cassettes for air to circulate. Turn knob to fill. **DO NOT LEAVE THE MACHINE OR IT WILL OVERFILL AND FLOOD.** When the fill plate is covered with distilled water, turn the knob to sterilize, close the door keeping fingers on the black door handle and pull the lever down. Set the timer to 20 minutes. The timer will not move until the magna-clave reaches the proper pressure and temperature for complete sterilization. When the timer buzzes, turn the knob to vent. When the light permitting you to open the doors lights up, push in the button beneath the black hand-hold and pull the lever up. Stand back as steam will come rushing out. Turn the knob to the power off position and allow instruments to air dry and cool before removing them from the machine.
Receiving, Cleaning, and Decontamination:

1. Roll the Contaminated Instruments bins (using the cart to transport) into Sterilization. The counter area to the right and immediate left of the sink is designated receiving, cleaning and decontamination. “Park” the bins to the right of the sink. Dispose of sharps and carpules in the Sharps container inside the cabinet. Instruments are taken from the bin and prepared for sterilization.

Instruments to be disinfected in the Miele dental disinfector:

Cassettes (instrument cassettes, not cavitron tips):
    a. Place the cassettes horizontally in the racks of the dental disinfector.
    b. Close the door firmly and press the “On/Off” button.
    c. Turn the program selector to “Disinfection vario” or “Rinse”.
       At the close of a morning clinic select “Disinfection vario” and turn the sign on the top of the disinfector to “clean”.
       At the close of an afternoon clinic select “Rinse” and keep the sign on “dirty”
    d. 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 DISINFECTOR!  
*DO NOT PUT HANDPIECES OR CAVITRON TIPS IN THE DISINFECTOR!

Cleaning of other instruments:
-Handpieces- wipe with disinfectant and bag.
-XCP’s, Bitesticks, 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 sterilizer. Do not bag.
-Dappen dishes – disinfect with surface disinfectant.
-Oraquix applicator – take apart, disinfect and bag for sterilization.
-Cavitron tips should not be placed in the dental disinfector. They should be wiped down and then bagged for sterilization.
Preparation & Packaging

The counter space and the pull out shelves, to the far left of the sink, are designated 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*. Adhere a small section of autoclave tape (about an inch) on the paper side of each bag.
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, in pencil, with the following:
   a. the date
   b. the sterilizer #
   c. student’s name
   d. student’s Bay letter
   e. initials of student on rotation

Instruments belonging to the clinic are marked RCBC.

*Various size bags are located in the cabinet above the sink. Do not choose bags that are too large.

Sterilization

Place bagged items in sterilizer, clear side down, packed loosely on sterilizer trays.
Cassettes are sterilized in the Magnaclave.

Do not run a cycle in a Statim past 4:15 in the afternoon. The Lisas have an automatic shut-off feature, so they can be run at the end of the clinic session.

Handling Sterilized Instruments:
Unload sterilized instruments onto the gray cart - this cart is reserved for clean instruments only! Wet packages should be allowed to dry before handling – they can be placed on the gray cart or the counter across from
the sink to dry. Care must be taken when removing hot instruments from the sterilizer (an oven mitt and a handle to grasp trays is available). Student instruments are delivered to the appropriate bins on the large rolling cart (one side is for Freshman instruments and the other is for Senior instruments). Only one set of instruments per student should be placed on the bottom of the bay cart. RCBC instruments are stored in the cabinet marked Clean Storage. School XCP’s and radiology supplies are stored in Radiology.

At the end of the clinic session:
* The Sterilization Assistant should take a small red biohazard bag into the clinic and collect any biohazard waste cups students may have. The bag must be sealed, using autoclave tape, before taking it back to Sterilization. The bag is then deposited in the large biohazard waste bag hanging on the side of the Contaminated Instrument cabinet.
* Disinfect countertops, trays, pencils, handles and knobs, etc.
* Disinfect collection bins and return to clinic.
* Turn off the Statims. Lisas can be left on if still cycling.
* Any instruments that have not been sterilized but are ready for packaging are stored in the cabinet to the right of the sink marked Contaminated Instruments. 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 dental disinfector and the appropriate cycle is chosen. The sign should be turned to “dirty” if rinse cycle is used and clean if disinfect vario is used.
* Utility gloves are washed, disinfected and hung to dry inside the cabinet below the sink.
* Lock the Emergency closet and the anesthesia cabinet.

Additional Responsibilities:
* Senior students will conduct biological monitoring (Attest) weekly (Tuesday) on all sterilizers and record results.
* In Senior Clinic it is the Sterilization Assistant’s responsibility to make sure all trays (Sealant, Prophy-Jet or Anesthesia) being utilized are returned and all items that should be returned are accounted for. It is then the DH Student’s responsibility to re-stock the tray. After this step is complete, the Sterilization Assistant can sign the tray in and leave it on the clean counter for the Clinical Assistant to inspect and put away.
* Denture cleaning:
  1. Take a denture bath and permanent marker to the unit along with a denture brush
  2. Write the patient’s name on the denture bath then have the patient place the denture into the bath – cover with water and close.
  3. The student operator will place paper towels at the bottom of the sink and scrub the denture before returning to the patient.

* Senior students will perform weekly maintenance of sterilizers (see weekly maintenance instructions for the Lisa and Statim) and record on log sheet.
* Be available to retrieve items for other students and report any problems to an instructor or the Clinical Assistant.
* Fill soap dispensers in units if needed. **DO NOT UNSCREW THE BOTTLE!!!** Remove pump and insert a funnel to pour soap (the soap and the funnel is under the sink in the darkroom).
* Record any supplies that are low, and give the list to the Clinical Assistant at the end of the clinic session.
Radiology Assistant Rotation
1. Report, ready to begin, **15 minutes** prior to the start of the clinic session (7:45 or 12:45). Check in with the Clinical Assistant.
2. Turn on the water supply and the power to the 3 processors. Put on **over-gown, utility gloves, goggles and a mask**. Add fresh chemicals and start the processor. If the processor is making any unusual noises, such as a clicking noise, report it to the Radiology Instructor or Clinical Assistant immediately. Record on the log (on clipboard) the procedures you have performed.
3. Run a clean-up film through, as per instructions on the package. Next run a DXTTR film – show it to the Radiology instructor.

**Do not run any patient films until the low temperature light stops blinking.**

4. Re-stock the **Instructor Gown and Glove Cabinet**, if needed. (there should be no more than 2 – 3 boxes of each size of gloves in the cabinet at one time). Turn on the 3 laptop computers for digital x-rays and log into EagleSoft. This must be accomplished before the instructors report to the clinic at 8:30am or 1:30pm.
5. Perform infection control procedures on all units, including the application of appropriate barriers.
6. Set up FMX series in plastic cups. There should be **no more than 6** of these set-ups in the cabinet. Do not put any other type film or set-ups in the cabinet.
7. Prepare mounts with stickers.
8. Develop all patient x-rays and mount BOTH sets immediately. The label must be written **legibly in ink** and include the **patient’s name, Rowan College at Burlington County and the date**. Deliver both sets to the student after checking with the radiology instructor for retakes. **This task must take priority over breaking down and setting up the radiology rooms.**
9. Take contaminated XCP's to the sterilization area. Carry them in a closed container. Make sure the **student's name (first and last)** and their **bay letter** is on the label. There is a roll of autoclave tape in Radiology for labeling.
10. Prepare the room for the next patient.
End of Clinic Session:
* Turn off all equipment, including units, processors and water valves.
* Ensure that all lead aprons have been properly hung and disinfected.
* Make sure that the radiology and darkroom areas are left neat and have been properly cleaned and disinfected.
* Make sure the light is off in the darkroom.
* At the very end of the clinic session, collect the boxes of gloves from the Bay carts and return them to the Instructor Gown and Glove cabinet in Radiology.
* On the designated clinic day, the radiology assistant will prepare 4 buckets for cleaning the high and low speed suction. Borrow the gray cart from sterilization and prepare the buckets in the darkroom (Dissolve 1 packet of RamClean powder in 2 gallons of hot water). **Once all patients have been dismissed**, roll the cart into the clinic and leave a bucket in each Bay. Return the empty buckets to the darkroom.

Additional Duties:
* Sharpen pencils. Make sure there is an adequate supply of pencils and pens.
* Record on paper any supplies that are low and give to the Clinical Assistant.
* Take x-rays on a DXTTR, to be used for quality control. Place in a cup, marked DXTTR films, and **store in the darkroom** in the designated drawer.
* Check to see if Sterilization Assistant(s) needs any help.
EXPOSURE CONTROL PLAN FOR Rowan College at Burlington County
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 follow Standard precautions at all times, 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. New medical histories will be obtained at the beginning of each recall series. Since not all infected patients are aware of their disease status being asymptomatic cannot be considered the same as being disease free. In spite of 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 and whenever changes occur that affect occupational exposure
- 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

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

Rowan College at Burlington County 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 Program Director and is kept near the reception desk in the dental hygiene suite. It is available for review by any interested employees, students, patients or other interested parties upon request.

The purpose of this plan is to prevent 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 RCBC:

**ALL PERSONNEL LISTED BELOW HAVE OCCUPATIONAL EXPOSURE IN CATEGORY I:**

<table>
<thead>
<tr>
<th>JOB CLASSIFICATION</th>
<th>NAME (OPTIONAL)</th>
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</thead>
<tbody>
<tr>
<td>Clinical assistants</td>
<td></td>
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<tr>
<td>Clinical instructors and supervisors</td>
<td></td>
</tr>
<tr>
<td>Dentists</td>
<td></td>
</tr>
<tr>
<td>Dental hygiene students</td>
<td></td>
</tr>
<tr>
<td>Radiology instructors</td>
<td></td>
</tr>
<tr>
<td>Dental Materials, Dental Specialties and other laboratory course instructors and supervisors</td>
<td></td>
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</tbody>
</table>
PERSONNEL LISTED BELOW HAVE SOME OCCUPATIONAL EXPOSURE IN CATEGORY II:

<table>
<thead>
<tr>
<th>JOB CLASSIFICATION</th>
<th>NAME (OPTIONAL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Custodial Staff</td>
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PERSONNEL LISTED BELOW HAVE SOME OCCUPATIONAL EXPOSURE IN CATEGORY III:

<table>
<thead>
<tr>
<th>JOB CLASSIFICATION</th>
<th>NAME (OPTIONAL)</th>
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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.

<table>
<thead>
<tr>
<th>PROVISIONS</th>
<th>IMPLEMENTED BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Precaution</td>
<td>September 2004</td>
</tr>
<tr>
<td>Exposure Control Plan</td>
<td>September 2004</td>
</tr>
<tr>
<td>Information and Training</td>
<td>September 2004</td>
</tr>
<tr>
<td>Recordkeeping</td>
<td>September 2004</td>
</tr>
<tr>
<td>Engineering/Work Practice Controls</td>
<td>September 2004</td>
</tr>
<tr>
<td>Personal Protective Equipment</td>
<td>September 2004</td>
</tr>
<tr>
<td>Housekeeping</td>
<td>September 2004</td>
</tr>
<tr>
<td>HBV Vaccination/ Post Exposure Follow-up</td>
<td>September 2004</td>
</tr>
<tr>
<td>Labels and Signs</td>
<td>September 2004</td>
</tr>
</tbody>
</table>

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 if 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. Applying 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:

<table>
<thead>
<tr>
<th>Engineering Control</th>
<th>Inspection/Maintenance Schedule</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharps containers</td>
<td>with each use</td>
<td>all clinical instructors</td>
</tr>
<tr>
<td>Rubber Dam</td>
<td>with each use</td>
<td>all clinical instructors</td>
</tr>
<tr>
<td>High Volume Evacuation System</td>
<td>with each use</td>
<td>all clinical instructors</td>
</tr>
<tr>
<td>Needle re-capping devices</td>
<td>with each use</td>
<td>all clinical instructors</td>
</tr>
<tr>
<td>Ventilation hoods</td>
<td>with each use</td>
<td>all clinical instructors</td>
</tr>
<tr>
<td>Lead aprons</td>
<td>with each use</td>
<td>all clinical instructors</td>
</tr>
<tr>
<td>Amalgam capsules</td>
<td>with each use</td>
<td>all clinical instructors</td>
</tr>
<tr>
<td>Lathe spatter shields</td>
<td>with each use</td>
<td>all clinical instructors</td>
</tr>
<tr>
<td>Ultra-violet light shields</td>
<td>with each use</td>
<td>all clinical instructors</td>
</tr>
</tbody>
</table>
WORK PRACTICE CONTROLS REDUCE THE LIKELIHOOD OF EXPOSURE BY CHANGING THE WAY A TASK IS PERFORMED.

HANDWASHING

Facilities are readily accessible in the following locations:

Each bay of six operatories has two sinks on the clinic floor, for a total of eight sinks.
Radiography area has three sinks readily available in the lab.
Lab area has three sinks on the wall adjacent to the radiography area.
Darkroom has a sink.
Sterilization area has a sink.
Waterless hand disinfectant is available in all work areas.

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 DHY 101, and is detailed in the textbook. At the beginning of the day a two minute handwashing routine is expected. In between changing gloves, use of the hand disinfectant is acceptable.

HANDLING CONTAMINATED 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 means any contaminated object that can penetrate the skin including, but not limited to, needles, broken carpules, exposed dental wires, matrix bands. In this facility, recapping/removal of contaminated sharps is only permitted for the following procedures using the mechanical device or one-handed technique.
<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>DEVICE/TECHNIQUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple injections of anesthesia</td>
<td>recapping device or one-handed scoop</td>
</tr>
</tbody>
</table>

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.

The following is a brief description of the procedures used in this facility to ensure that hands are not used to reach into containers of contaminated, reusable sharps.

Miele instrument washer/disinfector or contaminated storage area are used as holding areas for contaminated instruments and are clearly labeled as contaminated, and instruments are contained within cassettes. 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, darkroom, sterilization area, or in other words, anywhere within the Dental Hygiene Suite. 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. Food and drink may be stored and consumed in the following areas: anywhere outside of the Dental Hygiene Suite.
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 section 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, or
  - 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 glove is not compromised. However, they must be discarded if they become cracked or torn or show any other sign 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, splatter, 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 this facility, personnel must use the appropriate PPE indicated when performing the following tasks and procedures:

**TASK/PROCEDURE**

<table>
<thead>
<tr>
<th>TASK/PROCEDURE</th>
<th>TYPE OF PPE REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine patient care/clinical treatment</td>
<td>masks, gloves, goggles, disposable overgowns</td>
</tr>
<tr>
<td>Housekeeping duties</td>
<td>masks, gloves, goggles, disposable overgowns</td>
</tr>
<tr>
<td>Preparing solutions (radiographic)</td>
<td>masks, gloves, goggles, disposable overgowns</td>
</tr>
<tr>
<td>Preparing solutions (infection control)</td>
<td>masks, gloves, goggles, disposable overgowns</td>
</tr>
<tr>
<td>Laboratory procedures (all)</td>
<td>masks, gloves, goggles, disposable overgowns</td>
</tr>
<tr>
<td>Waste disposal</td>
<td>masks, gloves, goggles, disposable overgowns</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>TYPE OF PPE</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>GLOVES</td>
<td>Students will provide their own gloves, 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 gloves, which will be stored in the sterilization area and the faculty wardrobe. Fresh gloves are used for every patient and are changed as soon as their integrity as a barrier is compromised. Handwashing 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.</td>
</tr>
<tr>
<td>MASKS</td>
<td>Students will provide their own masks, 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 masks, which will be stored in the sterilization area and on the bay carts. 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!</td>
</tr>
<tr>
<td>GOGGLES</td>
<td>Students will provide their own 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.</td>
</tr>
<tr>
<td>GOWNS</td>
<td>Students will provide their own disposable overgowns, 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 gowns, which will be stored in the sterilization area and in the radiology area. 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.</td>
</tr>
</tbody>
</table>
- Hypoallergenic gloves, glove liners, powderless gloves or other similar alternatives will be made readily available to all those who are allergic to the gloves normally provided. Nitrile or vinyl gloves are the only types permitted as RCBC is a latex free environment.

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.

<table>
<thead>
<tr>
<th>TYPE OF PPE</th>
<th>DISPOSAL</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Masks</td>
<td>non-regulated waste containers</td>
<td>under sinks</td>
</tr>
<tr>
<td>Gloves</td>
<td>non-regulated waste containers</td>
<td>under sinks</td>
</tr>
<tr>
<td>Gowns</td>
<td>non-regulated waste containers</td>
<td>under sinks</td>
</tr>
</tbody>
</table>

- Blood soaked PPE will be disposed of in the biobin located in the sterilization area.

Laundry

The standard defines contaminated laundry as laundry that has become soiled with blood or other potentially infectious materials or may contain sharps. OSHA interprets the standard as prohibiting personnel from taking contaminated laundry home to clean. However uniforms or clothing they wear under PPE may be taken home to clean, as long as this clothing has not become contaminated.

The following work rules apply in this facility to contaminated laundry:
- Handle as little as possible
- Remove where used and place in the bag or container provided
- Store or transport in bags/containers that are marked with the biohazard label or color-coded red
- Never sort or rinse laundry where it is used
- Handle laundry with gloves at least and other PPE as deemed necessary

In this facility, contaminated laundry is cleaned in the following manner:

Disposable overgowns are used when there is risk of contamination with blood, or OPIM, and disposed of either in non-regulated waste or in the biobin as indicated by the standard on the disposal of blood soaked items.
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 imperviously 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 of 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.)
THIS FACILITY IS CLEANED AND DECONTAMINATED ACCORDING TO THE FOLLOWING HOUSEKEEPING SCHEDULE:

<table>
<thead>
<tr>
<th>AREA/RECEPTACLE</th>
<th>SCHEDULE</th>
<th>METHOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment area</td>
<td>before, between and after patients</td>
<td>S-W-S * with disinfectant</td>
</tr>
<tr>
<td>Laboratory area</td>
<td>daily, before and after use</td>
<td>S-W-S with disinfectant</td>
</tr>
<tr>
<td>Darkroom</td>
<td>daily, before and after use</td>
<td>S-W-S with disinfectant</td>
</tr>
<tr>
<td>Garbage bin</td>
<td>daily, before and after use</td>
<td>impervious barriers are used, but when compromised, S-W-S with disinfectant</td>
</tr>
<tr>
<td>Transport Bins: For contaminated Instruments and Biohazard bags</td>
<td>daily, before and after use</td>
<td>S-W-S with disinfectant</td>
</tr>
<tr>
<td>Utility gloves</td>
<td>after each use</td>
<td>S-W-S with disinfectant</td>
</tr>
<tr>
<td>Sterilization area</td>
<td>daily, before and after use</td>
<td>S-W-S with disinfectant</td>
</tr>
</tbody>
</table>

**Regulated Waste**

The standard defines regulated waste as:
- Liquid or semiliquid blood or OPIM
- Contaminated items that would release blood or OPIM in a liquid or semiliquid 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

* Spray-Wipe-Spray, or double wipe technique
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 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 percutaneous injury.

Other regulated waste

Other regulated waste must be placed in containers that are:

- Closable
- 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.

Hepatitis B Vaccination

Hepatitis B vaccination will be provided free of charge to all employees identified as having occupational exposure, 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 prescreening 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 potential 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:
1. Whether hepatitis B vaccination was indicated for the employee, and
2. 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 record of students’ immunization against measles, mumps and rubella. All new full-time students who are enrolling for 12 or more credits or for what is considered a full time program 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, in an effort to minimize risk of infection to patients. The Dental Hygiene Program at Rowan College at Burlington County 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 parenteral contact with blood or OPIM that results from performance of an employee’s duties.

Any employee 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 parenteral 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 Public Safety Office of Rowan College at Burlington County at extension 1100 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 Rowan College at Burlington County 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, results of the source patient’s blood testing (if available) and any relevant medical records in Rowan College at Burlington County’s possession.

RCBC 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 DISEASES**

Students or faculty who contract any communicable disease must notify the Program Director immediately. The director will then inform Public Safety. If the disease is identified as a reportable disease, according to NJAC Chapter 57:8:57, Public Safety will contact the Burlington County Department of Health’s Communicable Disease Department at 609-265-5526 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. (See non-discrimination policy below.)

Patients who have any communicable disease may be refused treatment 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 clinic. All medical records are kept strictly confidential and our non-discrimination policy will be adhered to.
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 the 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 infection 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.

Rowan College at Burlington County 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 such reason is unethical.
LABELS

In this facility potentially biohazardous materials are color-coded red or identified with the following biohazard symbol and the “biohazard” in contrasting color on a fluorescent orange or orange-red label:

![Biohazard Symbol]

MEDICAL RECORDS

A confidential medical record is maintained for each employee with occupational exposure. The medical record includes:

- The employee’s name and social security number or employee identification 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.

In the case of off-site clinical rotations, the RCBC Dental Hygiene Program may be required to share students’ immunization records. Students will be apprised of this eventuality as necessary.
TRAINING

All personnel will be provided with training before they begin work involving potential 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 during work hours at no cost to the employee.

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 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 who has a question about this exposure control plan or how it is implemented at this facility is encouraged to contact either the clinical assistant or the Program Director for more information.
Post Exposure Evaluation and Follow-up

Name of Exposed Person:

__________________________________________________________

Job Classification:

__________________________________________________________

Name of Employer/School:

__________________________________________________________

Date of Exposure: ___________________________ Time of Exposure: ______________

Description of the 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 employer, supervisor or school representative: _____________________
Date: __________________________

This post exposure evaluation and follow-up was adapted from 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
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.

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

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 a 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.
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 ____________________________,

DATE

have advised me 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
Topics discussed during this session included:

- 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

Time was allotted for questions and answers. All questions were satisfactorily answered as signified by signatures above.
Employee Comment Form: Please document all comments, complaints and concerns about the exposure control plan, hazard communication, and training.

<table>
<thead>
<tr>
<th>DATE</th>
<th>COMMENT</th>
<th>SIGNATURE</th>
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<tbody>
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</tbody>
</table>

Use additional paper for comment if necessary.
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 at a later date 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 at this time. 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 ___________________________
CHEMICAL HAZARD COMMUNICATION PROGRAM FOR

Rowan College at Burlington County
Introduction

The OSHA Chemical 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 Chemical Hazard Communication Program was developed for: The Dental Hygiene Program of Rowan College at Burlington County, 601 Pemberton Browns Mills Road, Pemberton, NJ 08068

The design of the Hazard Communication Program is intended to itemize topics that must be understood and implemented by the faculty, staff and students of Rowan College at Burlington County. It applies to all work operations of the dental hygiene program both under normal working conditions and during emergency situations. The chemical 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 in order to reduce injuries and illnesses that result from the use/misuse of such materials. Employees and students must develop a safe attitude while at the workplace, and implement measures to protect themselves by preventing and/or minimizing exposure to hazardous materials. Protection involves reading labels, understanding SDS forms and employing all recommended precautions when handling potentially hazardous materials.

General Policy

The purpose of this notice is to inform you that Rowan College at Burlington County is complying with OSHA Hazard Communication Standard, by compiling a hazardous chemicals list, by using SDS, 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 is Linda Hecker, CDA, RDH, BS, MA, who retains overall responsibility for the 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 Chemical 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 Chemical Hazard Communication Training Program ensures that Rowan College at Burlington County will:

1. Comply with the OSHA Chemical 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 SDS 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 Chemical Hazard Communication written document and SDS forms.
12. Explain the sections of the MSDS form and their interpretation.
13. Interpret warning labels on hazardous materials.
14. Locate the appropriate means of egress when evacuation is called for.
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 SDS for that product.

Physical hazards include:
• Combustible liquids
• Compressed gases
• Explosives
• Flammables
• Organic peroxides
• Oxidizers
• Pyrophories
• 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

*An addendum to the revised chemical hazard communication standard under the new Globally Harmonized System (GHS) will be explained, illustrated and updated as soon as feasible.
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. Fire blankets are accessible and usable.
13. Trash containers are available and not overfilled.
14. Forceps, dustpans, whiskbrooms 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 outlet 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 overgowns 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.
3. The telephone number for Public Safety is visibly posted.

Chemical Handling and Storage
1. All containers are properly labeled with the official chemical or approved chemical names, and CAS numbers of the five most prominent components and any hazardous substances.
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. SDS sheets are maintained, clearly marked and readily available.
2. The location of the SDS 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
Rowan College at Burlington County 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 SDS sheets will be utilized to determine the type of PPE to wear when working with potentially hazardous materials.
Material Safety Data Sheets
An SDS is a government-approved form or equivalent that provides specific information on the chemicals in products you use. The program coordinator will maintain a file of SDS on products for which the manufacturers or suppliers consider SDS to be necessary. The program director is responsible for acquiring, filing and updating SDS as well as for contacting manufacturers, suppliers, or dealers if additional information is needed or if an SDS has not been provided with initial shipment of a product. A master list of SDS is available from the program director; the file of SDS is accessible to all employees. 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 SDS and how to implement the information contained therein.

Section 1
General information on:
- Name of SDS preparer, distributor or manufacturer.
- Phone number of SDS preparer, distributor or manufacturer.
- Date of SDS preparation

Section II
Hazardous ingredients:
- Hazardous components of the material
- Brief description to identify the material
- OSHA PEL – defines permissible exposure levels
- ACGIH TLV – defines the American Conference of Governmental Industrial Hygienist Threshold Limit Value = airborne concentration of the substance which represents conditions under which it is believed nearly all workers may be repeatedly exposed day after day without adverse effects.

Section III
Physical/Chemical characteristics:
- Boiling point
- Appearance
- Melting point
- Solubility in water
- Vapor pressure
- Density
Section IV
Fire and explosion hazard data:
  • Flash point
  • Appropriate fire extinguishing methods
  • Unusual hazards

Section V
Reactivity data:
  • Proper storage and handling
  • Stability – reactions under conditions of shock, pressure or temperature
  • Incompatibility – reactions with other materials or contaminants
  • Hazardous decomposition products – what may be released upon burning, heating or oxidizing
  • Hazardous polymerization – releasing large amounts of energy upon curing. Curing may be the cause of heating, sunlight, or temperature increases

Section VI
Health hazard data:
  • Target organs
  • Potential routes of entry or exposure
  • Carcinogenicity

Section VII
Precautions for safe handling:
  • Handling spills
  • Clean up and disposal of spills
  • Proper storage to prevent spills and other hazardous reactions

Section VIII
Control measures:
  • Respiratory protection – types of PPE, ventilation
  • Type of protective gloves
  • Type of eye protection
  • Ventilation
  • Work/hygiene/maintenance practices

Labels and other forms of warning

The program coordinator will ensure that all hazardous chemicals are properly labeled and maintained. Labels should list at least the chemical identity of the material, health rating, flammability rating, reactivity rating and required PPE, appropriate hazard warnings and the name and address of the manufacturer or other responsible party. 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 National Fire Protection Association 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 requirement of the Chemical Hazard Communication Standard. The FDA approves their labeling. These labels must not be removed from the containers. 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. Labels should include the

- Product name
- Chemical identity of the material
- Appropriate hazardous warnings
- Name and address of the manufacturer
Labeling Identification Codes

HEALTH is blue
- Rating 4 = dangerous; capable of producing extreme health reactions in the exposed person
- Rating 3 = serious; capable of producing serious health reactions in the exposed person
- Rating 2 = moderate; capable of producing moderate health reactions in the exposed person
- Rating 1 = slight; capable of irritation or producing slight reactions in the exposed person
- Rating 0 = minimal to no hazard

FLAMMABILITY is red
- Rating 4 = dangerous; extremely flammable
- Rating 3 = serious; flammable
- Rating 2 = moderate; combustible between 100 & 200 degrees Fahrenheit
- Rating 1 = slight; combustible above 200 degrees Fahrenheit
- Rating 0 = normally stable; not combustible

REACTIVITY is yellow
- Rating 4 = dangerous; explosive at room temperature
- Rating 3 = serious; explosive if substance is shocked, heated or mixed with water
- Rating 2 = moderately unstable; substance can react if mixed with water
- Rating 1 = slight; a non-violent reaction can result if heated or mixed with water
- Rating 0 = stable; does not react with water

PPE is white
- Rating A = eye protection required
- Rating B = eye protection and gloves required
- Rating C = eye protection, gloves and outer protective clothing required
- Rating D = eye protection, gloves, overgown, and face shield
- Rating E = eye protection, gloves and dust respirator
- Rating F = eye protection, gloves, overgown, and dust respirator
- Rating G = eye protection, gloves and vapor respirator
- Rating H = eye protection, splash goggles, gloves, overgown and vapor respirator
- Rating I = safety glasses, gloves, dust and vapor respirator
- Rating J = splash goggles, gloves, overgown, and dust and vapor respirator
- Rating K = air line hood or mask, gloves, full suit and boots
Storage

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 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 supervisors are the first line of defense. They will determine if the Office of Public Safety needs to be notified.

The person cleaning up the spill must wear appropriate PPE. The chemical's SDS sheet should be used to obtain information on proper protocol. For hazardous chemicals that require special spill kits, (i.e. mercury), 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 drainpipe 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 lighted 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 suite
- Using hall phone, outside of dental hygiene suite, alert the office of public safety (extension 1100)
- 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 building along with instructions for evacuation are posted throughout 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
- Store scraps of amalgam in tight container under fixer solution to contain release of vapors when container is opened
- Testing for mercury toxicity requires urinalysis

**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 SDS directions

**Gluteraldehyde**

Possible results of over-exposure to gluteraldehyde include:
- Blindness or irritated eyes
- Skin irritation and rashes
- Nose irritation
- Sudden headache
- Note that gluteraldehyde 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 SDS directions

**Formaldehyde**

Possible results of over-exposure to formaldehyde include:
- Serious eye damage or irritation
- Skin irritation
- Respiratory irritation
- Sensitization upon inhalation
- Cancer formation

Precautions include:
- Use in a well ventilated area
- Wear PPE
- Follow SDS 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 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 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 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 and/or vacuum systems
- 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 SDS

Prevention of skin contact with hazardous materials:

- Avoid skin contact with materials by wearing PPE, including long sleeved overgowns. 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 SDS

Prevention of eye contact with hazardous materials:

- Wear appropriate eye protection. Permanent injury or blindness can be caused by over-exposure.
- 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 SDS 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.

This document was prepared specifically for:

Rowan College at Burlington County’s Dental Hygiene Program, Housed on the Pemberton Campus in the Parker Center Building, Rooms 318 – 324. 601 Pemberton Browns Mills Road Pemberton, NJ 08068 609-894-9311

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DENTAL RADIOLOGY QUALITY ASSURANCE MANUAL

For

Rowan College at Burlington County
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 films 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 films, utilizing the least amount of radiation in the process.

I. Film
   A. Film storage
      1. Temperature: 50 – 70 degrees F
      2. Humidity: 30 – 50 %
      3. Location: away from radiation
         a. In areas with indirect exposure, film should be stored in light tight boxes in the darkroom
         b. In areas with direct exposure to radiation, film should be stored in lead-lined containers (within the operatory)
         c. Store away from heat, light, chemical vapors, stray radiation.
            Refrigeration provides a viable alternative as long as there is no evidence of condensation
      4. Inventory: FIFO (first in, first out) rotation of stock schedule
   B. Perform fresh film test
      1. Prepare film – unwrap one unexposed film from a newly opened box.
      2. Process film using fresh chemicals
      3. Enter results in log
      4. Interpret
         a. If the processed film appears clear with a slight blue tint, the film is fresh and has been properly protected during shipping and storage. You may proceed with the use of this film.
         b. Film that has expired, was improperly stored, or has been exposed to radiation appears fogged. If the film is fogged, it must not be used, and must be disposed of according to OSHA regulations regarding proper film disposal.
   C. Film Handling
      1. Indirect exposure or Screen film is not to be handled while wearing gloves with powder as that powder can produce artifacts on the film and obscure diagnostic data
      2. Hands should be washed and dried thoroughly and carefully so as to prevent contamination
      3. Film must be handled by the edges only or fingerprints may appear and adversely affect diagnostic quality.
   D. Exposure factors must be periodically assessed for proper density and contrast. Ideally, this is done on an annual basis immediately after replacing processing solutions. A normalized film indicates that quality radiographs are being produced with minimal patient exposure. A normalizing device can be used for this purpose. (Follow the procedures on the Normalizing Exposure Factors side of the device.)
      1. Place device on a flat surface. Insert an unexposed intraoral film under the copper square.
2. Position the tubehead with the PID centered on the copper square and touching the device.
3. Expose film using the usual exposure control factors for a posterior bitewing exam.
4. Process the film in new solutions following standard processing procedures.
5. Insert dry film in the film slot on the other side of the normalizing device and place on the viewbox.
6. Slide the film strip until one of the density steps matches the test film density.
7. If the test film matches a density of 3, 4, or 5, skin exposure per film is within acceptable range. Refer to the exposure table on the normalizing device for estimating exposure per film.
8. If the test film is below 3 or above 5, adjust the timer setting and repeat steps 1 – 7 until a reading of 3, 4, or 5 is obtained.
9. Circle this final density, and use this as your standard for the periodic monitoring of processing solutions to be performed weekly.
10. Record the final exposure settings for the posterior bitewing exposure on the Exposure Control Chart posted next to the control panel. Then, using the table posted, calculate the normalized exposure times for the other intraoral exposures and record on the Exposure Control Chart.
11. Repeat this test annually.

Please note: reduce all exposure times by one third (1/3) when calculating exposures for children.

E. Milliamperage (mA) – because the output of x-ray tubes varies in direct proportion to the milliamperage, it must be tested periodically. A stepwedge, film and record of quality control tests will be needed.
   1. Place a # 2 size film on a flat surface
   2. Position a dental aluminum stepwedge on the film
   3. Position the PID so that it covers the test object and the film.
   4. Expose the stepwedge at 15 mA, 24 impulses, 80 kVp
   5. Process the film
   6. For second exposure, use the 10mA, 36 impulses, 80 kVp setting
   7. Compare the two films side by side
   8. The two films should be identical since the same mA and kilovoltage were used.

If the densities of the steps vary by more than 2 steps, a qualified service representative for the machine should adjust. Keep a log of this test on the master record.

F. Drifting Tube heads will blur areas and drastically reduce detail.
   a. Fully extend the tube head and arm
   b. Observe for signs of drift or vibrations when the tube head is released
   c. Adjust the suspension tension according to the manufacturer’s directions. Record the performance of this test in the log.

G. Collimation and Beam Alignment is performed to prevent unproductive radiation exposure to the patient. To perform this test you will need a film marked with a number and the collimation and beam alignment test record to log your results.
   a. Place a film large enough to cover the diameter of the cone on a flat surface, or arrange four #2 films in a cross pattern and mark each film with a number or other indicator.
   b. Place PID flush to the cross so that approximately half of each film is covered.
c. Make an exposure that will blacken the films and produce an image of the field. Exposure factors for a periapical film are adequate.
d. Evaluate by rearranging the films in the same pattern as exposed.
f. If the exposed area is greater than 2.75 inches in diameter, the lead collimator opening is too large and should be replaced. If the exposed area is obviously out of alignment with the circumference of the PID, the collimator diaphragm may be malpositioned and the problem should be corrected. Keep a log of these tests on the collimation and beam alignment test record.

II. 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 films 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 films
   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 films, the film holders, paper towels, tissues, cotton rolls and a cup for exposed films should be laid out.
7. Exposure area should be disinfected and fresh barriers applied. It is especially important to disinfect the chair, and the shelf outside the exposure room beneath the control panel.
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 number and size of films best suited to produce results of the highest diagnostic quality.
12. The operator should examine the mouth and be prepared for challenges.
13. Wash hands and don fresh examination gloves.
14. Although the operator should prepare to utilize other techniques when paralleling is not possible, paralleling is the technique of choice for exposing most films. It ensures diagnostic quality when practiced appropriately.
15. Paralleling rules to follow during exposure:
   A. The film/sensor must be positioned to cover the prescribed area of teeth to be examined.
B. The film/sensor must be positioned parallel to the long axis of the tooth. The film/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 film 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 film/sensor to ensure that all areas of the film 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 both for film and digital types of exposure.

16. Careful attention must be paid to exposure technique and sequence in order to ensure the avoidance of confusing exposed and unexposed films; retaking a previously exposed area; double exposure; over and underexposed films; incorrect film placement; angulation errors; PID alignment problems; film bending and creasing; reversed film; and movement during exposure. Use of digital systems avoids the above mentioned errors.

17. In obtaining panoramic exposures, the operator must adhere to the following guidelines:

A. Film must be handled as little as possible and protected from light exposure while loading the cassette. (With our digital system, no film or cassettes will be needed.)

B. Patient positioning is key to obtaining the best diagnostic quality.

C. Manufacturer’s directions must be followed. Basic positioning includes careful attention to:

   i. Having patient bite on bite block to obtain appropriate positioning in focal trough

   ii. Positioning the midsagittal plane perpendicular to the floor

   iii. Positioning the Frankfort plane parallel to the floor

   iv. Instructing the patient to place the tongue on the roof of the mouth

   v. Observing patient during exposure (from safe distance) and reminding the patient to remain motionless while machine rotates

   vi. Following manufacturer’s instructions for exposure settings and timing

   vii. Ensuring proper positioning of lead apron low around the neck of the patient so that it does not block the beam

   viii. Removing all prosthetic devices, earrings, jewelry, and hair ornaments that may interfere with diagnostic quality prior to exposure

   ix. Positioning patient with a straight spine to avoid the spine appearing as a radiopacity and adversely affecting diagnostic quality

III. Dark room techniques:

When exposure is complete, remove the lead apron, hang and disinfect. All contaminated items, i.e., films and film holders, are to be placed in the container provided and covered. Disposable items should be placed in appropriate receptacle, and gloves should be removed and hands washed. Explain the procedure to the patient and ask them to await your return in the exposure room. When using the digital system all exposures are made before an instructor is called in to determine what, if any retakes are necessary.
After developing films, if no retakes are necessary you may dismiss the patient, or escort him or her back to the clinic. The room can then be disinfected according to established protocol. If you suspect that retakes may be necessary, consult with the clinic dentist and prepare to retake the films under direct supervision of either an instructor or the dentist.

Prepare the darkroom for development of your films. Your armamentarium should include: paper towels, examination gloves and the cup containing your contaminated films.

1. Close and lock the door of the darkroom. Give the door a tug to make sure that it is securely closed.
2. Don gloves and spread a paper towel over a clean, dry work area.
3. Place cup containing exposed films next to paper towel.
4. Check levels and temperature of chemistry. Adjust as necessary to be aligned with manufacturer’s directions.
5. Turn off the overhead white light and turn on the safelights.
6. Take one contaminated film out of the container.
7. Open film packet tab and slide out the lead foil backing and black paper.
8. Discard film packet in garbage and foil in foil collection box after all films have been accounted for and placed in the processor.
9. Without touching the film, open the black paper wrapping.
10. Allow film to drop onto paper towel.
11. Do not touch film with gloved hands.
12. Discard black paper wrapping in garbage.
13. After all films have been opened and accounted for, dispose of the cup.
14. Remove gloves, wash hands, dry thoroughly.
15. Process films – count films as they enter the processor as well as when they exit the processor.
16. After all films have been secured from light exposure (after placing in fixer and covering tanks for manual processing, or being completely taken into automatic processor), turn on white lights, open darkroom door.
17. Prepare appropriate film mounts with patient name, date, and RCBC Dental Hygiene Facility.
18. Disinfect all countertops, switches and surfaces that have been touched with contaminated gloves. Use the demonstrated double wipe technique with an EPA approved disinfectant.
19. Take labeled mount, all processed films and paper towel to mounting and viewing area. Spread out paper towel and place films in anticipated mounting position. By preparing the films on the towel, adjustments are easily made without having to dismount and remount films. When satisfied that the order of the films is accurate, mount films.
20. Place completed mount on viewbox and examine for correct mounting positions.
21. Examine the series for errors and decide if any retakes are required. If you think an error necessitates a retake, consult with the clinic dentist.
22. Return to exposure room. If no retakes are needed, dismiss patient or escort back to clinic area. Don gloves, mask and goggles. Disinfect exposure room being sure to include all countertops, switches and surfaces that have been touched with contaminated gloves. Use the demonstrated double wipe technique with an EPA approved disinfectant. Remove all contaminated barriers. Carry the covered container containing the reusable film holders to the sterilization area.
23. If retakes are needed, you may reuse film holders now enclosed in the container. See an instructor for additional film and for supervision. You will be asked about the error that necessitated the retake and what specific measures you should now utilize to ensure a diagnostic quality film.
24. Both sets of films should be mounted. The mount should contain all the diagnostically acceptable films. The undiagnostic films that required retakes should be placed in a coin envelope and filed in the patient’s chart. All films must be turned in to your instructor with the appropriate evaluation form within two weeks of exposure date.

IV. Equipment:

A. Intraoral:

The tubehead, PID extension arm and the control panel must all be functioning at optimal levels to ensure the production of diagnostic quality films.

1. Tube head
   a. Must be clean and encased within a barrier
   b. Must be free of obvious cracks in the housing
   c. Must be manipulated with ease and move freely
   d. Must maintain its position once placed

2. PID
   a. Must be clean and encased within a barrier
   b. Must be free of obvious cracks
   c. Must be securely attached to tube head
   d. Must maintain its position once placed

3. Extension Arm
   a. Must be clean
   b. Must be free of obvious cracks
   c. Must be manipulated with ease and move freely
   d. Must maintain its position once placed

4. Control Panel
   a. Must be clean
   b. Must be free of obvious cracks
   c. Must be securely fastened to the wall and support the extension arm and tube head
   d. On/off switch must indicate when the machine is turned on
   e. Must respond to changes in settings
   f. Exposure button must be encased within a barrier such that the button can be depressed without dislodging the barrier
   g. Time setting controls must be barriered such that the settings can be changed without dislodging the barrier, and must be adjusted to compensate for different exposures
   h. The exposure button emits a sound while being depressed and must clearly indicate when x-rays are being produced. This button must be held until the sound stops emanating to ensure accurate exposure times. Posted guidelines for exposure must be adhered to.

5. XCPs
   a. Must be sterilized prior to reuse
   b. Must be transported to sterilization area in covered container after all exposures are complete
   c. Must be properly assembled and positioned for each exposure according to area being irradiated and manufacturer’s instructions
d. Must be securely held in the oral cavity

e. Must securely hold the film during exposure

B. 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.

C. Processors:
1. Manual tanks
   a. Developer tank is located on the left, fixer on the right
   b. Levels of liquid must be adequate to cover films on racks
   c. Racks must be clean and free of chemical debris
   d. Clips on racks must be fully operational to securely hold film
   e. Water must be turned on and at the correct temperature (follow manufacturer’s directions, but 68 degrees Fahrenheit is the typical optimum temperature)
   f. Chemistry is checked daily, and changed monthly according to posted schedule

2. Automatic processor
   a. Turn processor on and allow to come up to temperature before processing films
   b. Turn water on
   c. Refresh chemicals as needed daily
   d. Run clean up films
   e. Processor must be cleaned monthly according to manufacturer’s directions and recorded on posted schedule

All Chemicals must be stored in a clean dry area, away from excessive heat. Safe storage includes protecting containers from punctures and leakage.

D. Digital Sensors
   a. Must be clean and encased within a barrier
   b. Must be free of obvious cracks
   c. Must maintain its position once placed

E. 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 film 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. Film will be dispensed by instructors only; students are not permitted to help themselves to film.

Students are not permitted to expose radiographs on peers for practice. There are four 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 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.

This document was prepared specifically for:

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