2021 - 2022

UAFS

University of Arkansas - Fort Smith

College of Health Sciences

Dental Hygiene

Policies and Procedures

Student Handbook

Table of Contents

Welcome

University of Arkansas – Fort Smith College of Health Sciences
Dental Hygiene Program

Congratulations on being selected to participate in the UAFS Dental Hygiene Program. The faculty and staff at UAFS expect that your progress through the program will provide the knowledge and skills necessary for you to perform competently in your chosen profession.

This manual is designed to serve as a guide to general information pertaining to the Dental Hygiene Program's policies and procedures. The information provided ensures the well-being of all patients, students, faculty and staff. Students must acquaint themselves thoroughly with the information in this manual and be responsible for following all the rules and regulations contained within. The Dental Hygiene Clinical *Procedures and Policy Manual* serves as a supplement to the information found in the *UAFS Student Handbook Code of Conduct* and the UAFS *Academic Catalog*, that can be accessed on the UAFS Web page at: http://campuslife.uafs.edu/student-handbook and http://academics.uafs.edu/records/undergraduate-academic-catalog. Please note this manual supersedes the university policies in areas specific to the program. Please address questions or concerns you may have with the Dental Hygiene Executive Director before signing the Acceptance of Policy Guidelines.

Please note that any infraction of these rules and regulations that affect patient care or violate academic integrity and ethical standards of the program will require temporary dismissal of the student until program and UAFS administrators evaluate the situation and make a decision regarding continuation in the program.

In addition, the program is entitled to modify the policies and procedures contained within when necessary, to ensure adequate patient care as well as maintaining the integrity of the student's educational experience. Every effort will be made to apprise students of changes as soon as possible.

Please read this manual carefully. You will be held accountable for all information in this manual.After reading it, you must sign **the Acceptance of Policy Guidelines - Dental Hygiene Student Agreement of Understanding, the Substance Abuse and the Standard Precaution AcceptanceStatement located at the back of the manual and return all to the Dental Hygiene Executive Director by the end of the first week of school.**

Philosophy

The Dental Hygiene Program strives to be consistent with the UAFS *Vision, Mission, Role, Scope and Values* (UAFS *Academic Catalog*). As part of the College of Health Sciences, our program is dedicated to preparing our graduates to be leaders in the community and the profession. We prepare students through a learning-centered approach, consistent with all programs offered at UAFS. Our program provides theory that is integrated with clinical practiceutilizing all available technology and evidence-based research for successful patient care.
These foundations provide the students with the ability to integrate trends in healthcare withthe ever- changing workplace.

Our philosophy provides for a learning environment that is safe, accessible and innovative, encouraging the student to utilize self-assessment and critical thinking for ethical decision- making and competent patient management and delivery of care. Consideration for culturaldiversity and the effect it can have on access to care is an ongoing process within the program. As faculty, we strive to instill the importance of service to community not only while in the program but following graduation. Active participation in the promotion of community oral health education provides students with perspectives on the difference thatpreventive measures can have on the overall health of individuals.

Faculty and staff are committed to providing the foundation needed for students to serve ascompetent healthcare professionals and to establish the desire that they remain lifelong learners for continued personal and professional improvement.

Vision

Graduates of the UAFS Dental Hygiene program will connect education with careers, serving as advocates for collaborative practice and the advancement of the profession through advanceddental hygiene practice models.

Mission

Our program mission is to graduate entry-level dental hygienists that possess effective corepatient care competencies, ethics and professionalism, and the ability to utilize critical thinking to promote positive oral health outcomes. The program provides a positive learning environment with caring and dedicated faculty that encourages respect and interaction forattainment of the overall mission of our institution and program.

Approval and Accreditation

The following information regarding Accreditation comes from the ADA website and can be accessed at http://www.ada.org/en/coda

Accreditation is the ultimate source of consumer protection for prospective students. It is often a prerequisite for governmental funding. Graduation from an accredited program is almost always stipulated by state law and is an eligibility requirement for licensure and/or certification examinations. In short, accreditation of a school or program is a student's most important source of independent validation that the program has at least enough educational value to be "approved" by a credible (expertise-based), independent (free of outside influence), reliable (consistently applied standards) organization that has the U.S. Department of Education's approval.

The Commission on Dental Accreditation (CODA) accredits dental schools and programs including advanced dental education programs and allied dental education programs (dental hygiene) in the United States. The Commission functions independently and autonomously in matters of developing and approving accreditation standards, making accreditation decisions on educational programs and developing and approving procedures that are used in the accreditation process. It is structured to include an appropriate representation of the communities of interest.

The Commission on Dental Accreditation formally evaluates accredited programs at regular intervals, employing a collaborative peer review accreditation process to evaluate the quality of over 1,450 dental education programs. Comprehensive site visits based on a self-study are routinely conducted every seven years.

The accreditation process begins when a sponsoring institution submits an application to CODA. The institution then completes a comprehensive self-analysis and self-study report detailing its resources, curriculum, policies and operational standards. The initial accreditation process for the UAFS program was in 1999 with the seven-year follow-up self-studies in 2008 and 2015.

The next step is an on-site review conducted by CODA team members selected for their expertise in the program area. They conduct interviews with administrators, instructors, staff and students to verify information in the self-study and ensure that the program meets minimum accreditation standards. The CODA team members then write a detailed site visit report based on their findings and share it with both the sponsoring institution and the Commission. The Commission meets twicea year (usually January and July) to review site visit reports and make accreditation decisions.

To maintain accreditation, the self-study and site visit done every seven years, must demonstrate proficiency in all areas and meet the standards developed, to ensure that graduates are provided a comprehensive education and quality assurance for all patients treated at the institution.

The last UAFS site visit was September 2015. The program was awarded *Approval with No Reporting.* The next site visit will be in 2022. * *Due to the COVID-19 Pandemic in 2020, all site visits have been postponed one year. UAFS Dental Hygiene will undergo thenext site visit in 2023.*

Commission on Dental Accreditation

The Dental Hygiene program at the UAFS is accredited by the Commission on Dental Accreditationof the American Dental Association. The Commission is a specialized accrediting agency recognized by the United States Department of Education and accredits over 1,450 dental and dental-related programs in the United States.

Accreditation of the Dental Hygiene program at UAFS by the Commission on Dental Accreditation is important. In order to be eligible to take the Dental Hygiene National Board examination, you needto be enrolled in an accredited program. In addition, to become a registered and licensed dental hygienist, you must verify that you are a graduate of an accredited dental hygiene program.

The program continually seeks to improve the educational quality of the program. Therefore, any comments or concerns you have regarding the program are welcome. Annually, by virtue of this memo, you are informed of the Commission's address and phone number should you wish to filea complaint regarding the program as it relates to the program's ability to comply with the accreditation standards for dental hygiene education, and/or with the Commission's defined policies. Should you wish to review the accreditation standards and policies, they are located at thefollowing Internet address: https://www.ada.org/en/coda/current-accreditation-standards or youmay contact the program Executive Director and request to review the program copy.

The Commission on Dental Accreditation will review complaints that relate to a program's compliance with the accreditation standards. The Commission is interested in the sustained qualityand continued improvement of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for treatment received by patients or individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students.

A copy of the appropriate accreditation standards and/or the Commission's policy and procedure for submission of complaints may be obtained by contacting the Commission at:

American Dental Association Commission on Dental Accreditation
211 East ChicagoAvenue, Suite 1900
Chicago, IL 60611-2678 1-800-621-8099 extension 4653
https://www.ada.org/en/coda/policies-and-guidelines/file-a-complaint

American Dental Education Association

The following information is adapted from the ADEA website and can be accessed at https://www.adea.org https://www.adea.org/cadpd/toolkit/

The UAFS Dental Hygiene Program is a member of the American Dental Educations Association (ADEA). Founded in 1923, ADEA is a national organization representing academic dentistry and isthe voice of dental education. Their mission is to lead institutions and individuals in the dental education community to address contemporary issues influencing education, research and the delivery of oral health care for the overall health and safety of the public.

Curriculum guidelines and competencies for entry into the profession of dental hygiene have been developed by ADEA. These guidelines are intended as curriculum development aids and are utilizedin developing course content. (ADEA Compendium of Curriculum Guidelines for Allied Dental Education Programs for the current year).

The competencies embedded throughout the curriculum include but are not limited to:

- Problem-solving
- Critical thinking
- Health and Safety concepts
- Regulatory implications and controls
- Health Promotion
- Ethics and professionalism
- Interprofessional education (IPE)**
- Cultural competence/inclusiveness
- Self-assessment skills
- Evaluation of current scientific literature
- Interpersonal and communication skills
- Evidence based decision making
- Health literacy
- Global health issues

**Operational definition of interprofessional education:

"*When students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes"* (World Health Organization,2010)

Goals, Outcomes, and Competencies

Upon completion of the program, students will be awarded a Bachelor of Science Degree in Dental Hygiene. Graduates of the dental hygiene program serve as consumer advocates for oral healthcare. They are an integral part of the dental team, able to provide instruction andtherapeutic services in the prevention of oral diseases. The curriculum combines general education courses, science courses and professional courses. Students experience didactic, laboratory, and clinical education. Graduates will be clinically competent, ethical professionals that will provide exceptional patient care and promote the practice of dental hygiene.

Successful completion of the program prepares the graduate for the regional clinical boardexamination and to write the National Board Examination to become a registered dental hygienist.

Goal 1

To graduate clinically competent and ethical dental hygienists who will promote the valuesof oral and general health and wellness to the public.

Objectives:

I. Identify the professional role of members of the dental health team interms of responsibilities and functions.
II. Demonstrate professional behavior that is in the best interest of the client.
III. Address oral health needs of individuals by assessing, developing, planning,implementing and evaluating a preventive dental hygiene treatment plan,including referral to appropriate health care professionals.
IV. Provide comprehensive dental hygiene therapy, including periodontal debridement, root planing, subgingival oral irrigation, administration of pain controlagents, selective polishing, and application of therapeutic agents.
V. Evaluate the outcome of dental hygiene therapy during activeand maintenance treatment phases and refer to appropriate health care professionals to ensure optimal health.
VI. Recognize the need to expose, process, mount, and interpretdiagnostically acceptable dental radiographs.
VII. Recognize abnormal entities appearing on dental radiographs.
VIII. Describe the properties and demonstrate the utilization of dental materials.
IX. Describe ways in which diet and nutrition can affect the overall health of thebody and specifically the oral cavity.

Goal 2

To provide a quality educational program that meets the needs of students, employers,and the educational community.

Objectives:

I. Assess oral health needs of individuals and communities by developing, implementing, and evaluating a plan of care.
II. Use technology as a learning resource and for information management.

Goal 3

To graduate dental hygienists who are able to initiate and assume responsibility for health promotion and disease prevention activities for diverse populations in a variety of settings.

Objectives:

I. Participate in health-related activities in the community.
II. Demonstrate an awareness of one's interaction with the biological/physical environment.

Goal 4

To create a physical and emotional atmosphere conducive to learning.

Objectives:

I. Use technology as a learning resource and for information management.
II. Use analytical/critical-thinking skills to draw conclusions or solve problems.
III. Organize, analyze, and make information useful by employing mathematics.

Goal 5

To graduate dental hygienists who possess transferable skills, (e.g. communication, problem-solving, and critical thinking) in order to take advantage of opportunities for professional growth and development.

Objectives:

I. Demonstrate ethical standards of practice as accepted by health care professionals.
II. Assure the protection of the operator and client by following current recommendations for the control blood borne pathogens, infectious, and hazardousmaterials.
III. Perform duties in accordance with laws, regulations, policies and legislated rights ofthe client.

Learning Outcomes

Upon completion of the Dental Hygiene Program, graduates will achieve the following:

1. Demonstrate competence in all graduate competencies set forth by the Commission on Dental Accreditation to become successful and productive hygienists to deliver optimal care to patients in the private healthcare setting.
2. Be clinically competent in assessing, exposing, and electronic storing of dentalradiographs when delivering care to patients in the Dental Hygiene Clinic.
3. Apply the knowledge to deliver the *Dental Hygiene Process of Care* to patients by assessing, dental hygiene diagnosing, planning, implementation and evaluation. Students will demonstrate the provision of dental hygiene care to promote clienthealth wellness using critical thinking and problem-solving skills in the provision of evidence-based practice.
4. Communicate effectively to patients and other dental healthcare professionals.
5. Access and evaluate appropriate information through written and electronic means.
6. Apply ethical frameworks to resolve a variety of ethical dilemmas.

Graduate Competencies

Curriculum and graduate competencies developed throughout the dental hygiene program are structured according to the established CODA Educational Program Standard (2) and the related Competencies* (2-12 – 2-23) which include Patient Care,Ethics and Professionalism, and Critical Thinking. Refer to http://www.ada.org/en/coda/current- accreditation-standards/

*__Competencies:__ Written statements describing the levels of knowledge, skills and valuesexpected of graduates.

Successful completion of program competencies will be documented in a student digitalevaluation portfolio developed throughout the program.

The UAFS Dental Hygiene graduate will be:

Patient Care

1. Competent in providing dental hygiene care for the child, adolescent, adult, geriatric andpatients with special needs. (2-12).
2. Competent in providing the dental hygiene process of care (2-13).
3. Competent in providing dental hygiene care for all types of classifications of periodontal diseases including patients who exhibit moderate or severe periodontal disease (2-14).
4. Competent in communicating and collaborating with other members of the health care teamto support comprehensive patient care (2-15).
5. Competent in:
    a) Assessing the oral health needs of community -based programs
    b) Planning an oral health program to include health promotion and disease prevention activities
    c) Implementing the planned program, and,
    d) Evaluating the effectiveness of the implemented program (2-16).
6. Competent in providing appropriate life support measures for medical emergencies that may be encountered in dental hygiene practice (2-17).
7. Where graduates of a CODA accredited dental hygiene program are authorized to perform additional functions required for initial dental hygiene licensure as defined by the program's state specific dental board or regulatory agency, program curriculum must include content at the level, depth, and scope required by the state. Further, curriculum content must include didactic and laboratory/preclinical/clinical objectives for the additional dental hygiene skills and functions. Students must demonstrate laboratory/preclinical/clinical competence in performing these skills. (2-18)

Ethics and Professionalism

8. Competent in the application of the principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment,research, patient care and practice management (2-19).
9. Competent in applying legal and regulatory concepts to the provision and /or support oforal health care services (2-20)

Critical Thinking

10. Competent in the application of self-assessment skills to prepare them for life-long learning (2-21).
11. Competent in the evaluation of current scientific literature (2-22).
12. Competent in problem solving strategies related to comprehensive patient care and management of patients (2-23).

Patient Care, Ethics and Professionalism and Critical Thinking

13. Able to successfully complete both national and clinical examinations to obtain licensure in desired state or region (2-12 to 2-23).

Summary

	Patient Care	**Ethics & Professionalism**	**Critical Thinking**
Program Goal	1, 2, 3	1, 4	5
Program Learning Outcome	1, 2, 3, 4	1, 6	1, 3, 5
CODA Competency	2-12 2-13 2-14 2-15 2-16 2-17 2-18	2-19 2-20	2-21 2-22 2-23

Dental Hygiene Exit Competencies

CODA Standard 2 addresses patient care competencies:

- 2-12 Graduates must be competent in providing dental hygiene care for the child, adolescent, adult and geriatric patient. Graduates must be competent in assessing the treatment needs of patients with special needs.
- 2-13 Graduates must be competent in providing the dental hygiene process of care
- 2-14 Graduates must be competent in providing dental hygiene care for all types of classifications of periodontal disease including patients who exhibit moderate to severe periodontal disease.

Upon completion of DHYG 3113, DHYG 4224 and DHYG 4234 the student will have demonstrated competency in treating the following patients at proficiency levels 75% in Clinic 1, 80% in Clinic 2, and 85% in Clinic 3.

Patient Graduation Competencies

- 6 Pediatric Patients ≤11 years
- 2 Adolescent Patients ages 12-17 years
- 4 Adult Patients 18-59 years
- 4 Older Adult Patients ≥ 60 years
- 22 Periodontal Disease Patients
    - 4 Gingivitis Patients
    - 18 Periodontitis Patients
- 3 Patients with Special Needs (Medically Compromised, Intellectual Disabilities, etc.)

Minimum expected completed patients: 41
***Patients cannot be used in multiple categories. ***

Radiograph Graduation Competencies:

- 2 Pedo BWX
- 1 Adolescent BWX
- 3 Horizontal BWX
- 2 Vertical BWX
- 2 Digital FMX
- 3 PSP FMX

General Information/Policy

Required Abilities

Students in the dental hygiene program will be in clinical courses requiring the safe applicationof both gross and fine motor skills as well as critical thinking skills. All these skills are an inherent element of clinical practice. To progress through all dental hygiene clinical courses (DHYG 3102, DHYG 3213, DHYG 4224, and DHYG 4234, additional labs for dental materials, radiology, local anesthesia), the following abilities are necessary to ensure that all clinical requirements are completed by the end of the scheduled clinic sessions. Please be aware thataccording to accreditation, some labs are a 1:3 ratio for credit hours (DHYG 2313/DHYG 4663) and some are a 1:4 ratio for clinical credit hours (DHYG 3102, DHYG 3213, DHYG 4224,and DHYG 4234).

The following technical standards and essential functions are necessary but not all-inclusive, toprogress through and successfully complete the Dental Hygiene Program:

a) **Motor skills/physical health:** Students must possess sufficient physical ability and healthto adequately acquire technical skills for the practice of dental hygiene that includes: specific diagnostic procedures; manipulation of hand instruments and air driven instruments utilizing fine motor skills; hand-eye coordination; superior hand and finger dexterity; operating dental equipment; providing basic life support if needed; lifting or assisting patients into the dental chairif needed; ability to sit or stand for long periods of time; ability to work on average 8 hours per day or more; ability for repetitive motions utilizing hand, arm and shoulders for performance of the various oral hygiene procedures. This list provides some but not all possible abilities that the student must possess to provide safe treatment for patients.

b) **Sensory/Observation Ability:** Students must have visual acuity, either corrected or normal, with the ability to read syringes, labels, instructions and various equipment utilized by the dental hygienist. The student should also be able to see with normal color spectrums to differentiate different color-coded equipment and supplies. Vision is also required for clinical diagnosis including but not limited to radiographs, intraoral pictures, and observation of normal versus atypical for assessment descriptions that may include size, shape, color and contour. It is also imperative that the student has adequate vision toacknowledge nonverbal communication during patient treatment. The student must haveauditory functions that are sufficient to hear equipment utilized for treatment and diagnosis in all clinical settings including settings that are noisy. Tactile sensitivity is necessary to discriminate pulses, palpation, and for utilizing instrument and equipment thatthat require fine motor skills. Smell is also necessary to distinguish body odors associated with disease as well as malodor of the oral cavity for differential diagnosis.

c) **Communication:** Students must possess the ability to communicate effectively through reading, speaking, and writing with patients, peers, and faculty to provide effective patientcare. Communication encompasses speaking as well as reading and assimilating information. The student should have sufficient speaking skills as well as the ability to engage in conversation. Communication skills are essential for gathering pertinent information throughout the dental

hygiene process of care and to gather information for evidence-based practice. Students must be able to write clearly and legibly, providing concise information for documentation on all patient treatment records.

d) **Cognition/Intellectual/Conceptual:** Students must possess the ability to use analytical/critical-thinking skills to draw conclusions or solve problems**,** to organize, analyze, and make information useful by employing mathematics, and to use technology as a learning resource and for information management. Students should be able to follow appropriate sequences for delivery of dental hygiene care and to multi-task as needed to complete processes in a timely fashion.

e) **Behavioral/Social**: Students must possess maturity and emotional stability to provide the patient with effective and safe care. Demeanor should be friendly, positive and reassuring regardless of the situation. Additionally, students must demonstrate good judgment, compassion and respect for varying ages, conditions and ethnicities. Appropriate behavior is demonstrated by the ability to respond to suggestions in a positive manner, being flexible and responsive to modifications deemed necessary, prompt completion of patient related responsibilities and effectiverapport with patients, peers and faculty. The students' behavior should also demonstrate compliance with all procedures and policies as well as maintaining standards of academic integrity.

Student Health Requirements/Extended Illness or Pregnancy

Students will be responsible for completing the **Student Health Statement / Medical Release Form, Medical History Questionnaire** and **Physical Abilities Requirement** forms, asdocumentation that they meet the prescribed abilities for successful completion of the dental hygiene program. It is the responsibility of the student to provide **updated forms** to the Executive Director that details ***any*** changes in student health during the program. *This includes, but is not limited to, changes in prescription medications, pregnancy, extended illness, surgical procedure or accident/injury. Following an extended illness, accident/injury,and surgical procedure or during pregnancy and the postpartum period, students must haveon file a release from their physician stating that they are physically able to participate in the dental hygiene program at full capacity without restrictions or limitations* in addition tothe ***updated*** **Student Health Statement/Medical Release Form and Health Care Provider Statement/Medical Release.**

This release, in addition to the required updated forms, should be on letterhead and provide specific details regarding the student's ability to participate in all didactic, preclinical/clinical and laboratory assignments that include Dental Materials, Local Anesthesia and Radiology. Thismeans that the student must provide the physician with information regarding procedures thatthey will be expected to complete to meet the objectives of each course and clinic. The release letter must be specific and signed by the attending physician. Please, *no faxed or emailed copies*. If the health care professional recommends non- participation in any of the above courses, the student will not be permitted to attend said activities until medical clearance is given. This may adversely affect a student's ability to complete specific courses and/or the program until the completion of gestation/clearance for other conditions. The student is still held to the same class, clinical, or lab requirements for all courses.

The pregnant student needs to be aware of the risks of working in the dental field for the unborn child. Occupational risks include heavy lifting, radiation, chemical exposure, exposure to blood and airborne pathogens, and possible exposure to nitrous oxide. An additional dosimeter (fetal monitor) will be issued to the pregnant student to be worn in the abdominal area and will be monitored on a monthly basis. Pregnant students (as are *all* students) must beout of range of scattered radiation before exposing x-ray film.

Due to the risks involved with pregnant students, the University of Arkansas – Fort Smith does not assume any liability for complications directly resulting from clinical practice. The pregnantstudent is advised to notify the Dental Hygiene Executive Director upon confirmation of pregnancy and schedule an appointment to discuss potential occupational risks and the documentation policy required for participation prior to commencing in any class or clinic.

If the pregnant student desires to stay in the dental program, the student will need to sign the**Pregnancy Waiver** that states their understanding and compliance with stated policy for the pregnant student.

The maximum leave permitted from the program based on pregnancy, extended illness, surgical procedure or accident is 5 days of classes with a 3-day maximum for clinic. Only onemaximum leave is permitted per academic school year (i.e. fall and spring semester in one year). Absences greater than the maximum leave allowed will count toward the Absenteeism/Tardiness Policy and may result in dismissal from the program. See Absenteeism/Tardiness Policy for clarification. If a longer recovery time is needed, the student may need to withdraw from the program and reapply when the physical

restrictionsand limitations are lifted. Students are not guaranteed a spot in the program if they withdraw due to pregnancy, extended illness, surgical procedure or accident unless there is space available. **See Withdrawal/Readmission criteria.**

Failure to follow this policy may jeopardize the student's ability to remain in the program. Without the physician's release and updated forms, the student will not be allowed to participate in clinic. These absences will count toward the Absenteeism/Tardiness Policy. If the student is unsure about correct procedure or if the change warrants documentation, thestudent should schedule time with the Executive Director to evaluate and counsel on correctprotocol and procedure. It is the student's responsibility to follow the established protocol.

Full participation is necessary to meet the objectives of the program and to allow adequate evaluation of the student's achievement of the objectives. Students concealingan illness, pregnancy, surgical procedure or accident/ injury are jeopardizing the patient and their own safety. The student is responsible for making up all work that is missed during the maximum leave associated with the pregnancy, extended illness, surgical procedure or accident/injury. Failure to meet the course or clinical requirements due to absences associated with the above conditions may result in failure to progress and a failing grade in the course/clinic.

Required Documentation

General information is provided, and the student must review and sign the acceptancestatements for each of the following:

- Acceptance of Policy Guidelines - Dental Hygiene Student Agreement of Understanding
- Standard Precautions for Blood borne Pathogens
- Health Insurance Portability and Accountability Act (HIPAA) (included on Acceptanceof Policy Guidelines)
- Child Maltreatment Reporter Training (included on Acceptance of Policy Guidelines)
- Substance Abuse Policy
- Social Media Policy (included on Acceptance of Policy Guidelines)
- Pregnancy Waiver (if applicable)
- See Appendices for appropriate forms. Please return these signed, to the Executive Director, *by the end of the first week* of school. If you require assistance or have questions, please make an appointment with theExecutive Director.

Students accepted into any of the College of Health Sciences programs are required to provide documentation of good physical and mental health by completing the Student Health Statement/Medical Release form. Documentation of all health problems and a medical release for these problems is required. Copies of immunization records and valid CPR certification must be submitted on CastleBranch (mycb.castlebranch.com) or PreCheck (precheck.com), and adrug screening will be required as well as a criminal background check. Students will be provided the code and information for setting up their account during orientation.
Information must be updated as needed throughout the program. No student canattend clinic without the required health data records.

Each student must have completed and returned the following to the programadministrative specialist prior to the beginning of the program (by August 1st):

- Health Care Provider Statement/Medical Release
- Medical History Questionnaire
- Physical Abilities Requirement
- Student Health Statement/Medical Release Form *

  - *Note: The Health Care Provider Statement/Medical Release form with the student's signature is required prior to return to clinical following an absence due tohealth problems or changes in health status. The faculty reserves the right to request the student to complete a student health statement in the event the studentdemonstrates evidence of clinical performance affected by physical, emotional, or mental limitations (*updated Health Care Provider Statement/Medical Release if applicable).

These forms can be found on the UAFS website.
https://health.uafs.edu/sites/health.uafs.edu/files/chs_medical_release_form_2.8.21.pdf

Background Check

Students accepted into the Dental Hygiene Program must submit thefollowing documentation forms to CastleBranch or PreCheck by August 1st.

- Proof of immunizations
- CPR Certification: American Heart Association Basic Life Support forHealthcare Providers (BLS)
- Drug Screening (this will be completed by CastleBranch or PreCheck after student has initiated the process). A positive drug test will result in revocation of admission prior to beginning or program or dismissal if already in the program. (See substance abuse).
- Criminal Background Check (this will be completed by CastleBranch or PreCheck after student has initiated the process). The program requires a criminal background check and licensure in Arkansas also requires a state and federal criminal background check.Certain felonies or misdemeanors could prevent the student from getting a state dental hygiene license. Students with felonies or misdemeanors are advised to contact the state licensing agency prior to program entry to determine their eligibility for licensure based on their record. This is the student's responsibility.

Required Immunizations with documentation include the following:

- TST (Mantoux tuberculin skin test, initial two-step): **Initial testing is two-step is required if you have not been tested in 1 year.** Annually, after a negative 2-step test, you may fill out the two TB documents listed on the "Annual TB Re-CertificationDocuments" on the website. https://health.uafs.edu/health/downloadable-forms

  If the annual date has been exceeded, you must start over with the 2-step process.A positive TB test result should be followed with an initial chest x-ray. If the chest x- ray is negative, repeat x-ray is not needed unless symptoms develop that could be attributed to TB**. An annual certificate of health** is required for students unable to receive the PPD due to a positive test or allergy to PPD. If the chest x-ray is positive,the student must provide documentation of initiation of INH therapy. If the studenthas received INH therapy in the past this information will need to be provided and appropriate measures will be followed based on the individual circumstances.

  * *If you have one negative 2-step test that is uploaded/accepted into CastleBranch or PreCheck, upon annual renewal, you may complete the CDC "TB Elimination" document (signedby the student) and the Arkansas Department of Health TB Symptom Screening Questionnaire, Part A (signed by student) and Part B (signed by healthcare provider) which can be downloaded from CastleBranch or PreCheck and uploaded.*

- TDaP (Tetanus Diphtheria, and Pertussis): All students are required to have the TDaP, *even* if the student has had a previous TD (tetanus and diphtheria) that is less than 10years old. The TDaP is good for 10years.
- MMR (Measles, Mumps, and Rubella): **Measles component**: Healthcare workers *born during or after 1957* who do not have documentation of having received 2 does of livevaccine on or after their first birthday or a history of physician diagnosed measles with documentation or serologic evidence of immunity are required to get this immunization. One dose SC; second dose at least one month later. Measles vaccination should be considered for all healthcare workers who lack proof of immunity, including

those born before 1957. **Mumpscomponent:** Adults born before 1957 can be considered immune to mumps. All born in 1957 or after are required to have this immunization.

- One dose SC; no booster. **Rubella component:** Healthcare workers who do not have documentation of having received live vaccine on or after their first birthday or serologic evidence of immunity will be required to have this immunization. Adults bornbefore 1957, except women who can become pregnant, can be considered immune. One dose SC; no booster.
- Hep B (recommended) or *signed waiver: Strongly recommended that all healthcare workers have this immunization.* Three IM doses: Initial dose, second dose 1-2 monthsafter the initial dose, third dose 4-6 months after second dose. Waiver must be signedif the series is incomplete or if the student refuses the vaccine.
- VZV (Varicella Zoster) or *signed waiver:* Two 0.5ml doses SC 4-8 weeks part if > 13 years of age. Indicated for healthcare workers that do not have a reliable history of varicella (chicken pox). Recommend having a titer drawn to determine serologic immunity or submit the signed waiver.
- Influenza (Flu) or *signed waiver:* Recommend that all healthcare workers have the influenza immunization done annually or signed waiver. You will be able to obtain a flushot between September and October.

All students are responsible for ensuring that all required immunizations as well as current Healthcare Provider CPR is documented and maintained during all semesters while in the dental hygiene program. ***If not current, the student will not be allowed to attend clinical sessions. Failure to initiate and maintain a current health record may prevent attending theclinical experience resulting in failure of the course and/or dismissal from the program.***

Scope of Practice

In Arkansas, Dental Hygienists must follow the rules and regulations found in the State Practice Act established by the Arkansas Board of Dental Examiners, Article XI, Dental Hygienist Functions, following licensure. Students should read the Act to understand thescope of practice in Arkansas.

The practice act can be found at
http://www.asbde.org/Websites/dental/images/Dental%20Practice%20Act%20-%20March%202017.pdf

Please note: each state has specific rules and regulations for practice as well as licensurerequirements. These must be followed if practicing in that state.

Licensure Requirements

The following information comes from American Dental Association (ADA) and can be found at www.ada.org.

Licensure of dental hygienists in the United States is the responsibility of an individual state,district, or dependency. A license issued by one such jurisdiction is applicable only within thegeographic confines of that particular jurisdiction. Agencies in state government that administer dental hygiene licensure under laws adopted by state legislatures typically are called state boards of dentistry. A list of state boards can be found at: http://dentalboards.org/links/.

Specific dental hygiene licensure requirements vary among states, but all states have three types of requirements: an educational requirement, a written examination requirement and aclinical examination requirement. All states accept graduates of dental hygiene programs accredited by the Commission on Dental Accreditation of the American Dental Association as fulfilling the educational requirement.

While every effort is made by the college and faculty to ensure the student's success on both the written and clinical board, acceptance into the dental hygiene program and subsequent completion *does not imply* that the student will be successful on these licensure examinations.It is the responsibility of the individual student to study and prepare for both examinations.
The student must follow all established policies established by the testing agencies regarding registering, payment, scheduling time to take the exam, securing a patient for clinical and all expenses incurred for the examinations. This is not a part of the program's responsibility.
Pass/Fail rates are available on the UAFS website or by request.

National Dental Hygiene Board Examination

The National Dental Hygiene Board Examination (NBDHE) is intended to fulfill or partially fulfillthe written examination requirement, but acceptance of the national board scores is completely at the discretion of the individual state.

The purpose of the national dental hygiene board examination is to assist state boards in determining qualifications of dental hygienists that seek licensure to practice dental hygiene.The examination assesses the ability to recall important information from basic biomedicaland dental and dental hygiene sciences and also the ability to apply such information in a problem-solving context. All U.S. licensing jurisdictions recognize the national board results. These jurisdictions include all 50 states, the District of Columbia, Guam Puerto Rico, and the Virgin Islands of the United States.

The board examination is a comprehensive examination consisting of 350 multiple-choice testitems presented in the English language. It covers all basic science courses, dental science courses and dental hygiene courses in the curriculum.

Although performance on the examination is reported by means of a single official score report(Pass or Fail), the examination has two components.

The discipline-based Component A includes 200 items addressing three major areas:

- Scientific Basis for Dental Hygiene Practice
- Provision of Clinical Dental Hygiene Services
- Community Health/Research Principles

Component B includes 150 case-based items that refer to 12 to 15 dental hygiene patient cases. These cases present information dealing with adult and child patients by means of patient histories, dental charts, radiographs, and clinical photographs. Each examination includes at least one case regarding patients of the following types: geriatric, adult- periodontal, pediatric, special needs, and medically compromised. A compromised patient isone whose health status may require modification of standard treatment or special consideration.

Case-based items address knowledge and skills required in the following:

- Assessing patient characteristics
- Obtaining and interpreting radiographs
- Planning and managing dental hygiene care
- Performing periodontal procedures
- Using preventive agents
- Providing supportive treatment service
- Professional responsibility

Examination items cover functions that a dental hygienist is expected to be able to perform. Only functions that may be delegated to a dental hygienist in a majority of statesare included in the examination.

A candidate's total score is computed by the total number of correct answers selected by the candidate. The total score is then converted to a scale score, which adjusts for any minor differences in difficulty across NBDHE forms. Scale scores range from 49 to 99, witha score of 75 representing the minimum passing score (regardless of the particular test form completed by the candidate). Because the NBDHE is a criterion-referenced examination, the minimum passing score is determined by experts through standard setting activities.

The results for the NBDHE will be reported as pass/fail only for candidates who pass thetest. For remediation purposes, candidates who fail the examination will receive numerical scores for each of the major disciplines covered on the test.

The status of "pass" is reported if you achieved a standard score of 75 or higher. The statusof "fail" is reported if you achieved a standard score below 75; if you fail the exam, you arerequired to repeat the examination. They will charge again for any retakes.

Candidates who have passed the NBDHE may not retake the examination unless required by astate board or relevant regulatory agency. Candidates who have not passed may apply for re- examination. An examination attempt is defined as any examination administration where thecandidate has been seated at a computer at a test center and electronically agreed to the confidentiality statement to start the examination.

A minimum of 90 days must separate a candidate's retest on the NBDHE. Candidates who have not passed an examination after three attempts will be required to wait 12 months aftertheir third attempt before they can apply for re-examination. After the 12-month waiting period has lapsed, a new cycle will apply. Candidates are encouraged to seek formal remediation before re- examination.

Under the JCNDE's 5 Years/5 Attempts Eligibility Rule, candidates must pass the examination within a) five years of their first attempt or b) five examination attempts, whichever comes first. This applies to examination attempts occurring on or after January1, 2012. Examination attempts occurring prior to this date are not considered under this regulation

The Joint Commission on National Dental Examinations determines the policy for the NBDHE.Testing is in a computer-based format. This allows candidates the opportunity to select their own testing date year-round at the testing center of their choice. However, the dental hygiene program director must approve eligibility to test and will designate the time that students will be allowed to begin testing.

Additionally, the nationwide testing centers are standardized and designed exclusively for testing. The testing network ensures each center is appropriately staffed with trained testingadministrators. This

standardization of the testing environment produces a setting that is conducive to optimum success.

The NBDHE is only available as a computer-based examination. Pearson VUE computer testingcenters administer the NBDHE, and are located throughout the United States, its territories (Guam, Puerto Rico, and the Virgin Islands) and Canada; you can search specific locations throughwww.pearsonvue.com/nbdhe.

A. Candidates will need basic knowledge and skill for operating a computer and must be familiar with the use of the computer mouse and basic keyboard functions for entering responses, viewing visuals and exhibits, scrolling, and reviewing items. The fee for the examination is approximately $455.00. Students will be given more information regarding the National Board during the program.Additional information regarding the examination can also be found at http://www.ada.org/~/media/JCNDE/pdfs/nbdhe_examinee_guide.ashx or https://www.ada.org/en/jcnde/examinations/national-board-dental-hygiene-examination or http://www.ada.org/~/media/JCNDE/pdfs/nbdhe_faq.ashx

Regional Testing Agencies and State Dental Hygiene Boards

Students are encouraged to begin reviewing all material for the board exams early inthe program to understand the full scope for preparation for the examination.

The clinical portion of the licensure procedures is administered by a regional testing agency or by the individual state. The exam may or may not include a written component in additionto the clinical component.

Regional testing agencies in the United States:
CRDTS (Central Regional Dental Testing Services, Inc.)
CDCA (Commission on Dental Competency)
Assessments CITA (Council of Interstate Testing Agencies)
SRTA (Southern Regional Testing Agency, Inc.)
WREB (Western Regional Examining Board)

Arkansas accepts satisfactory completion of a clinical dental hygiene examination administered by one of the following: Southern Regional Testing Agency (SRTA), Western Regional Examining Board (WREB), and the Commission on Dental Competency Assessments (CDCA), the Council of Interstate Testing Agencies (CITA) or the Central Regional Dental Testing Service (CRDTS). Information on each of these agencies can be found at http://www.adha.org/resources docs/7313_Overview_Clinical_Examinations.pdf.

Oklahoma participates in the WREB board examination. Other states that participate in WREBinclude Alaska, Arizona, California, Idaho, Montana, New Mexico, Oregon,
Texas, Utah, Washington, and Wyoming. States which participate in the other regionalboards may or may not accept WREB results.

The cost for the clinical examination is $1,175.00-1,200.00 (please note this fee may varybased on year, agency and site). This cost will occur in the final semester of the program.The examination is administered several times a year at various locations in the states that participate with the various agencies. Additional information can be obtained by visiting http://www.adha.org/resources- docs/7313_Overview_Clinical_Examinations.pdf.

If the student is unsuccessful on the first attempt, they will have to register for the exam at another site and will have to pay the fee again to sit for the exam. Specific informationregarding these examinations will be provided during the spring semester of the second year of the program.

State Boards

In order to become licensed to practice as a dental hygienist in a particular state, you mustapply to the state board of dentistry in the state in which you choose to work. Most all states require dental hygiene applicants to take a jurisprudence examination regarding thelaws and regulations for dentistry and dental hygiene specific to that state. Both Arkansas and Oklahoma require dental hygiene applicants to successfully complete a jurisprudence examination. Specific licensure requirements and associated application fees can be obtained from the state board of dentistry. It is the responsibility of the student to apply for licensure upon graduation and after successful completion of the written and clinical boards prior to entering practice as a dental hygienist.

Arkansas State Board of Dental Examiners: https://www.asbde.org
Oklahoma Dental Board: https://www.ok.gov/dentistry

Screening for Board Patients

Patients that students will use for their licensure examination can be screened at the clinic.

a. The Dental Hygiene Program assumes no responsibility for providing patients for any clinical board examinations. Each student will be responsible for recruiting and assessing potential clinical board patients.
b. All patients will fill out a medical history and initial check-in documentation. Faculty will sign.
c. All patients will fill out the **STATE BOARD PATIENT SCREENING CONSENT FORM** to indicate that they understand the role of the program. See Appendix O.
d. No student will be permitted to assess a patient without a faculty member present.
e. The Dental Hygiene Program or UAFS does not commit to provide post-operative treatment to these patients. Patient will sign on the board *Post-Operative Agreement* indicating they understand this choice.
f. In the event that the patient is not a patient of record for our clinic and has not paid the clinic fee for treatment, a FMX can be exposed at a cost of $10.00 to the student. This fee will cover photo paper for printing 2 copies for examiners. Fee must be paid before radiographs are exposed. If the patient has paid
g. The clinic fee and is having all treatment completed except for the area selected for the board, this fee will be waived.
h. Faculty will work with the student to understand the specific criteria for selection, but it is the responsibility of the student to decide if the patient meets the requirement. The student is responsible for all teeth selection and correct completion of all associated paperwork. This is considered a part of the judgment skills component in addition to the clinical skills component of the exam.
i. Refer to the specific guidelines provided by the regional testing area applicable to board selected.

Code of Ethics for Dental Hygienists

1. **Preamble**

   As dental hygienists, we are a community of professionals devoted to the prevention of disease and the promotion and improvement of the public's health. We are preventive oral health professionals who provide educational, clinical, and therapeutic services to the public.We strive to live meaningful, productive, satisfying lives that simultaneously serve us, our profession, our society, and the world.

   Our actions, behaviors, and attitudes are consistent with our commitment to publicservice. We endorse and incorporate the Code into our daily lives.

2. **Purpose**

   The purpose of a professional code of ethics is to achieve high levels of ethical consciousness,decision-making, and practice by the members of the profession.

   Specific objectives of the Dental Hygiene Code of Ethics are:

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

   The Dental Hygiene Code of Ethics is meant to influence us throughout our careers. It stimulates our continuing study of ethical issues and challenges us to explore our ethicalresponsibilities. The Code establishes concise standards of behavior to guide the public'sexpectations of our profession and supports dental hygiene practice, laws, and regulations.

   By holding ourselves accountable to meeting the standards stated in the Code, we enhance the public's trust on which our professional privilege and status are founded.

3. **Key Concepts**

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

4. **Basic Beliefs**

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

   The services we provide contribute to the health and wellbeing of society.

   - Our education and licensure qualify us to serve the public by preventing andtreating oral disease and helping individuals achieve and maintain optimal health.

- Individuals have intrinsic worth, are responsible for their own health, andare entitled to make choices regarding their health.
- Dental hygiene care is an essential component of overall healthcare andwe function interdependently with other healthcare providers.
- All people should have access to healthcare, including oral healthcare.
- We are individually responsible for our actions and the quality of care we provide.

5. Fundamental Principles

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

Universality

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

Complementarity

The principle of complementarity recognizes the existence of an obligation to justiceand basic human rights. In all relationships, it requires considering the values and perspectives of others before making decisions or taking actions affecting them.

Ethics

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

Community

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

Responsibility

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

6. Core Values

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

Individual autonomy and respect for human beings

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

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

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

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

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

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

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

7. Standards of Professional Responsibility

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

To Ourselves as Individuals…

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

To Ourselves as Professionals…

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

To Family and Friends…

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

To Patients…

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

To Colleagues…

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

To Employees and Employers…

- Conduct professional activities and programs, and develop relationships in ways that are honest, responsible, open, and candid.
- Manage conflicts constructively.
- Support the right of our employees and employers to work in an environment that promotes wellness.
- Respect the employment rights of our employers and employees.

To the Dental Hygiene Profession…

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

To the Community and Society…

- Recognize and uphold the laws and regulations governing our profession.
- Document and report inappropriate, inadequate, or substandard careand/or illegal activities by a health care provider, to the responsible authorities.
- Use peer review as a mechanism for identifying inappropriate, inadequate,or substandard care provided by dental hygienists.
- Comply with local, state, and federal statutes that promote public healthand safety.
- Develop support systems and quality-assurance programs in the workplaceto assist dental hygienists in providing the appropriate standard of care.
- Promote access to dental hygiene services for all, supporting justice and fairnessin the distribution of healthcare resources.
- Act consistently with the ethics of the global scientific community of whichour profession is apart.
- Create a healthful workplace ecosystem to support a healthy environment.
- Recognize and uphold our obligation to provide pro bono service.

To Scientific Investigation

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

- Conduct research that contributes knowledge that is valid and useful to ourclients and society.
- Use research methods that meet accepted scientific standards.
- Use research resources appropriately.
- Systematically review and justify research in progress to insure the mostfavorable benefit-to-risk ratio to research subjects.
- Submit all proposals involving human subjects to an appropriate humansubject review committee.

- Secure appropriate institutional committee approval for the conduct ofresearch involving animals.
- Obtain informed consent from human subjects participating in research thatis based on specifications published in Title 21 Code of Federal Regulations Part 46.
- Respect the confidentiality and privacy of data.
- Seek opportunities to advance dental hygiene knowledge through researchby providing financial, human, and technical resources whenever possible.
- Report research results in a timely manner.
- Report research findings completely and honestly, drawing only thoseconclusions that are supported by the data presented.
- Report the names of investigators fairly and accurately.
- Interpret the research and the research of others accurately and objectively, drawing conclusions that are supported by the data presented and seeking clarity when uncertain.
- Critically evaluate research methods and results before applying new theoryand technology in practice.
- Be knowledgeable concerning currently accepted preventive and therapeutic methods, products, and technology and their application toour practice.

Approved and ratified by the 2011 ADHA House of Delegates.

Professional Association: American Dental Hygienists' Association

The American Dental Hygienists' Association (ADHA) is the professional association for alldental hygiene students and practicing dental hygienist.

The American Dental Hygienists' Association was founded in 1923, with the primary goal of developing a better way for dental hygienists to communicate and cooperate. Today, ADHA is the largest national organization representing the professional interests of the more than 185,000 registered dental hygienists (RDHs) across the country. ADHA believes that dental hygienists should be valued and integrated into the broader health care delivery system in order to improve the public's oral and overall health. Leading the way as a unified force, ADHA continues to help move the dental hygiene profession forward. The growth and sustainability of the dental hygiene profession depends on strong and consistent advocacy. As a licensed profession, governed by state practice acts and rules, dental hygiene and oral healthcare services are shaped by ever-changing policy issues. The involvement of dental hygiene professionals and ADHA members is critical to advocacy success.

ADHA strives to provide members with the most up-to-date information about the practice ofdental hygiene at the state level as well as a national perspective on the profession.

The Mission of the ADHA

Leading the way as a unified force, the ADHA works to support dental hygienists throughouttheir career lifecycle and advance the dental hygiene profession by developing new career paths, expanding opportunities for care, and providing the latest training and information.

To improve the public's total health, the mission of ADHA is to advance the art and science ofdental hygiene and work to:

- Ensure access to quality oral health care
- Increase awareness of the cost-effective benefits of prevention
- Promote the highest standards of dental hygiene education, licensure, practice andresearch
- Represent and promote the interests of dental hygienists

The following *Code of Ethics* has been established by the ADHA to establish the values consistentwith the professional practice of dental hygiene.

Membership in Student Professional Organization

The following information comes from the ADHA website (adha.org):

As a student member, you receive all the benefits of full membership, plus additional opportunities for personal and professional development. Later, when you make the transitionfrom student to professional, you can count on the continued support of ADHA and your fellowmembers every step of the way.

Annual Conference

ADHA's Annual Conference provides hands-on, evidence-based continuing education programs. From helping you prepare for the professional licensing exams to providing guidance for advancedbachelor's and master's degree programs, the Annual Conference is centered on your success.

Community Involvement

Get involved in a dynamic discussion of ideas and issues facing your profession. *Access* magazine's student-focused column "Strive" publishes student research papers and articles ofinterest.
Plus, ADHA's Facebook page, Twitter and Instagram let you stay connected as you expand yourlocal and nationwide network of fellow students and dental hygienists.

National Board Exam Preparation

ADHA now offers online study courses and discounts on student guides for the National Dental Hygiene Board Exam. Log on and learn by joining our interactive online community forlive exam review courses.

Networking Opportunities

Connect with dental hygiene professionals and other students from across the nation at our Annual Conference. Serving as ADHA's annual business meeting, this event provides opportunitiesto participate in dynamic group discussions and network with fellow ADHA members on a nationallevel.

Online Career Center

As you start your professional career, having access to the right tools and support can make all the difference. The ADHA Career Center provides access to career opportunities across the country. Find sample resumes and contract templates in our Employment Reference Guide andpost your resume online. Plus, find updated information about state licensing authorities, accredited programs and networking contacts to help you navigate everything from local regulation to advanced educational opportunities.

Professional and Personal Savings

Saving money and spending smart are essential as you finish your education and begin your career. Thanks to our ADHA sponsors, students receive significant discounts on professional gearlike scrubs, loupes, books and national board exam study guides. The consolidated buying powerof dental

hygienists nationwide allows us to provide additional savings on professional and personal services and purchases as you move forward in your career.

Scholarships and Grants

The ADHA Institute for Oral Health was created to provide educational scholarships, fellowships, research grants and community service grants to dental hygienists throughout the country. As an ADHA member, you can obtain funding for your academic and professional career and expand your leadership potential by applying for a scholarship or grant that meets your specific goals.

Publications

Keep your knowledge up to date with two publications focused on the latest research, professional standards and issues facing the dental hygiene community. *Access* magazine's quick-read format covers key topics and features a dedicated section for student research papers and articles.

The *Journal of Dental Hygiene* is the premier, peer-reviewed scientific research publication in dental hygiene with articles that help dental hygienists make evidence-based treatment decisions; it is available online for ADHA members.

Awards and Leadership Opportunities

You don't have to wait until you graduate to become a champion for oral health. ADHA is proudto offer members-only opportunities for your personal and professional development. Apply today to begin representing your fellow students and sharing your views on current issues facing your profession.

Student Delegate

An applicant from each district will represent their colleagues as well as have the opportunityto attend ADHA's Annual Session, all-expense paid.

Student Presentations and Award Program

Better known as the Table Clinic and Poster Session, student presentations provide a great wayfor you to grow professionally while contributing to your profession. Show what you know, andyou could win up to $1,000, plus a grant for your school.

Community Service Award

Give the gift of oral health to those in need by creating and completing a community service project. Enter your project for a chance to win a $3,000 grant.

UAFS Dental Hygiene Participation starts here:
Login to your member's only account to learn more about the hotel discount program.

UAFS Student American Dental Hygienists' Association (SADHA)

The standards of professional responsibility outlined in the Code of Ethics for Dental Hygienists acknowledge the responsibility to participate in the development and advancement of the dental hygiene profession. In order to become involved in the profession on a national, state, and local level, each student is **required** to join the student professional organization. Students will be informed of ADHA student membership fees. Payment is due at the beginning of each fallsemester and members must be enrolled in the Dental Hygiene Program. The SADHA Chapter atUAFS is a Registered Student Organization (RSO). Students are to sign up on the Numa Link on the UAFS website **and** join ADHA through the national organization at adha.org.

Meetings are held on a monthly basis and participation is **mandatory**. Students will participatein fundraising activities as well as oral health promotion events held in the community. Events may be held on campus or at other sites. Students will also be **required** to attend state meetings held in Arkansas, as well as continuing education courses that are sponsored by the student organization. In the event of extenuating circumstances, one excused absence per academic year, will be allowed and must be approved by the SADHA Chapter Adviser and the Program Director.

ADHA Student Member officers will be elected during the fall semester. Officers serve a dual roleas ADHA Student officers and class officers. Students elected as officers will serve as Officer Elect and at the beginning of their final year in the program will assume all roles associated with the AHDA Student Organization. ADHA Student Member officers (Class Officers) include President, Secretary, Treasurer and Historian.
The following describes the job duties of those elected for Officer Positions:

President:

- Conduct scheduled meetings.
- Organize community service projects and funding raisers to benefit the community. At least one project must be conducted per semester. Monies raised also go toward funding the pinning ceremony, purchasing student pins, travel expenses, and food for meetings and events.
- Appoint committees and follow progress of each to ensure goals are being met. Schedule guest lecturers to speak at meetings on relevant topics of dentistry, health and well-being, and employment. At least one guest lecture should be presented each semester.

Secretary:

- Take minutes at ADHA Student Member meetings.
- Read minutes of previous meetings.
- Maintain folder of all meeting minutes.

Treasurer:

- Assist in the SADHA Advisor in maintaining/distributing funds collected or raised by the group for community outreach.
- Maintain a folder of fund balances.
- Report on the balance of funds at every meeting.

Historian:

- Take pictures and record events.
- Create graduation slide show for Pinning.

*** These duties may be reviewed and revised**

By participating in the Student ADHA organization, students receive the professional journal and newsletters on a monthly basis. Student assignments often originate from the journal readings. In addition, students are able to participate in the national, state and local meetingsat no cost or a reduced cost. The fee for joining the organization is $65.00 a year. Go to the ADHA website and look under *Types of Memberships-Students* or go to http://www.adha.org/types-of-membership Forms for joining as a student are located here and payment can be made by check or credit card. Students must join by 3rd week of school.

Following graduation, students can transition their membership from student to active member.The information to transition membership is located at http://www.adha.org/types-of- membership as well.

Exclusive ADHA Student Discount Travel Program

SADHA members, friends and family now have access to a worldwide inventory of hotels at exclusive discounted rates. Whether travelling for work or pleasure, individually or in a group, domestically or abroad, you can take advantage of savings that may exceed 50% and average 10-20% below best available rates. (any hotel, anywhere, anytime) Login to your member's only account to access the discount or call 800-892-2136, and mention “ADHA.” AFS Dental Hygiene Program Information.

Progression

To progress through the dental hygiene courses, students must demonstrate competencein both the theory and clinical components. The curriculum builds upon previous coursework so satisfactory completion of all courses is required for successful completion ofthe program.

Failing or withdrawing from any one of the semester's co-requisite courses **requires withdrawal** from all that semester's co-requisite courses. Dental Hygiene education is a competency-based learning system that combines didactic with clinical coursework. Satisfactoryprogression in both didactic and clinical courses must be achieved to attain the specific skills required of a licensed dental hygienist.

The following apply to successful progression in the dental hygiene program:

- Dental hygiene students must maintain a 2.0 cumulative GPA.
- Students receiving a grade less than a "C" in any dental hygiene course, which carriesthe DHYG prefix, will be dismissed from the program.
- The Dental Hygiene Departmental Grading System for all DHYG courses, both didacticand clinical is as follows:

  A = 93 –100
  B = 92 – 84
  C = 83 – 75
  F = Below 75

- Please note: Grades in the College of Health Sciences are not rounded. Thegrade is posted as it falls within the above grading system.
- Additional information on grading procedures is included in this manual.
- *If a student fails to progress, withdraws or discontinues a DHYG course for any reason, the student must follow the readmission criteria and procedure.* The student's application will be reviewed by the Dental Hygiene Admission Committee to determine ifthe student is eligible to re-enter the program. The Dental Hygiene Admission Committee is comprised of all fulltime faculty and the Executive Director for the program.

Withdrawal Procedures

All withdrawals from class must be processed in the Student Advisement Center. Students who wish to withdraw from a class or change classes are governed by the policy outlined inthe UAFS Course Catalog. Please note: withdrawing from one DHYG course means automatic withdrawal from the dental hygiene program. Failure to attend and/or pay tuition does not constitute official withdrawal. It should also be noted that students on financial aid or are receiving a scholarship should check with financial Aid Office prior to withdrawing from class. A student who withdraws from the dental hygiene program for anyreason is responsible for completing the required paperwork. Grades will be given in accordance with policy for withdrawal from classes found in the *UAFS Academic Catalog.*

The student should also schedule an exit interview with the Executive Director of theDental Hygiene Program or the Dean of the College of Health Sciences.

Readmission Criteria and Procedure

A student who has withdrawn or received a failing grade in a dental hygiene course may applyfor readmission to the program. Students are permitted (but not guaranteed) only one readmission. Applying for readmission does not guarantee a position in the program.

Students who are dismissed from the program for serious ethical, behavioral, or academicviolations will not be eligible for readmission. This determination will be made by the faculty and the Program Director after weighing all available evidence. Because this is a lock-step program with all students selected for admission beginning and ending at the same time, courses are specific for each semester in the program. Therefore, it is not possible to simply repeat the semester, that the student failed or withdrew from due to the course sequence as well as the number of students admitted to each class. The following criteria will be used to consider readmission. procedure.

Readmission will be based on the following criteria:

(1) Semester of the program that the student withdraws or fails a course: Students that fail a course in *semester 1 or semester 2* of the program must reapply for the dental hygiene program as a *new applicant*, adhering to all policies and requirementsin effect at the time of their reapplication. This does not guarantee readmission or acceptance into the program as their application will be put in the general pool with other applicants. If the student has quality points that make them eligible for an interview, all polices in effect will apply to the process. If observation hours are greater than two years old, the student will be required to resubmit updated observation hours. Students that are readmitted based on the above policy are eligible for only one readmission. If unsuccessful on the second attempt, regardless of the semester failed or withdrawn, the student is no longer eligible to reapply for the program.

Students that withdraw or fail a course in *semester 3 or 4* may reapply for readmission and will be required to repeat the semester PRIOR to the semester thestudent failed or withdrew from the program. This means that if the student fails semester 3, they must repeat semester 2 and if they fail semester 4 they must repeat semester 3. In some cases, consideration will be made for the student to audit some of the courses based on review and recommendation of the Dental Hygiene Admission Committee.

This policy is contingent on space availability in the following class and meeting thefollowing considerations for readmission. Readmission is not guaranteed. *If space isunavailable*, the student has the option to reapply as a new applicant, adhering to all policies and requirements in effect at the time of their reapplication. If unsuccessful on the second attempt, regardless of the semester that the studentfailed or withdrew, they will be ineligible to reapply for the program.

For students in semester 3 or 4 that may be readmitted *based on space availability*,the following will be considered:

a) Academic and clinical performance status at the time of withdrawal.
b) Cumulative GPA of 2.0 or higher at the time of readmission request.
c) Documentation of corrected problems previously identified as interfering with learning.
d) Student's potential ability to benefit for re-entrance (3rd, 4th semester students)
e) Student's ability to demonstrate corrective actions to improve student learning outcomes.
f) Instructor recommendations.
g) Scoring 75% or greater on a comprehensive theoretical exam determining knowledgeretention of previous course content prior to course failing.
h) Demonstrating competence in performing randomly selected psychomotor skills.
i) The Dental Hygiene Admission Committee may request an interview with the student.
j) Re-entry into the program is based on whether the student has met the above eligibilitycriteria and if there is available space.

(2) Students may only fail one DHYG course and be eligible to apply or be considered for readmission. This applies to all students and is not dependent on which semester that they were unsuccessful.
(3) A student may only be re-admitted once to the program after failing a didactic or clinical course. If unsuccessful in the second attempt (no matter which semester), the student is no longer eligible to be re-admitted to the program.

Meeting the criteria for readmission does not guarantee readmission. Readmission Procedure
Students desiring re-entry to the program will follow the procedures as described above. Students that are unsuccessful in semester 1 or 2, will submit the application packet on May20 to be considered as part of the general application pool. All policies and procedures in effect at the time of application must be observed.

For students that are unsuccessful in semester 3 or 4, *a written request for readmission mustbe submitted to the executive director within 5 business days of the completion of the semester that the student has not successfully completed*. If it is determined that there is no space available, the student will be notified within 3 business days that they will not be eligible for readmission based on *space availability* and will need to reapply as a new applicant.

If space is available, the student will be notified, and the readmission process will be initiated. The executive director will work in conjunction with the coordinator of academic support services and the Dental Hygiene Admission Committee. The student file will be reviewed. The committee will evaluate the student data, concerning the student's reason/s for withdrawal, and pertinent facts of the student's previous performance and skill level.The request will be reviewed by the Dental Hygiene Admission Committee. The Dental Hygiene Admission Committee will decide on the eligibility for, and conditions of readmission.

Acceptance Procedure
The Dental Hygiene Admission Committee will consider all applicants for readmission (semester 3 and 4) based on space availability and outlined criteria. Applicants for readmission will receive a written request, within two weeks of the Dental Hygiene Admission Committees meeting, to schedule an appointment with the executive director to discuss the decision. If accepted for readmission, a contract will be developed with thestudent which outlines expectations and conditions of readmission.

Admission Procedure into another UAFS College of Health Sciences' Program

If a student is not successful due to academic and/or clinical performance and desires admission into another UAFS College of Health Sciences' program, the student must followthe admission requirements in accordance with the specific UAFS College of Health Sciences' program.

Dishonesty and Misconduct

The *Academic Catalog* of UAFS states in part: "UAFS is committed to helping students attainthe highest level of academic achievement. That achievement is predicated on a foundationof scholastic integrity in all aspects of students' academic work. This absolute standard of academic honesty lies at the heart of any pursuit of learning and the award of any degree orcertificate**."**

In healthcare, it is imperative that the highest standards for ethical behavior and professionalconduct be followed in the academic and clinical setting.

Academic dishonesty and misconduct may include but is not limited to:

- Cheating in any form. Using unauthorized materials, information, or study aids inany academic exercise.
- Sharing information about the content of quizzes, exams, classroom/lab/clinical assignments (scheduled or make-up) without approval of the instructor includingbut not limited to unauthorized copying, collaboration, or use of notes, books, orother materials when preparing for or completing examinations or other academic assignments (scheduled or make-up).
- Verbal, non-verbal, or electronic communication with another student duringan exam.
- Violating rules for test taking in the computer labs.
- Plagiarism; forgery; falsification of records.
- Unauthorized possession of examinations. (Immediate dismissal)
- Any and all other actions that may improperly affect the evaluation of a student'sacademic performance or achievement; and the assistance of others in any such act is forbidden.
- Students may not gain or attempt to gain an academic advantage for themselves or another student by misrepresenting a person's work or by interfering with the completion, submission, or evaluation of work. Submitting papers under yourname that are, in reality, a slightly altered article or articles obtained from the Internet, library, papers from other students, or from other sources.
- Buying, selling, or otherwise obtaining a copy of a quiz, exam, project, term paper,or like document, without approval of the instructor.
- Failing to disclose academic dishonesty by another classmate to the instructoror other proper authority.
- Unsafe or inappropriate behavior during a class, exam or other course relatedactivity at the instructor's discretion.
- Other at the discretion of the faculty with proper documentation.

A faculty member who has proof that a student is guilty of academic dishonest may take appropriate action, up to and including, assigning the student a grade of "F" for the course and suspending the student from the class. The "F" will be the final grade and the student may not withdraw from the course with a "W." A description of the incident and the actiontaken will be reported to the appropriate dean and will be placed in the student's file in the Records Office.

In the clinical setting, the student is responsible for maintaining ethical and responsible treatment and behavior. The student will be removed from the clinical area if the instructor observes unsafe or inappropriate behavior that could jeopardize the patient's safety, themselves, or the safety of their peers or supervising faculty. Students who exhibit unprofessional conduct will be subject to disciplinary action.

Faculty will determine the typeof disciplinary action to be imposed and will be guided by the extent of the unprofessionalconduct. Disciplinary action is documented on a Counseling Record.

Unsafe or inappropriate behaviors in the clinical setting that may result in a warning,probation or dismissal from a clinical course include but are not limited to:

- Care that is below minimum standards and could have a detrimental effect onthe patient's health.
- Failure to follow through on requests to meet patient needs made by theattending dentist or supervising adjunct clinical hygienist.
- Failure to communicate necessary information about patient needs to the patientor faculty/staff that places patient in jeopardy.
- Forging faculty signatures on documentation.
- Willful misrepresentation of treatment rendered.
- Failure to secure required instructor supervision.
- Violating established standards regarding security and confidentiality of patientrecords (HIPAA).
- Failure to record legally required information in the patient records.
- Failure to review the chart of a returning patient prior to appointment.
- Proceeding with treatment without obtaining informed consent.
- Covering up errors in treatment or other acts of dishonesty.
- Inappropriate use of drugs or alcohol while treating patients. (Immediate dismissal)
- Failure to adhere to safety protocol, radiation, handling of sharps, andhazardous chemicals, placing patients, peers and faculty at risk.
- Inappropriate or derogatory comments concerning the patient/peer/faculty postedon ANY social media site. (Immediate dismissal)
- Inappropriate or derogatory comments concerning the patient/peer/facultymade during patient treatment.
- Demonstrating a pattern on unpreparedness and lack of concern for patienttreatment and outcomes.
- Any lewd, disrespectful, obscene or disrespectful or verbally abusive behaviortoward patients, peers, faculty or staff. (Immediate dismissal)
- Other at the discretion of the instructor with proper documentation.

The following result in immediate dismissal from the program:

- Violating the Social Media Policy.
- Violating the College of Health Sciences Substance Abuse Policy.
- Possessing an exam without authorization, making the content of an exam knownto others, and/or taking an exam for another student.
- Possessing or using firearms, explosives, dangerous chemicals or other dangerous weapons. Students will be subject to campus disciplinary action.
- Conviction of any criminal behavior
- Verbal or physical aggressive behavior in the classroom, campus lab and/or clinicalsetting will result in immediate removal of that student from the learning environment and dismissal from program. Students who do not leave willingly willbe escorted by security.

Instructors have the authority to impose a warning, probation, or dismissal from the class for acts of academic dishonesty and misconduct relative to classes and clinics under their supervision.

Disciplinary Actions
If deemed necessary, the following protocol will be utilized.

Counseling: A written record that is initiated by the faculty and signed by the student and faculty. It describes the student conduct in violation of policy, lists guidelines for correction, and gives a timeframe for correction and the consequences of non-compliance.

Written warning: A written record that describes student conduct in violation of policy, lists guidelines for correction, gives the timeframe for correction and the consequences of non-compliance. The faculty and student both sign the written warning. A written warning may followa counseling record or be initiated without previous counseling, based on the policy violation.

Critical Incident: Occurs when actions by the student places an actual or peer client/patient in actual or potential danger, when the student is unprepared for clinical or has not retained critical knowledge/skills from previous semesters, or has violated the standard of professional conduct including but not limited to violation of HIPAA and stringent infection control measures. A critical incident will result in probation or dismissal from the program depending on the severity of the incident.

- The faculty will notify the student (immediately, if feasible) whose actions warrant a criticalincident. If circumstances prohibit immediate notification, the instructor must notify the student within one business day.
- The critical incident must be documented immediately and followed by a formal counseling record from the faculty within two business days of the occurrence andpresented to the student within three business days of the incident.

Probation: A written contract with the student specifying the behaviors required to correct conduct that is unprofessional or clinical performance that is unsafe. Failure to meet probationary contract guidelines during the stipulated timeframe will jeopardize the student's standing in the dental hygiene program and may result in the student being dismissed from theprogram.

Dismissal

A student may be immediately dismissed from the dental hygiene program. Any dismissal requires documentation and is based on the above described unprofessional conduct or academic dishonesty. A student has the right to initiate the grievance process according to thewritten policy.

All levels of disciplinary action are documented and maintained in the student's file. A copyof the record is provided to the student.

The student may appeal either the finding of academic dishonesty or the penalty, or both, tothe Academic Integrity Committee within three (3) business days of notification. Appeal forms may be obtained from their advisor. Upon appeal, a student will be allowed to continue in class until the appeal is adjudicated. The Academic Integrity Committee acts asarbitrator in such situations, presenting its findings and recommendation to the provost forreview.
In cases of repeated offenses, the provost may take appropriate action, up to and including permanent suspension from the University, or solicit the recommendations of the AcademicIntegrity Committee.

Repeat incidents of academic dishonesty could result in the assignment of a grade of "FX"on the transcript, clearly indicating the failing grade was the result of academic dishonesty. See guidelines listed in the *UAFS Academic Catalog.*

Informal Grievance Process
A student that has a grievance concerning a faculty member, method of instruction or otherconcern should first attempt to resolve the matter with the faculty member. Finding ways to open a line of communication will often allay the misunderstanding and it can be resolved without further intervention.

In general, the informal grievance process should follow this sequence:

- The first person to contact is the instructor working closest with the student. In clinic, this would be the Pod instructor and in a didactic class it is the lecturer/instructor.The instructor or student may request that a third party (silent) be present to sit in on the discussion. The third party will serve as a witness and may take notes for documentation.
- The student should present their concerns in a calm and rational manner and provide specific details of the issue of concern. Written documentation of the concern may behelpful.
- In most cases, resolution between the instructor and student can be made. Documentation of the meeting should be signed by both and placed in the student file for that class.
- If a solution cannot be reached, the faculty person and the student may agree to meet with the Executive Director. The Executive Director will serve as mediator and help both parties come to an equitable decision/or resolution. If needed, other individuals may be included in the meeting if needed. These could be peers or other faculty members. Documentation of this meeting will occur and will be signed by all involved to demonstrate resolution of the problem and will also be placed in the student file kept in the Executive Director's office. If a solution cannot be reached at this point, then the student will need to meet with the Dean of the College of Health Sciences. Should the student decide to meet with theDean, the Executive Director must be notified of the decision. The written documentation of prior interventions will be provided for his/her review and the studentwill provide the Dean with a *written* explanation of the complaint.
- If a solution cannot be reached using the informal grievance process, the student will need to begin formal grievance process.

Formal Grievance Process

The formal grievance process is used when the informal procedures have been exhausted with no satisfactory resolution. This process is provided in the UAFS student handbook. For aformal hearing, the student must submit a request, in writing, to the appropriate dean within 14 business days of the incident. The request must contain:

1. The specific injury to the student
2. The date(s) which the injury(ies) occurred
3. Name(s) of person(s) involved
4. Measures taken by the student to rectify the particular incident being grieved
5. Any other pertinent information

The dean will review the formal request to determine its merit and to ensure all avenues forresolution have been exhausted by the student. An answer/decision will be issued to the student in writing within seven business days of receiving the formal grievance.

If the student wishes to pursue the matter further, he or she must submit a written requestwithin three business days to the provost for the matter to be reviewed. The provost will issuea decision in writing within seven business days. The decision of the provost is final. Mattersother than instruction should be taken to the vice chancellor for student affairs

Transfer Students

Transfer students will be considered individually. The appropriate adviser will evaluate the general education requirements, and compatibility of the dental hygiene curriculum will beevaluated by the executive director. Transfer students are admitted on *a space available* basis. The student wishing to transfer will be responsible for:

- ✓ Submitting a letter of good standing from the transferring institutionthat confirms the student's eligibility to continue in that program.
- ✓ Providing a copy of course descriptions for comparison of program.
- ✓ Scoring 75% or greater on a comprehensive theoretical examination.
- ✓ Demonstrating competence in performing psychomotor skills.

Admission of transfer students will be based on the above criteria and availability of space. If admitted, the transfer student will be responsible for following all guidelines found within the UAFS handbook and all UAFS Dental Hygiene policies and procedures asdescribed in the program handbook.

Student ADA Services

UAFS seeks to make every effort to offer equal educational opportunities for all students. Toensure a total university experience for students with disabilities, UAFS provides reasonableaccommodations and services to students who have physical, emotional, and/or learning disabilities. The underlying philosophy of the program is to provide support, where possible, that will maximize each student's opportunities for academic success.

Working in partnership with the student, the Student ADA Services coordinator will developan individualized plan for services which may include academic advisement and accommodations in testing and instruction. A student with disabilities may present validationof the disability and request services by contacting the Student ADA Services coordinator at479- 788-7577.

Registration with Student ADA Services is a separate process from the application for admission to the University. To be considered for accommodations, a student must first submit verification of the condition based on Student ADA Services' guidelines and meet with the Student ADA Services coordinator to discuss accommodation requests. UAFS is committed to a policy of ensuring that no otherwise qualified individual with a disability is excluded from participation in, denied the benefits of, or subjected to discrimination in University programs or activities due to his or her disability. The University is fully committedto complying with all requirements of the Americans with Disabilities Act of 1990 (ADA), Rehabilitation Act of 1973 (Section 504), and the ADA Amendments Act of 2008, and to providing equal educational opportunities to otherwise qualified students with disabilities.
Any student who believes he or she has been subjected to discrimination on the basis of disability or has been denied access or accommodations required by law, shall have the rightto file a grievance.

To obtain a copy of Services for Students with Disabilities brochure, which includes application information and the grievance procedure, contact the Student ADA Services Office at 479-788- 7794, or 479-788-7577, or visit the website *www.uafs.edu/ada* for a printout.

Electronic Devices

This policy applies to all classes and clinical sessions in the dental hygiene program. Devicessuch as tape recorders, radios, cell phones may be disturbing to faculty and classmates.
Students **must receive the instructor's permission** to operate all electronic devices in the classroom, laboratory and clinic, including laptops or other personal computers. Studentsmay not tape record a lecture without the consent of the instructor.

NO *CELL PHONES* IN CLASS OR CLINIC. During clinic, keep all devices in the student locker areain your locker. Do not leave them out unattended. Make sure that they are on silent during the class. If students are compelled to text, ask the professor to be excused and they may allow you to leave class. If there is a circumstance where the student has some type of pending emergency- sick children, family, etc. - that warrants possible contact during the lecture, please let the instructor know prior to the start of the class so that arrangements can be made.
In the event that the instructor chooses to utilize cell phones for some part of the class,directions will be provided for use. This is at the discretion of the instructor.

Students may bring their laptops to class **with permission from the instructor**, to view corresponding PPTs/material for this course during the lecture, but no "web surfing" or social media viewing during lecture. **It is faculty discretion whether laptops or other electronic devices may be used during the class**. Laptops will be closed during class for theremaining time in the program if the student is non-compliant with the policies. Please charge all batteries PRIOR to class as there are not enough electrical outlets for everyone. Cords present a hazard for other students and instructor. THEREFORE, NO CHARGERS PLUGGED IN DURING LECTURE.

Student Evaluations of Courses and Faculty
During each semester students have the opportunity to evaluate courses and faculty. These evaluations are done online and are anonymous. Students will receive notification via Lions Link email when evaluations for each course are available. These evaluations areused to improve the Dental Hygiene program; therefore, the faculty asks that the evaluations are completed in a truthful, mature, and constructive manner. Please evaluatethe course objectives, methods of instruction and assessment measures. Provide a professional assessment of the course and strive to enlighten faculty and administration about ways to improve the course or areas that you felt were exceptionally well planned and delivered. You may offer constructive suggestions but please no mean or derogatory comments. If you would not make the comment in a face to face meeting, perhaps it is notappropriate. Evaluations are made available to Deans, Provosts, Program Directors, and individual faculty members.

Professional Liability Insurance for Health-Related Disciplines
This insurance is provided by the college. This insurance only covers individuals while in their role as dental hygiene students during clinic at UAFS and during any affiliated rotations.

Requirements for Health Profession Students
CastleBranch or PreCheck

CastleBranch or PreCheck are both secure platforms that allow you to order your background checks, drug test and upload immunization documents online. Once you have placed your order, you may use your login and password to access additional features.

The College of Health Sciences requires that all health care professional students utilize the online programs listed below. The platforms act as your hub for managing important requirements throughout your education; your background check, drug screening, and required immunizations and stores them all in one central location. Giving you full access anytime you need to upload or to check your results The administrative specialist for dental hygiene program can access the same reports through a separate, secure web portal to conduct random audits for compliance. Non-compliance with the policies will result in dismissal of clinic until requirements are meet.

First Year Students: You will use Precheck online services, precheck.com.-

Second Year Students: You will continue to use CastleBranch at mycb.castlebranch.com

Background Check Policy

Purpose

The UAFS College of Health Sciences is committed to producing graduates who go beyond academic excellence, who are productive, self-sufficient citizens of society, who are responsive to the global community and who maintain high ethical standards in their personal and professional lives. The attainment of this goal is facilitated by partnering withclinical agencies that consent to having faculty and students practice in their facilities.
Students must therefore adhere to all agency policies, such as background checks. The purpose of this policy is to describe the terms and conditions under which background checksare conducted.

Policy

A criminal background check is required of all students accepted into the UAFS College ofHealth Sciences Imaging Sciences, Surgical Technology, Dental Hygiene and School of Nursing Programs. A third-party vendor will conduct the background checks. The student will be responsible for all fees associated with any components of the background check process. All information will be treated as confidential but will be shared with Dental Hygiene Executive Director and assigned agencies when requested and will be retained inthe student's health file.

Students unable to practice in clinical agencies because of an adverse or negative background check will be unable to complete program objectives, halting continued progression in the student's program of study. Failure to complete the background check process prior to the date established by the Program Executive Director will result in the student's inability to complete the program objectives and will therefore halt progression inthe student's program of study. Students must comply with any additional background checks required by their licensing agency.

General Guidelines

1. Immediately upon acceptance into a College of Health Sciences Program, the student must authorize the background check by completing the background authorization form provided by the vendor. This form is available to the student upon acceptanceinto their respective program. The student must also authorize the vendor to send acopy of the results of the background check to their Program Executive Director.

2. The following background checks shall be conducted by the vendor. Additional requests may be made by an agency.
   - Office of Inspector General
   - Sex and violent offender check
   - Social Security Verification
   - Current County of Residence

3. If a background check is returned with unfavorable results, the Executive Director will notify the student and the student's assigned clinical agencies. The clinical agencies will determine if the student will be allowed to practice in the assigned clinical facility.
4. The student has the option to dispute any inaccurate information with the reporting agency, as a right of the Fair Credit Reporting Act. The student will not be able to complete the program objectives, halting their progression in the program of study, untilthe dispute is resolved.

5. If the background check is favorable, no further action will be taken.

Immunization Requirements

Immunization Requirements Measles, Mumps, & Rubella (MMR)
There must be documentation of one of the following:
- 2 vaccinations
- Positive antibody titer for all 3 components (lab report required).

Varicella (Chicken Pox)
There must be documentation of one of the following:
- 2 vaccinations
- Positive antibody titer (lab report required)
- Declination waiver on school form

Hepatitis B
There must be documentation of one of the following:
- 3 vaccinations
- Positive antibody titer (lab report required)
- Declination waiver

TB Skin Test
There must be documentation *of one of the following*:
- 2 step TB Skin Test (1-3 weeks apart)
- TB Elimination forms uploaded annually if 2-step was negative

- If positive results, must provide a clear chest x-ray (lab report required).

CPR Certification
Must be the American Heart Association Basic Life Support (BLS) for Healthcare ProvidersCourse. Copy must be front and back of the card and the card must be signed.

Tetanus, Diphtheria & Pertussis (Tdap)
Submit documentation of a Tdap booster within the past 10 years.

Influenza OR Declination
There must be documentation of one of the following:
- Flu shot administered during the current flu season
- Declination waiver on school form

Social Media Policy

Purpose

To communicate potential problems and liabilities associated with the use of the Internet andelectronic communication systems.

Definitions

Electronic communication systems – websites or web-based services that users may join, view, and/or post information to, including but not limited to weblogs (blogs), internet chat rooms, online bulletin boards, and social networking sites including but not limited toFacebook, MySpace, Instagram, Snapchat, Twitter, iTunes, YouTube, LinkedIn, and Flickr.

Policy

1. Individuals may not share confidential information in violation of HIPAA or FERPA related to UAFS business on electronic communication systems, including but not limited to, personnel actions, internal investigations, research material, or patient/student/faculty information. This includes sharing photos or partial information even when names of patients, students, faculty, or employees of clinical agencies are not used. This includes anyactivity that would cause UAFS to not be in compliance with state or federal law.

2. Individuals assume personal liability for information they post on electronic communication systems, including but not limited to personal commentary, medical advice, photographs, and videos. UAFS does not endorse or assume any liability for students' personal communications.

3. ***Individuals should exercise appropriate discretion in sharing information,*** with the knowledge that such communications may be observed by patients, faculty, students and potential employers.

4. Individuals should not post defamatory information about others, activities or procedures at UAFS, other institutions, or clinical sites through which they rotate.

5. Individuals should not represent or imply that they are expressing the opinion of UAFS, other institutions, or clinical sites through which they rotate.

6. Individuals should not misrepresent their qualifications or post dental or dental hygiene advice.

7. Since information posted on the Internet is public information, UAFS and other interested parties may review electronic communication systems for content regarding current students.

8. Employers, organizations, and individuals may monitor and share information they find posted on electronic communication systems.

9. ***If potentially inappropriate material has been posted on an electronic communication system,*** the person who discovered the material should discuss the finding with the Executive Director of Dental Hygiene.

10. ***Disciplinary actions may occur in compliance with UAFS Dental Hygiene Program Professional Conduct Policy.*** If an agency denies any student the right to complete time in their facility, it is an automatic dismissal from the UAFS Dental Hygiene Program if the agency is utilized for student completion of program requirements.

*****Please note: Violation of the Social Media Policy will result in immediate dismissal from thedental hygiene program.***

Students will acknowledge understanding of the Social Media Policy on the Acceptanceof Policy Guidelines Dental Hygiene Student Agreement of Understanding. Refer to Appendix R. If there are questions, the student should schedule a meeting with the Executive Director for clarification of the policy.

Prevention and Management of Substance Abuse

Introduction

The UAFS Dental Hygiene program recognizes its responsibility to provide a healthy environment for students to learn and prepare themselves to become members of the dental profession. We are committed to protecting the safety, health and welfare of faculty, staff, students, and people who encounter them during scheduled learning experiences. A policy for the Prevention and Management of Substance Abuse has been adopted to assure attainment of the educational mission of the University and the Collegeof Health Sciences.

The Dental Hygiene program strictly prohibits the illicit use, possession, sale, conveyance, distribution and manufacture of illegal drugs, intoxicants, or controlled substances in any amount or in any manner and the abuse of non-prescription and prescription drugs.

Any dental hygiene student, who is taking pain or other behavior-altering medications, mustprovide a medical release from the prescribing physician to the Executive Director of the program. Any student who exhibits behaviors (behaviors are listed following this policy) is subject to testing for cause.

Any dental hygiene student who tests positive for illegal, controlled, or abuse-potential substances, and who cannot produce a valid and current prescription for the drug, will be subject to disciplinary action as specified in the Prevention and Management of SubstanceAbuse Policy.

Any dental hygiene student who is aware that another dental hygiene student is using or is in possession of illegal drugs, intoxicants, or controlled substances is obligated to report this information to a dental hygiene faculty member immediately. It is the ethical responsibility of all to help ensure that the integrity of the profession and the institution remain in good standing.

The intent of the Prevention and Management of Substance Abuse Policy is to identify chemically impaired students. The Policy also attempts to assist the student in the return to a competent and safe level of practice and to achieve his/her goal of becoming a RegisteredDental Hygienist. Emphasis is on deterrence, education, and reintegration. All aspects of thepolicy are to be conducted in good faith with compassion, dignity and confidentiality. As a condition of enrollment, each student will sign a Release Form agreeing to adhere to the Prevention and Management of Substance Abuse Policy (Appendix D). Failure to adhere to the conditions specified in this policy will result in dismissal from the dental hygiene program. This Policy is in alignment with UAFS Philosophy. See University Catalog for furtherinformation.

Substances

Substance-related disorders are listed in the *Diagnostic and Statistical Manual of Mental Disorders, fourth edition, (DSM-IV)*. Substances of abuse are grouped into eleven classes:alcohol, amphetamines or similarly acting sympathomimetic, caffeine, cannabis, cocaine, hallucinogens, inhalants, nicotine, opioids, phencyclidine (PCP) or similarly acting arylcyclohexylamines and sedatives, hypnotics or anxiolytics. The dental hygiene program will have the authority to change the panel of tests without notice to include other illegalsubstances as suggested by local and national reports or circumstances.

Testing Procedures

When Testing May Occur:
The dental hygiene program will require a student to submit to drug testing under any or allthe following circumstances:

- Random testing as required by the clinical agencies.
- For cause (found behind this policy).
- As part of a substance abuse recovery program.

The student will be responsible for the cost of drug screens required due to cause, for MRO(Medical Review Officer) consultation, and/or split sample analysis. The student, if tested for cause, will be required to arrange for *alternate mode of transportation* (e.g., family or taxi) rather than self-transport.

Testing Facility:
The dental hygiene program has identified Mercy Hospital (a SAMHSA2- approved laboratory)to perform testing utilizing the agency's policies. The clinic is located at 4300 Regions Park Circle (map found behind this policy). The dental hygiene program will use an MRO who will review and interpret test results and assure (by telephone interview with each donor whose test is lab positive) that no test result is reported as positive unless there is evidence of unauthorized use of substances involved.

Sample Collection:
The collection techniques will adhere to the guidelines in accordance with US Department of Transportation 49 CFR Part 40 following chain of custody protocol. An observed specimen will be collected by the designated lab. If warranted (testing for cause or random), the student willsubmit appropriate laboratory specimens, within a two-hour time frame, in accordance with the UAFS Dental Hygiene Substance Abuse Policy. The Program Director will be notified of the results within 48 hours.

Positive Results:
Test results will be considered positive if substance levels, excluding caffeine and nicotine, meet or exceed established threshold values for both immunoassay screening and gc/ms confirmation studies, and the Medical Review Officer Verification interview verifies unauthorized use of the substance. Split samples are saved at the original lab and may be sentto another SAMHSA-2 approved lab for additional testing at the student's expense. If anyone laboratory is positive for substances classified in the DSM-IV, the **decision will be immediate suspension from the program.**

Confidentiality:
All testing information, interviews, reports, statements and test results specifically related to the individual are confidential. The Program Director or designee will receive drug test results from the lab, and only authorized persons will be allowed to review this information. Recordswill be maintained in a safe, locked cabinet and/or password protected electronic database. While the issues of testing are confidential within the university community, the information regarding substance abuse and rehabilitation must be shared with the state dental board by thegraduate with application for licensure. (Reference: Confidentiality issues forbid the dental hygiene program from disclosing drug/alcohol information about the student according to guidelines of US Department of Transportation 42 CRF Part 2).

Treatment, Referral, & Readmission:
The outcome of a positive drug screen will constitute immediate suspension from the dentalhygiene program. The Program Director will refer persons identified as having substance abuse problems for therapeutic counseling for substance withdrawal and rehabilitation.

A student will not be denied learning opportunities based on a history of substance abuse. Thereadmission process for a student who has previously tested positive for substance abuse will include:

- Demonstrated attendance at AA, NA, or a treatment program of choice from a legitimate substance abuse counselor for a **one-year** period of time. Evidence of participation must be presented to the dental hygiene program director and dean of College of Health Science by the student. Acceptable evidence shall include: a written record with the date of each meeting, the name of each group attended, purpose of themeeting, and the signed initials of the chairperson of each group attended, plus any pertinent information.

- Demonstration of at least **one year** of abstinence immediately prior to applicationthrough random drug screening, including drug of choice.

- Letters of reference from all employers and sponsor within the **last year**.

- A signed agreement to participate in monitoring by random drug screening consistentwith the policy of the dental hygiene program. The student will be required to pay for testing.

- Abstinence from the use of controlled or abuse potential substances (and/or alcohol) except as prescribed by a licensed practitioner from whom medical attention is sought. The student shall inform all licensed practitioners who authorize prescriptions of controlled or abuse potential substances of student's dependency on controlled or abuse potential substances, and student shall cause all such licensed practitioners to submit a written report identifying the medication, dosage, and the date the medicationwas prescribed. The prescribing practitioners shall submit the report directly to the Program Director or designee within ten (10) days of the date of the prescription.

- Re-admittance to the program will follow **Re-Admission Criteria and Procedures** found in the Clinical Policies and Procedures Manual. Students are permitted only onereadmission.

- If a student is readmitted to the dental hygiene program and a positive test for substance abuse is found, the student will be dismissed from the program and will be ineligible to return. Furthermore, the student will be ineligible to receive a letter of goodstanding from the dental hygiene program.

An explanation of the Appeal Process can be found in the UAFS University Catalog: Alcohol/Drug Abuse and Procedural Due Process for Disciplinary Actions.

Testing for Cause

Any dental hygiene student who demonstrates behavioral changes suspected to be related to the use of drugs, including but not limited to alcohol, will be subjected totesting.
Student behaviors will be observed on campus, in the clinical agencies, and at program-related community activities. The faculty member's decision to drug test forcause will be based on:

- Observable phenomena such as direct observation of drug use and/or physical symptoms or manifestations of being under the influence of a drug.
- Smell of alcohol or other odor associated with illegal drug use.
- Erratic behavior, slurred speech, staggered gait, flushed face, dilated/pinpoint pupils, wide mood swings, deterioration of work performance or other behaviors not consistent with sound judgment.
- Information that a student has caused or contributed to an accident that resulted in client injury potentially requiring treatment by a licensed health care professional.
- Conviction by a court or being found guilty of a drug, alcohol or controlled substance charge.

Any student found guilty of criminal use of drug, alcohol, or controlled substance willbe suspended from the program.

Testing will be conducted using the following policy/procedure:

1. The faculty member will have an additional faculty member confirm the student's suspicious behavior (see above).
2. The student will be required to leave the area. Accompanied by the faculty member and witness to a location ensuring privacy and confidentiality, a discussion of the situation will ensue. The discussion will be documented on the Counseling Record formand signed by the instructor and the student. The document will be forwarded to the Program Director. A decision as to whether or not to drug test will be made.
3. If warranted, the student will submit appropriate laboratory specimens, within a two-hour time frame, in accordance with the UAFS CHS Prevention and Management of Substance Abuse Policy and clinical agency policies.
4. If the clinical agency initiates random or for cause drug screening, the student will follow clinical agency policy on suspected substance abuse.
5. The student will be suspended from all clinical activities until the case has beenreviewed by the appropriate personnel or committees, as designated by the dental hygiene program and in compliance with the College of Health Science.
6. If the laboratory test is negative for substances classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), the student will be allowed to return to class without penalty. Arrangement to make up missed work must be initiated by the student on the first day back to class or clinic (whichever comes first).
7. If anyone laboratory test is positive for substances classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), **the decision will be immediate suspension from the program.**
8. Confidentiality will be maintained.

Students will acknowledge understanding of the Substance Abuse Policy by signing Policyfor the Prevention and Management of Substance Abuse Release and Acceptance Form. If there are questions, the student should schedule a meeting with the Executive Director for clarification on the policy.

NOTE: **Student must have an alternate driver.**

Academic Support Services

There are a variety of student support services available on the campus that assists the student in their educational and future professional endeavors. The following is a partiallisting of services that students may use as a current UAFS student.

Please refer to the UAFS Academic Catalog for further information.

1. Student Advisement: http://academics.uafs.edu/advising/advising-services
2. Career Services: http://academics.uafs.edu/career-services/career- services-home
3. Academic Success Center: http://academics.uafs.edu/academic-success/ academic-success-center
4. Boreham Library: http//library.uafs.edu
5. UAFS Lions Bookstore Smith-Pendergraft Campus Center: http://uafs.bncollege.com
6. Student ADA Services: http://academics.uafs.edu/academic-success/ada- services
7. Records Office: http://academics.uafs.edu/records/records
8. College of Health Science Advisor
9. UAFS Title IX Coordinator, Smith Pendergraft CampusCenter

https://academics.uafs.edu/title-ix/title-ix-welcome

Please refer to the UAFS Academic Catalog for further information.

Campus Email

All email correspondence between faculty and student **must utilize** the campus g-mail email. All students are expected to check their email daily for relevant information and program updates. It is the student's responsibility to keep password up to date so that theymay receive and access this information. Failure to regularly check campus email could result in missing an announcement or other pertinent information. Not being aware of an email update is not an acceptable excuse. Campus security policy mandates that the password is changed on a set schedule. Students will receive notification that the passwordwill expire on a certain date and that they must reset password prior to that date through the portal guard system.

Any correspondence sent to faculty must be sent via campus g-mail. Emails sent from personal accounts will not be opened or responded to by faculty. These are considered unsecure links.Faculty will make every attempt to answer emails in a timely manner during the school day. Onweekends, the faulty may or may not check their email. This is at the discretion of the faculty.

Inclement Weather/Campus Closure/Emergency Alert

Clinical and didactic (lecture) courses will be cancelled on days that the college cancels class due to inclement weather or other issues. The UAFS campus has a web-based emergency alert system, Lions Alert, that students are encouraged to utilize to receive immediate alerts. To update or remove contact information from Lions Alert, access LionsLink at www.uafs.edu.

In the event of campus closure on a clinic day, it is the responsibility of the student to notifytheir scheduled patient. Do not assume that patients have seen the campus closure announcement on television or social media. Students should be sure they have patient's contact number in the event that campus is closed. Please note that if campus is closed faculty and staff do not report to work.

If an emergency situation presents itself, the following information should be utilized. ForMedical Emergencies Call 911 and University Police 788-7140. Please refer to the websitefor information on what to do in case of a Fire, Tornado, Building Evacuation, Suspicious Person or Object, or Power Outage at: http://uafs.edu/Emergency/emergency-action- and-rapid- response-information

Students should review the Emergency Action Plan to be prepared. This is important for the safety of those around as well as the patients that come to our clinic. The EmergencyAction Plan can be viewed at: https://uafs.edu/sites/default/files/Departments/UPD/2019_eap.pdf

Please refer to Appendix N to view the dental hygiene clinic layout. Students should be familiar with the building layout in case of an emergency. In case of a tornado, studentsshould go to the classroom for shelter or other posted areas. Locker Room/Student Workroom/Student folders
Students will be assigned a locker in the locker room. Please keep personal items in the locker. If the student chooses, a small lock may be placed. Please provide an extra key or the combination to the administrative specialist. This will be placed in the student's permanent file in case it is needed for emergency opening. The locker room has a refrigerator for student use. This appliance must be kept clean at all times. If issues occur with cleaning, use will be limited. All items left in the refrigerator are thrown away at the end of each week. The locker room must be kept clean as well. Please do not leave items that are valuable (cell phones, other) out in the locker room. While we do not allow patients or others to roam the clinic, it is possible that someone could pick these items up.The UAFS dental hygiene program is not responsible for losses.

The student workroom provides two computers that are to be used to view the EagleSoftschedule or patient records. Please do not use the computer for other activities. No socialmedia viewing on these computers. Utilize campus computer labs located in the Pendergraft Health Science building or Boreham Library if needed for other class work. If it is a clinic day, only students that are in that clinic may utilize the computers. If students from the other class need to add or modify their schedule, please get permission from theadministrative specialist first. ***Students are not allowed to use the computer at the podium in the classroom***.

Student **folders** are in the file cabinet located in the student workroom. Any messages thestudent receives will be placed by the administrative specialist in the assigned student folder.Please check these daily. It is important to quickly follow up with patients or other issues that may occur in a timely fashion.

Parking

Students with a blue permit can only park in the restricted (blue permit) area of the College of Health Sciences(Parking Lot H) on the University campus. Students cannot park in the designated disabled/handicap spaces unless they have a permit **issued to them**. *Using another person's permit to access parking is unethical and illegal.* In healthcare, ethical behavior extends beyond the clinical setting. **Failure to comply will result in ticket from thecampus police.**

Dental hygiene patients must park in the center gated area of Parking Lot H. Patients should be instructed to pull up to the gate, push the button and tell the administrative specialist their name and that they have an appointment. Students must explain this to patients each time they schedule or confirm an appointment. This area has been reserved for the convenience ofthe dental hygiene patients, if they park anywhere else they will get a ticket. . This is also important for students - if patients cannot find a close, easy to access parking spot they often will not keep their appointment. Therefore, if not utilized it will also be a hardship for students as well as patients. If patients park in areas that are prohibited (i.e. handicapped without a permit or restricted blue permit), they will receive a ticket. The College of Health Sciences Dental Hygiene program is not responsible for any fees incurred by this action. Our programcannot have the ticket reversed.

Tobacco-Free Campus Policy

The use of any tobacco product, including electronic cigarettes, is prohibited on the grounds of UAFS. The tobacco-free environment includes all University property, which according toState Statute 25-17-301"… shall include all highways, streets, alleys, and rights-of-way that are contiguous or adjacent to property owned or controlled by the institution."

Students must make sure that their dental hygiene **patients** are aware of this policy. Patientscannot take a "smoke break" anywhere on the UAFS campus, even in their cars in the parking lot. The same policy pertains to dental hygiene students about smoking on campus. Students that smoke should seek a smoking cessation program if possible.

Faculty Office Hours

All fulltime faculty have posted office hours. Hours change from semester to semester. Thehours are posted on the outside of the office door and are also available on Blackboard. If the student needs to meet with the faculty, utilize the posted times, if possible. Please understand that the faculty must utilize office time to prepare for lecture, clinic or other college related responsibilities. The faculty will be in their office during these times unless they are ill or must attend a campus function. In this event, the faculty will provide prior notice if possible. If it is not possible to meet with the instructor during the posted office hours, please contact the instructor via campus email and schedule an appointment.

Should the need arise to discuss an issue, please email the adjunct instructor to schedulea time to meet that works with student/faculty schedule. Please note that clinical adjunct faculty are working in private practice, so time is must be scheduled by appointment.

Support Staff/Administrative Specialist

The dental hygiene program has an administrative specialist that is responsible for several roles within the program. She not only provides support service to faculty; she is responsible for all aspects of managing patient scheduling and reviewing all charts and documentation as part of the quality assurance plan for the program.

The administrative specialist will help students to some degree, but her primary role is to assist the executive director and to maintain the patient database and records. To accomplish all that is required in her role, consideration must be made by the students to follow her direction with regard to scheduling and documentation. Respectful and proper professional conduct extends to all interactions with the administrative specialist. Any issue with improper conduct will result indisciplinary action.

Management of the front desk and scheduling is under her discretion and students willfollow the established protocol. This protocol for front desk includes the following:

- Students are not allowed in the front office area, except by her permission only.
- Students are responsible for scheduling, maintaining and updating their scheduled patients. This includes adding all patient information, confirming thepatient, placing holds, if applicable or desired, on their schedule.
- Patients that do not show up for their appointments or cancel, it must be documented in EagleSoft in the patient note section. The administrative specialist will notify the student when a patient calls and cancels an appointment or other information that the student might need to know regarding their patient.
- The administrative specialist is not responsible for contacting physicians for medical consults/clearance or dental offices for radiographs or other patient information. This is the student's responsibility. The administrative specialist will upload patient radiographs to EagleSoft as she receives them.
- Students will document correct fee code when scheduling all patients. This is veryimportant, as the fee documented is the fee that the administrative specialist willcollect from the patient when they arrive and check in. If not correct, the patient will not be happy and could decide to leave. Students can pay the fee if patient does not have the money. Points will be deducted if the amount and color of the appointment is not correct.
- Students will not seat the patient until the patient has been checked in bythe administrative specialist.
- As part of quality assurance, the administrative specialist reviews all charts at theend of each clinical session. Failure to obtain complete and correct documentation on patient charts will result in an email for correction. The error is assessed as a part of time management/professionalism points. All charts are subject to being audited by the student and/or faculty using the Chart Review Form.

Classroom/Lecture (didactic)

All students will be provided a course syllabus and tentative schedule for each course. Forall web enhanced or full online courses, these will be provided on BLS and it is the student's responsibility to review, ask questions and then submit the Course Validation Quiz or return signed syllabus acceptance form if applicable. This is a mandatory component and no course work will be accepted until this is completed by the student. The student will receive a "0" on all submitted work if *Course Validation Quiz oracceptance form* has not been completed or returned.

Each course will have specific assignments that may consist of written papers, presentations,research PICO questions, quizzes or other learning activities to facilitate comprehension ofdental hygiene theory. Many of these assignments will be used as evidence in the requiredportfolio that will involve ongoing collection throughout the dental hygiene program. Specific information regarding the portfolio will be provided in theory courses.

Each course will have examinations, and these will be given in a computer lab for all web enhanced courses. These exams will consist of multiple choice, short answer, case study, or fill inthe blank. Specific information will be provided by the instructor for each course.

Major exams will be given in a scheduled computer lab. Students taking exams in the labs cannot bring **any** food or drink into the lab. It is recommended that students do not bring any personal items into the lab to take exams. Any items (backpacks, caps, hoodies, purses, coats, other as designated by the instructor) brought into the lab must be left in the student's locker. **NO cell phones** are permitted at the computer lab stations while the student is taking the exam. NO hats are allowed while taking exams. Students may be allowed to have clean paper at the discretion of the instructor but must turn the paper in tothe instructor at the end of the exam.

All exams will be given through Examsoft and will bepassword protected.

Students receiving a grade less than a "C" in any dental hygiene course, which carries the DHYG prefix, will be dismissed from the program. The Dental Hygiene Departmental GradingSystem for all DHYG courses, both didactic and clinical is as follows:

A = 93 – 100;
B = 92 –84;
C = 83 –75;
F = Below 75

No rounding of course grade is done.
Please note: While students are provided learning activities in addition to examinations, the weight of the course grade will be examinations. The student must demonstrate a 75% cumulative average on all course examinations to pass the course. This means that if the course has 4 examinations then the average of all the exams must be 75% or higher to pass thecourse. *Additional points earned from learning activities will not be added to the final grade unless the student demonstrates a passing average on course examinations.*

Grade books are active on all BLS web enhanced courses. It is the student's responsibility to periodically check their progress and to meet with the course instructor if they have a problem or need help.

UAFS Dental Hygiene Remediation Policy

Any student receiving a score of less than 78% on any given unit exam will be expected to provide evidence of competency for the material covered. Students will be required to contact their instructor within 48 hours, after grades are posted, to schedule an appointment to develop, and sign, an individualizedremediation plan/learning contract. An alert on Navigate will be issued for any score of less than 78%.
Students must complete the remediation assignment in order to become eligible to set for the next skill/assignment/quiz/exam, etc.

The first remediation plan will require the student to make an appointment with an Academic Coach at the Academic Success Center (ASC) https://academics.uafs.edu/academic-success/academic-success-center (479-788-7675) for a Learning Style Assessment and to attain help with study and test taking skills, if this has not previously been completed. The student will write a one-page reflection describing the results of this assessment addressing how they will use this information to enhance their future study approach. In addition, unmet learning objectives as determined by the student and the instructor, will be the basis for an assignment requiring the identified lesson objectives to be written out under supervision of the Academic Success Center. Additional learning activities may be included based upon the learning objectives outlinedin the learning contract. The student will be required to upload this assignment by the due date into the appropriate link on BLS.

Subsequent remediation efforts will also issue alerts in Navigate and require the completion of an assignment addressing unmet learning objectives, as determined by the student and instructor, and will require a meeting with the program director before continuing to the next skill/quiz/assignment/exam. Thiswill also create a “case” on Navigate and will be monitored by the Dean and the CHS advising coordinator.

The components of the learning contract must be completed and turned in on BLS by the agreed upon duedate between the students and professor. Evidence of completion of the learning contract will include:

- The written one-page reflection of the Learning Style Assessment (for first remediation)
- The completed written lesson objectives as outlined in the contract, initialed by ASC staff. (for eachremediation)
- Note: ASC Staff testing results and notes will be available through UAFS Navigate.

If the assignment is turned in after the five-day deadline, an additional point will be deducted from theexam score.

Preclinic/Labs

All students will be provided a course syllabus and tentative schedule for the Preclinical Labs and additional labs for Radiology, Local Anesthesia, Dental Materials and Community Dentistry. With the exception of Preclinic, all other labs will be incorporated with the associated course. The skills and learning activities will be graded with the associated course. Passing grade for any lab work must be at a 75% or higher. The coursesyllabus will provide details regarding the labs.

In all labs except Radiology, students will be expected to participate as a student partner. Initial skills in Preclinic will be done on "Dexter" mannequins until it is established that the student can practice safely on a student partner.

Preclinic has a number of clinical competencies evaluated by skill evaluations that must be performed by students. Some will be completed using student partners. The schedulefor completion for the clinical competencies utilizing assigned skill evaluations are included in the syllabus for the preclinical course. The skill evaluations will be provided to the student on the BLS. If a student fails to master a clinical competency, remediation with focused instruction for that procedure is suggested before attempting to retake the skill. The student will need to plan time for on-their-own practice time.

It is the student's responsibility to schedule remediation/focused instruction sessions at atime when the faculty is available as needed. Some specific times will be posted that students may sign up to have focused instruction. Faculty will not be available for remediation unless it is during posted office hours. Students will need to make an appointment with an instructor for help. Course syllabi will provide more information on practice times and process for remediation.

If a student fails three different clinical competencies during the same semester, the faculty and the Executive Director will evaluate the student's performance. This will be considered a critical incident.

Students must assume responsibility for preparedness in Preclinic. It is imperative that students demonstrate progression in Preclinic to be ready to treat patients in Clinic I. Depending on individual circumstances, the student may be given additional remediation or be dismissed from the program due to failure to progress.

Students who are deemed unsafe by the faculty while performing any clinical skill may not perform that procedure on student partners until remediation has been completed.

Consistent unsafe performance during remediation and clinical competencies can result in thestudent's dismissal from the program.

Clinical Courses

As students' progress through the program, they will treat patients utilizing the dental hygieneprocess of care. Students begin patient treatment in the spring of the junior year during Clinic Iand continue to treat patients during Clinic II and Clinic III in the senior year. Specific requirements for each clinic will be provided in the course syllabus. Requirements and expected competency levels increase with each semester.

Each clinic course has a progressively higher competency level for student outcomes. In Clinic I,all patient

treatment including radiographs will be performed at a 75% or higher to count toward clinical requirements. For Clinic II, competency level is 80% and for Clinic III, it is 85%.
Each clinic has a specific number of skills, patient requirements regarding calculus level and periodontal level, and students must demonstrate the ability to consecutively complete each phase at a satisfactory level according to the clinic level.

To satisfactorily progress to the next clinic, the student must have met all competencies and patient requirements based on calculus classification and periodontal classification. If the student has met 90% of each of the calculus classifications required for that clinic (not the total), the student will be allowed to move forward with an In Progress (IP). Completion of lessthan 90% of each calculus classification will result in failure of the clinical course and dismissal from the program. The student will have the first two weeks of the next clinic to complete these requirements if an IP is awarded.

Students will be given a written contract explaining the expectations and the consequences fornot meeting the deadlines for completion. Failure to meet the contract will result in a failing grade for clinic and immediate dismissal from the program.

The final grade for clinic includes the TalEval Average, Radiographs and Additional skills as components of the overall grade. Students will be given updates on progress throughout the semester from the lead clinical instructor. It is the student's responsibility to frequently checkwith the lead clinical instructor on their progress if they have questions.

Students will also be required to demonstrate competency by providing evidence of satisfactory accomplishment of program exit competencies. These include a designated number of patients treated in each age category, periodontal category as well as special needs/medically compromised. These exit competencies can be accomplished during any semester of the program. Exit competencies guarantee that the student has had a variety ofpatient experiences to meet Standard 2 as required by CODA for accreditation. Information forspecific number and tracking for competencies will be provided in Theory class.

Students will keep a *Student Tracking Record to* track patients that they have started andcompleted as well as radiographs taken, and skill evaluations completed.

The student will meet with the Clinic Course Instructor and Clinic Coordinator at various check points throughout the semester to review progress on requirements and skill development.

It is important that the student understands that they are responsible for managing their timeto accomplish all requirements for each clinic. Students are responsible for securing patients to satisfy the clinical requirements (calculus, periodontal classification, skill evals and radiographic requirements).While the clinic has a patient base, students will still need to recruit patients that will satisfy the required patient experiences to pass the course.

TalEval

TalEval will be used to track clinical progress for students in Preclinic, Clinic I, II and III. TalEval isa computerized system that provides an overview of the student's progression in the dental hygiene process of care that includes *assessment, planning, implementation* and *evaluation.* TalEval provides an objective method for evaluating performance, as no numerical values are known at the time of the evaluation. The weights of the evaluation symbol are assigned after all data is gathered at the end of the clinic level and is based on performance of all students.

The clinics are designated as I, II, and III. The expectation is that students will become more proficient as they progress through each assigned clinic. Therefore, the evaluation system increases in demand as the student progresses through the curriculum.

Students begin each term with a baseline number of points and then can either lose points based on accrued errors in the categories as well as critical errors in specific areas or gain points by treating harder, more compromised periodontal patients. This provides an incentiveto treat difficult patients and to gain points for productivity to offset errors made. The points earned for treating more difficult periodontal patients decrease in value in each clinic as thestudent is expected to become more competent and should have a greater degree of accuracyas their skills increase with experience and instruction.

By the end of Clinic III, it is expected that the student will demonstrate a mastery of skillsevidenced by few errors in each of the categories and additional points earned for the difficult patients is minimal since proficiency has increased.

Regarding subgingival/supragingival calculus removal, TalEval provides the student with a reasonable expectation at each clinical level. Each calculus class is assigned a point value (example Class III is worth 90 points, Class II is worth 60 points) and the percentage that the student must remove increases as they master instrumentation skills. In addition, the instrumentation subcategory provides the student and the instructor with a more definitive connection for evaluation. For example, if the student is missing subgingival calculus then there is an area under instrumentation to address exploring as well as instrument utilization.

TalEval also tracks patient treatment regarding calculus classification, periodontal classification,patient age, ASA levels, special needs, completion status and prescribed recare frequency.

There are four categories for evaluation that are further subdivided into 14 subcategories. Evaluation is done utilizing a + for no errors (exemplary), a for a single minor error (proficient)and X (below expectations) for multiple errors. At the time of the evaluation, the instructor does not know the weight of the evaluation marks (X) as these are determined at midterm and at the final week of the semester when weights are presented on a master grid that calculates the grade according to *class performance* in each category. This provides an objective evaluation and serves as an evaluation tool for the individual regarding their performance with the class as a whole. The weight of the subcategory is indicative of success – the higher the weight, the less errors that the students are making in that subcategory. Therefore, if a student is still making errors in a higher weighted subcategory this indicatesthat the student is not progressing with the rest of the class in that area and may require focused instruction. Students will be provided a log in and instructions for utilization of the system. Additionalinformation is provided in this manual under TalEval.

Professionalism

Students in the UAFS Dental Hygiene program who are preparing to be health care professionals are expected to conform to certain standards and promote a positive image ofthemselves, the UAFS Dental Hygiene program, the University and the profession of dental hygiene. All students are expected to act in a professional manner while in the classroom, lab, clinic or any outside clinical experience. The following is a set of performance areas relative to professional behaviors. There are to be considered basic guidelines and are designed to give cues for appropriate professional behavior or appearance.

Concern for Patient:

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

Perseverance:

- Follows task and procedures through to successful completion.
- Completes challenging management cases effectively.
- Able and willing to manage difficult situations.
- Does not avoid problems.

Ability to Follow Directions:

- Listens attentively to directions.
- Follows given directions.
- Consults clinic manual or policies manual for specific protocols.
- Asks for clarification if directions are not understood.
-

Honesty and Integrity

- Responds ethically in situation dealing with patient, classmates, and staff.
- Displays honesty in all educational environments including classroom and clinical settings.
- Is upright, truthful, and displays integrity in all aspects of dental hygiene education.

Energy and Industry:

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

Quality and Efficiency:

- Arrives on time.
- Utilizes time effectively – manages time with procedures that need to be completed.
- Finished tasks in a timely manner – by end of a clinical session or by designated due dates.

Initiative:

- Performs routine tasks without direct supervision
- Initiates appropriate treatment for particular needs of patient. A self-starter.

Personal Appearance:

- Maintains personal cleanliness in all areas of hygiene.
- Follows written dress protocol as stated in the Policies Manual.

Attitude:

- Assists others willingly.
- Responds positively to instructors, peers, and patients.
- Controls emotions and performs professionally under stressful conditions.
- Accepts added tasks willingly.
- Uses creativity in working with different patients.

Response Toward Clinical Evaluation:

- Views evaluation and feedback as a positive force.
- Does not offer excuses or arguments, eager to improve performance.
- Makes the suggested corrections and/or changes.
- Receptive to new ideas or methods

Unprofessional Conduct

The following behaviors are considered unprofessional conduct and will place the student in the counseling pathway that may result in dismissal from the program.

1) Lying or cheating, plagiarism, unauthorized possession of an exam.
2) Disrespect toward UAFS faculty, staff, classmates, or patients.
3) Inaccurate recording, falsifying or altering of patient information and/or wrongfulconduct relating to drugs.
4) Illegal possession, sale, or distribution of drugs other wrongful conduct relating todrugs illegal possession of weapons.
5) Being under the influence of mind-altering drugs, use of illegal drugs, and or the use of alcohol while in class, the clinical area, or representing the university or program inpublic or violation of the CHS Substance Abuser Policy.
6) Theft, charges and/or conviction of a felony
7) Excessive tardiness or absenteeism and/or repeated late submission of paperwork.
8) Violating the confidentiality of information or knowledge concerning the patient.
9) Use of profanity/physical abuse/bullying in any situation.
10) Repeated violation of the dress code/poor personal hygiene.
11) Any activity that would jeopardize the health safety, and/or welfare of the patient,staff, instructor, other students or self.
12) Misappropriation of supplies and equipment.
13) Leaving the clinic without properly advising appropriate personnel and instructor.
14) Discriminating in the rendering of services as it relates to human rights and dignity ofthe individual.
15) While caring for a patient, engaging in conduct with a patient that that is sexual or may be interpreted as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient, or engaging in sexual exploitation of a patient.
16) Violation of the social media policy and/or the cell phone policy.

Absenteeism and Tardiness

UAFS Dental Hygiene Attendance/Tardiness PolicyPhilosophy:
The dental hygiene faculty feels attendance is important in order to allow student the opportunity to attain sufficient cognitive, psychomotor, and affective skills necessary to ensure patient andoperatory safety. Therefore, attendance is required for all course sections.

Students absent for anyreason are expected to follow the protocol as outlined below.

1. It is the responsibility of the student to notify the faculty for the course of any absence. Students must email their faculty ***and*** copied to the program director, for each day of absence at least *TWO hours* prior to the start of the scheduled class. The email should be specific regarding the class and reason why the student is going to miss the class. This correspondence is placed in the student file. Sending a message with a friend or another student or texting the instructor does not meet this requirement. Failure to notify a program official of absence is considered unprofessionalconduct and will count as unexcused for the didactic section or a loss of absence hours as determined by the course instructor for the lab/clinic section and may be subject to disciplinary action. A physician's excuse may be requested by the instructor.
2. Arriving more than 15 minutes late for a class, lab or clinic is considered an absence and will be counted as a minimum of 1 clock hour. This means that if you are 20 minutes late, you will still count this as a 1 clock hour. Arriving less than 15 minutes late for a class, lab or clinic is considered a tardy. Three tardies equal one absence (1 clock hour).
3. For each credit hour of class or class/lab combination, only one clock hour may be missed and considered excused. Beyond this, all time missed will be considered an unexcused absence. Example 1: DHYG 4463 Dental Materials is a class/lab course and is 3-hour credit course. Based on this computation, the student may only miss 3 clock hours between the class lecture time and the assigned lab time. Each clock hour beyond that will count as unexcused. Example 2: DHYG 3102 Pre-Clinical Dental Hygiene is a 2-hour credit course and is a clinical course. Based on this computation, the student may only miss 2 clock hours. Any time beyond this will count as unexcused.

4. Students will only be allowed **8 unexcused clock hours** for all DHYG courses in one semester. Beyond this will be considered a critical incident and the student will be placed on probation. Failure to meet probationary contract guidelines will jeopardize the student's standing in the dental hygiene program and may result in the student being dismissed from the program. Please refer to *Disciplinary Actions.*

5. *In the event of extended illness, pregnancy, accident/illness or surgical procedure,* the student will follow the maximum leave policy. Should the student have documented absence clock hours prior to the maximum leave, these prior hours will count as unexcused. Refer to *Required Abilities*.

Example: the student has missed a total of 4 clock hours in two courses at the beginning of the semester. The student then must have a surgical procedure later in thesemester and takes the maximum leave allowed. The 4 hours accrued during the semester prior to maximum leave count as unexcused and will go toward the 8-hour unexcused maximum.

6. Missed clinical time/labs cannot be made up. For clinics, all time accrued that is considered unexcused will also result in "inactives" and will apply to policy regarding "inactives" for the clinic courses. *Missing clinic or assigned labs will jeopardize the student's ability to meet course requirements and may result in a failing grade and dismissal from the program.*
7. Students are required to attend all clinical sessions and assigned course labs. Leaving the clinical session or assigned course lab during scheduled hours is prohibited except in the case of an emergency or contagious illness. A student who will be absent from a campus lab or clinical assignment must notify the instructor *AND* the program director at least *two hours* prior to the clinical session or course lab via email. It is the student's responsibility to contact their assigned externship office and/or their scheduled patients about the changes in appointment schedulingin the event of a clinical absence. If you are unable to contact your patients or externship office,the department administrative specialist should be notified as soon as possible.
8. Absences will be determined as excused or unexcused at the discretion of the course instructor based upon individual circumstances for the didactic sections of the course.
9. If a course section is missed it is the student's responsibility to obtain the missed course material from the instructor.
10. If a student is absent from a didactic section of the course and it is unexcused the student will be informed by e-mail notification within 3 days of the occurrence written notification.
11. If the number of absence hours exceed the allowable hours for a lab/clinic section of the course, the student will be notified by letter that they will be dismissed from the program witha grade of "W" or "E" depending on the date of occurrence.
12. Students may appeal absence hours with the program coordinator if extenuating circumstances caused the absences. Documentation may be required, if applicable. Thestudent must initiate the appeal process.

Punctuality/Tardiness

Punctuality is essential in all healthcare professions. For dental hygiene classroom, clinical, andlab courses, doors may be locked at the start of class or students may not be allowed to participate in clinic if they are late. Habitual tardiness will be considered unprofessional and points will be deducted daily in clinic.

In addition to contacting lead course instructor for the clinic or course lab, the student will also send an email to the executive director regarding the absence. The student may copy the directoron the email that is sent to the instructor. This email will be placed in the student file to document the absence. Students that fail to follow this procedure are subject to disciplinary action. Dress Code and Appearance – Classroom, Laboratories, Clinic

Dress Code and Appearance – Classrooms, Labs, Clinics

Students in the College of Health Sciences are expected to project a professional appearancein all classroom sessions. Since our clinic and classroom are located in the same area, it is important that students demonstrate professional appearance and behavior around patients or visitors to the clinic.

The faculty will choose the official class uniform and name tags. Information for style, color and brand will be provided prior to the beginning of each school year. **Students will wear the selected uniform during all classroom, laboratory and clinical functions**. Students must

also wear this standard uniform when participating at health fairs, indicated school functions and other occasions as identified by the faculty. This standard uniform consists of the following:

- Program designated uniform scrub pants and scrub top.
- White dental hygiene lab jacket worm over the scrubs.
- Lab jacket is to have the College's Patch attached to the left sleeve and the student's name monogramed on the left side of the jacket front.
- Scrub caps will be required when in clinic.

The following also apply when wearing the standard uniform:

- Solid white or black uniform shoes – or leather tennis shoes. No canvas allowed. Shoes and laces are to be clean and polished. Open back styles are allowed but toe must beenclosed.
- Designated clinic shoes will be worn only in clinic. Clinic shoes will be kept in the studentlockers. Students will change into shoes immediately prior to clinic or lab assignment and will remove if leaving for lunch or other.
- White socks must be worn with the uniform. Socks should come to at least mid-calf to cover the foot, ankle and above. No anklet/athletic foot socks. This applies to both genders.
- Pants must be hemmed and should not drag the ground.
- Undershirts may be worn if they are white or black and if they are tucked in and cannot be visibly seen below the lower hem of the uniform top. Sleeves need to be 3/4 length orshorter, not to the wrist.
- Undergarments or other inappropriate areas should not be visible when bending, stretching or sitting. Students should purchase the longer top that has been selectedfor purchase if needed to prevent this.
- Approved safety glasses or loupes/RX glasses with side shields must be worn during allclinical treatment and disinfection procedures.
- The uniform should not be too loose or too tight. It should fit comfortably and look professional and should not reveal unnecessary body form or undergarment lines.
- Long-sleeved barrier gowns are worn during clinical sessions to protect the scrubs during selected procedures and activities in which uniforms may become contaminated. These are not to be worn outside of the clinical treatment area at anytime after they have been used during patient treatment. Uniforms/Lab Coat are to beclean and neatly **pressed** for all clinical and laboratory sessions.
- Name tag attached and will be worn underneath the barrier gown when treatingpatients.
- Required radiology badge attached at correct area and will be worn underneath thebarrier gown when treating patients and left in lockers. **They are not to be taken outof the building.**

Grooming

- Fingernails must be kept short and clean. Fake nails are not allowed. NO nail polish is allowed, not even clear.
- Maintain excellent personal hygiene as well as oral hygiene. In the clinical setting, the dental hygienist works in close proximity to patients so body odor or malodor must not be present.
- The hairstyle must be neat and appropriate for a professional person. Unless hair is cut short enough to remain close to the head and off the collar, it must be styled so that no strands fall forward off the shoulders or in the face. If the hairstyle has "bangs", these must be cut to fall above the eyebrow. If "bangs" are too long, the student will be asked to pin them back and off the face. Flat smooth, non-ornamental barrettes covered rubber bands, and small solid color "scrunches" may be used to hold hair. Headbands that are used must be solid color and should be a neutral color such as black, blue, white or beige. No neon colors or eccentric patterns. If in doubt, consult lead clinical faculty before wearing to clinic.

- Hair should be within the natural range of colors (no trendy colors). Students are to refrain from hair color trends (i.e., purple, blue, color stripes, etc.).
- No feathers or other things woven or hanging in hair.
- Mustaches must be neatly trimmed. No beards and face should be clean shaven for each clinical day with exception of the mustache.
- Cosmetics must be used conservatively and attractively applied. Strive to look professional and career oriented versus nighttime and social.
- No eyelash extensions or fake eyelashes may be worn in clinic.
- Strong perfumes/colognes/body lotions are discouraged. Scented hairsprays, deodorants, and such should also be used in moderation. Some patients/peers/faculty are sensitive to products that are strongly scented.
- No rings are to be worn, as they will interfere with hand washing procedures and are a source for contamination. Rashes/eczema can also develop underneath a ring from remaining dampness and can be a source for potential entry for blood borne pathogens. It is suggested that students leave expensive rings at home rather than leaving them in the locker room. The school assumes no responsibility for missing rings/jewelry that is left in the locker or locker room.
- Acceptable clinical jewelry is limited to ***only*** one stud earring per lobe.
- No ear, nose or face rings/studs/piercings are allowed to be worn in the clinical setting.
- No gauge-stretched earlobes will be allowed.
- A small, indiscrete watch with a black or brown narrow band that can be disinfected may be worn but will need to be kept underneath the barrier gown during all patient treatment. No big watch faces, trendy colors or wide watch bands.
- Any other jewelry is unacceptable in the clinical/laboratory setting.
- No other visible body piercing will be allowed to include, tongue, nose, eyebrow, and lip piercing (s). No "plug" will be allowed in any part of the nose.
- Tattoos must be covered at all times (no visible tattoos). The student must cover with a sterile bandage if in an area that might be exposed to washing. The student is responsible for providing their own bandages for coverage. If on the neck, then subtle makeup can be used if the tattoo is completely covered. If it cannot be covered and remain covered with makeup, faculty will request that it be covered with a bandage.
- If the student is the patient, hair should be pulled back in a rubber band while being treated. If

the “student patient” switches and becomes the operator, hair must be secured based on clinic protocol. In addition, all other dress code protocol applies.

- Please note: these rules apply to ALL labs as well as clinics. These labs include Radiology,Local Anesthesia, Preclinic and Dental Materials.

- Students that come to clinic or lab in clothing/grooming/other that is not in compliancewith the policy will be dismissed from class. It is the responsibility of the student to look professional at all times. This will be an unexcused absence and the student will not be allowed to make up any work missed. The unexcused absence goes toward the 8- hour unexcused maximum and will result in disciplinary action.
- If in doubt, always ask the clinical lead instructor.

Smoking

Smoking is prohibited Part of the role of a dental hygienist is to set the example for healthy lifestyles. Smoking cessation is a part of the educational message that students will promote to their patients. In the event that a student does smoke, smoking is prohibited on clinical days while in uniform. The smell of cigarette smoke on the clinical attire and hair will result in dismissal from clinic. This includes both clinical and laboratory sessions. Dismissal from clinic or laboratory sessions will be counted as an unexcused absence.

Behavior

Students are expected to maintain a professional and respectful attitude during all preclinicalclinical, laboratory sessions and classroom/didactic courses. All faculty as well as students areexpected to:

- Help create a safe and caring environment for all settings to facilitate learning andto provide competent and compassionate care for patients.
- Understand, appreciate, and respect diversity regarding race, religion, gender, physical and mental abilities, and sexualities. This extends to peers/faculty as wellas patients treated in the UAFS dental hygiene clinic.
- Treat all peers/faculty and patients with respect and dignity during all interactionsin the clinic as well as in the classroom. Step up and be the “bigger person” in stressful situations or misunderstandings.
- Be cognizant when sharing an “opinion” that others may not share your views. Be respectful and during class/clinic limit your sharing to those discussions thatare insightful and demonstrate critical thinking rather than just “opinion.” We all grow from well prepared discussion that is based on respect to diversity.
- Be cognizant that when treating patients that they may have views you do not agreewith regarding diversity or other topics. Refrain in a polite way from discussing and steer the conversation toward the treatment and oral health education. Our missionis to change their health not their personal views. Understand the responsibility of a“professional” in healthcare will be that of high ethical and moral character that begins in the academic setting. Your preparation during your time in the UAFS dental hygiene program is the precursor to this behavior.

Classroom/Didactic

- Be punctual
- Be prepared. Students should bring text and material to take notes.
- Observe etiquette regarding computer use in the classroom. Use the computer/iPad only for viewing PowerPoints or notes provided by the instructor.

Students that violate this policy will not be allowed to use their computer during classfor the remainder of the semester. ***Computer use in the classroom is at the discretion of each instructor.***

- Please turn cell phones off and do not have them out in sight unless otherwise directed by the course instructor.
- Be engaged. Ask good questions, provide interaction and make the most of learning.
- If there are questions that require a longer amount of time and are not applicable to the overall lecture/active learning assignment, the student should see the instructor during office hours.
- It is the student's responsibility to seek additional help if they do not understand a concept before the exam.
- All exams are done utilizing computer labs unless other arrangements must be made. Scores will not be released until the instructor has used the EAS system toreview validity of questions. *Faculty has up to 10 days to review the exams* before posting the scores. Every attempt will be made to do in a timely manner.
- Check email frequently for any course updates. Announcements made on BLS arealso posted in the UAFS LionsLink email system.
- Check Blackboard Learning System (BLS) for announcements, posted quizzes, homework, quizzes for all web enhanced courses. The student is responsible for adhering to due dates as posted. Do not wait until the last minute to submit an assignment just in case there is an issue with BLS or the computer that the studentis utilizing. Please note that at times there are outages on BLS based on updates thatmust be done. Students are notified in advance and should plan accordingly.
- If the student does not understand how to submit/post assignments or access quizzes/other materials, it is their responsibility to seek help prior to due dates. No exceptions will be made.
- All syllabi/course schedules are posted on BLS. The student is responsible for readingand understanding the syllabi/course schedule and ask questions with regard to clarification as needed. The student must submit the **Course Validation Quiz** that acknowledges they have read and understand all polices on the BLS for each web enhanced course. This must be done prior to posting any assignments, completing any quizzes or taking an examination.
- The student will receive a zero for all work done until they have submitted the **Course Validation Quiz.** Observe all policies with regard to academic honesty. Cheating in the classroom is the same as providing unethical treatment in the clinic.It is not acceptable and will result in ***dismissal from the program***.

Clinical/Preclinical/Laboratory

- Be punctual. Students should arrive at least 15 minutes prior to the clinical/preclinical/laboratory session to prepare hair, change shoes, and get barriergown on if required. For clinic and preclinical sessions, students will wait in the hallway until faculty directs them onto the clinic floor. For lab sessions, students willfollow the instructor's direction.
- Speak in a normal tone of voice in the clinical area. Refrain from speaking to students in other operatories. Do not visit with the student in the next operatorywhen practicing skills or treating patients. Time is valuable to develop skills for competent practice.
- Chewing gum is not permitted in the clinical area.
- Food and beverages are not allowed in the clinical area.
- If utilizing computers in the operatories during times clinic or lab is not in sessionto view films, etc., please no food or drink.
- Cell phones are not allowed in the clinical area.
- Students are to remain in the assigned operatory during clinical sessionsunless otherwise instructed by an instructor.
- There is to be no running in the clinical area.
- Students are not to gather in the reception area unless directed to do so byan instructor or the receptionist.
- In case of a misunderstanding, either in clinic, lab or the classroom, please follow the *informal grievance procedure*.
- Telephones are to be utilized by students for scheduling patients. Students are notto use the telephone for personal reasons. Students are not to receive personal telephone calls unless they are of an emergency nature.
- Students are not to use the copier or printer in the workroom.
- Students will be subject to a daily appearance check by the clinical/laboratory instructors as an ongoing part of their clinical performance.
- Students who do not conform to the dress/appearance and clinic behavior requirements may be asked to leave the clinic until they are appropriate for patient treatment. Please refer to policy regarding appropriate dress and unexcusedabsences.

UAFS Student Handbook: https://campuslife.uafs.edu/student-handbook
UAFS Dental Hygiene Student Handbook: https://health.uafs.edu/health/student-handbooks

Appointment and Clinic Management

Student Workroom
Students may use the workroom to:

- Check their folder for messages.
- Get patient charts and schedule patients.
- View patient information on EagleSoft as needed outside of clinic time. Pleaselimit use to 30 minutes so all have access. Phone dentists/physicians for radiographs or medical clearance/consults.

Students should not congregate in this area and should be cognizant of the fact that patientsin the waiting area can hear what is said in the workroom. No backpacks are allowed in theworkroom. Please leave them outside of the door or in the locker room.

Students are not allowed in the workroom when they are in contaminated barrier gowns. Students may wear clean barrier gowns at the beginning of the morning or afternoon while waiting for the patient in this area. This means that if students need to call a doctor or look upa drug after patient treatment has begun that barrier gowns should be removed and left in the operatory room. Students should not be touching or leaning on countertop at the front desk with contaminated gowns at any time. If contaminated, the student will need to disinfect the area immediately. Please note that this will be noted as a critical error under *infection control* on TalEval for the patient that is/has been treated on the day the infractionoccurs.

Telephone Conversations with Patients
Developing a professional demeanor when speaking with patients is an important part ofdental hygiene practice. The initial contact with a patient will set the tone for the upcomingvisit in many cases.

When speaking to a patient, follow this protocol:

- Speak clearly, identify yourself by first name only as a student with the UAFSDental Hygiene Program.
- Clearly identify the purpose of the call.
- Limit the conversation to pertinent information.
- Gather limited information to help you be prepared for the initial visit.
- Ask about the need for antibiotic premedication, last dental visit and if they hadany radiographs taken (if new patient you cannot request the film without the signed HIPAA), if they have had any recent surgeries, heart attacks, if they are taking a blood thinner or if the possibility exists that they will need physician clearance for treatment.
- You may ask if they can provide you a list of medications, explaining that you will need these to look up for possible treatment modifications*. If they are hesitant to give you these, please do not pursue.*
- Provide the patient with information about the length of the appointment (3 hours), the possibility that it will require multiple appointments, the fee based on the posted fee codes, and parking/procedure in the gated area for dental hygiene patients.
- End the call by reiterating student name (first name only), date and timeof appointment and

ask if they have any other questions.

- Tell the patient that in the event they cannot make the appointment or have additional questions, they can call and leave a message with the Administrative Specialist and that the student they are scheduled with will call them to rescheduleor answer questions.
- **Leave the dental hygiene program number (479) 788-7270. The UAFS Dental Hygiene Program does not recommend that students give out their personal phone number(s). When working in an office, patients utilize the office number so practicefor our clinic should follow the same protocol. In addition, some people do not answer numbers they do not recognize but if provided the clinic number they willbe more likely to answer. Remember, there is no way to make an accurate judgment regarding the safety of providing a personal number to a patient.**
- All students will be assigned a five-number code for making long distance calls to call your patients. **The protocol for using the long-distance code is to dial 9-1-and phone number and then the five-digit code followed by # key.** The phone will prompt a beep as needed. Students are not allowed to use each other's codes for any reason. The calls students make will show up on a bill at the end of each monthand all calls will be reviewed by the Administrative Specialist. If it is not a patient phone number, then the student will be responsible for all the charges incurred. Instances of unethical behavior utilizing the workroom phone will result in disciplinary action and will be regarded as a critical incident.

Patient fees

Services must be paid at the time of arrival before the patient can be taken back to be seated. If a patient cannot pay or if they forget their money, they will need to be re-scheduled. We donot recommend that students pay for patient services. In many cases, a patient that the student pays the fee for are not committed to treatment and do not complete all phases.
Students who want to be reimbursed from the patient will need to make their own arrangements with the patient. The Administrative Specialist is not responsible for anyarrangements the student makes with the patient for reimbursement.

Students need to inform the front desk when additional services such as sealants will be done.If sealants are diagnosed and will be placed that day, the student will need to escort the patient to the front desk; the patient must pay for the sealants at that time. The Administrative Specialist will give the student the receipt to show the instructor and then sealants can be placed. If the student fails to collect the fee prior to sealant placement, this error will be addressed under professionalism on TalEval for that patient.

In our clinic, the patient fee is charged only at the initial appointment (in a series) and is based on age. There is also a discounted fee for patients that are from the Community Dental Clinic, immediate family (lives in same house i.e. mother, father, siblings, children,spouse) and for UAFS students and employees. The fee charged includes all services that are prescribed to complete treatment for the patient and may include non-surgical periodontal therapy with anesthesia, necessary radiographs, fluoride, adjunctivechemotherapeutic therapies, and examination by the clinic dentist.

If the patient does not return within 2 months for completion of treatment, he/she will be required to pay the appropriate fee again at the next appointment. This policy will apply unless there has been a circumstance such as death in family or serious illness that made it impossible for patient to return in a timely manner. The student will need to consult with theAdministrative Specialist and lead clinical instructor to make this determination and to document reasoning for modification. The fees are

posted in the student workroom. The student should be familiar with the fees and when scheduling will note the fee on the schedule. The student will need to provide this information to the patient when calling to confirm the appointment so they will be prepared to pay at the initial appointment. Information for correct scheduling will be provided by the Administrative Specialist.

The following is the fee schedule for the UAFS dental hygiene clinic, but is subject to change:

- Adult: $35
- Child (under age 12): $15
- UAFS Employee: $20
- UAFS Student: $ 20
- Senior Citizen (55 and older): $20
- Immediate family member (Living in the home): $15
- CDC patient: $15
- Sealant: $10 per sealant
- Board patient radiographs: $10

Scheduling patients

It is the student's individual responsibility to identify the types of patients needed and schedule patients through his/her own recruitment efforts. The student will have access to the clinic patient base but must also recruit outside of the program to ensure having an ample number of patient experiences to develop competency. Each clinic has specific requirements for patient calculus class and periodontal type that must be met to successfullycomplete clinic and remain in the program. Information for specific numbers will be provided in the course syllabi for each clinic.

Scheduling new and recare patients is the student's responsibility. It is thestudent's responsibility to ask questions and to understand the process.

Our clinic utilizes EagleSoft dental software for scheduling and recording all patient data. Students will be provided an orientation prior to utilizing the software for scheduling or otherprocedures. The information added for scheduling should include the patient's name, patient's address, phone number, birth date, correct date and time of appointment, appointed with the correct student, purpose of the appointment, and the fee to be collected at the first appointment. Please be sure that the spelling is correct. Notes for medical alerts may also be added. *Students will also need to put the suggested recare date in EagleSoft at the completion of treatment.*

Students must check and update the computer schedule at the beginning of each day.It is imperative that cancellations or recently scheduled appointments for that clinic day are added to the schedule in order to avoid scheduling conflicts.

While appointments will be maintained on the EagleSoft schedule, it is also recommended that students obtain an appointment book of their choice similar to a day planner. The book will be used for students to track appointments and may be used for patient contact information.
Please remember that this information is private and should not be shared with anyone. Please make sure that this appointment book is kept in a secure place.

The following apply to scheduling procedures:

- Students are required to confirm their appointments the day/night before in orderto prevent or reduce broken appointments.
- Cancellations/no show will be noted in EagleSoft under notes as-soon-as they occur.**Do not remove the name,** just make the appointment time block smaller. This helpstrack all patients. Schedule replacement patient in the time block underneath.
- It is the responsibility of the student to cancel appointments in the event of studentillness or inclement weather.
- It is the student's responsibility to reschedule the appointment in the eventof cancellation in a timely manner.
- A student may schedule patients for an all morning or afternoon appointment or anall- day appointment only if the patient is in agreement. An all-day appointment isnot preferable. An all-day appointment can be very tiring for a patient and if the patient is medically compromised, an all-day appointment is strongly discouraged by faculty. Please consult with faculty.
- If the patient doesn't show up or calls and cancels it must be documented in EagleSoft under the note section. Make sure that patients get an appointment card for subsequent appointments. It would be advisable for the student to writetheir first name on the card for patient reference if they should need to call and leave a message for the student. If there are duplicate student names in the program, include the initial of the last name on the card. Again, do not provide your full name. Patients can communicate using a first name and initial of last name adequately.
- Please remember that when scheduling patients and confirming appointments itis important to make the patient aware of the importance of keeping the appointment as scheduled, not only because students are meeting requirements, but also because a patient's health is equally as important.
- If a student cannot confirm a patient after numerous documented attempts at different times during the day, the student should consult with the administrative specialist to discuss options for obtaining a different patient. **Do not simply deletethe patient and schedule another without consultation.** The student will follow thedirection of the administrative specialist with regard to the patient that cannot be reached for confirmation. **The student should have a backup patient on standby** in the event that the patient does not show for the appointment.
- A patient may be inactivated after two documented **"NO SHOWS" or short-notice (less than 24-hour notice) cancelled appointments.** Student must document this in EagleSoft under the section Notes.
- The decision to inactivate a patient and/or dismiss a patient from the clinic must be approved by the Executive Director in consultation with the administrative specialist. Students should inform patients that if they consistently break, cancel short notice or are late for appointments that they may be removed from the recarebase and will not be seen at the clinic in the future. This is clearly stated in the *Conditions and Consent Form for Treatment* that each patient reads and signs priorto the initiation of treatment.
- Radiographs can be emailed to the patient's dentist unless their dentist does nothave a computer, they can pick them up at the front desk. A HIPAA consent formmust be filled out by the patient before they can be released.
- Recare cards are kept in the black boxes in the workroom between the two computers. There is also a list for patients wanting to be scheduled that theadministrative specialist provides.

Clinical Protocol

The following provides general information with regard to clinical protocol and procedures.Additional information will be provided during didactic courses and in the clinic syllabi. It is the student's responsibility to understand the process and to ask questions as needed to enhance the clinical experience.

Clinical Procedures

During the spring and fall semesters, Clinic II /III is held on Monday and Wednesday from 8:00- 5:00, with lunch from 12:00 - 1:00. During the spring semester, additional clinic time is added for clinic I on Thursday from 8:00 to 5:00, lunch from 12:00 to 1:00, and Tuesday from 8:00 to 12:00. In the fall, Preclinic is held from 8:00 to 12:00 on Tuesdays and Thursdays. Please note that these days/times are tentative based on available faculty. **A daily clinic huddle will begin promptly at 8:00 am. All students must be present and on time.**

Only students that are scheduled during these times are allowed in the clinic, including sterilization, radiographic rooms or processing room. Please plan accordingly.

Students **will not** be allowed to begin disinfection protocol until 8:00. They can go to the locker room until time to begin clinic**.** Once students have proper protective equipment (PPE) and have changed into clinic shoes, they should wait in the hallway until faculty allows them to enter the clinic**. Disinfection and set-up will begin at 8:00 when assignedclinical faculty has arrived**. Exception is the designated clinic manager and radiology roommanagers. They can begin their assigned clinic duties at 7:50 am.

For afternoon clinic, students are not allowed to be in the clinic prior to 1:00 when clinical faculty is on the floor. Exception will be clinic/processor managers only if there are duties that need to be completed. During the lunch hour from 12:00 to 1:00, all students must be out of all areas of the clinic and the dental hygiene classroom. Students will leave the area and the clinic will be locked from 12:00 to 12:30. Students should not return until 12:50. The faculty has a scheduled lunch hour from 12:00 to 1:00 and are not available during this time.Please be respectful and observe their right for lunch.

Operatory and clinic manager rotations will be given to each student. These will be posted in the clinic and also on BLS with the course syllabus. If a student has a patient that requires special consideration with regard to operatory location or size, it is the responsibility of thestudent to change operatories with another student in order to better accommodate patientneeds. Faculty should be notified of change prior to seating patient.

The clinic manager is responsible for all duties associated with the sterilization room to include stocking supplies, preparing solutions, checking autoclaves and is also responsible for making sure that processor manager has completed assigned duties. The radiology roommanager is responsible for opening and closing the radiographic rooms as well as the processing room,
including the scanner and the printer. Please do not turn off the computers in any of the radiographic rooms or the processing room Students should log off after use but do not turnoff so computers can update as needed.

The clinic manager is not responsible for cleaning rooms or bagging instruments for sterilization. This is

the individual student's responsibility. The clinic manager or radiology room manager is not responsible for cleaning radiographic rooms following film exposure orsterilizing Rinn instruments used for taking film.

ATTEST schedule will coincide with the second-year clinic manager rotation every week. The clinic manager should make sure to remember to do the ATTEST, beginning on Monday. This procedure can be reviewed in the UAFS Clinical Policies and Procedures Manual. Final check off will be documented and must be signed off by lead clinical instructor.

Even though there is an assigned clinic manager each week, please work together to makesure that the clinic runs smoothly. It is important that all instruments be done before lunch and that the autoclaves are turned on as needed. Each student should do their part toensure that this happens. Students are responsible for stocking and maintaining their operatory. This is not the duty of the clinic manager. The clinic manager cannot sign other students up for the radiograph rooms and they are not responsible for making sure that student names are marked off the radiograph signup sheets. Failure to mark name off signup sheet will be evaluated under professionalism on TalEval.

Patients will be seated by 8:30/1:00 at the latest. Patients may arrive by 8:00/12:30 but the student must make sure those patients know their appointment time is **at 8:30/1:00.**Students must explain that proper disinfection and set-up takes time. Utilize time effectively and ***SEAT PATIENTS ON TIME***. If for any reason the student cannot get the patient seated on time, she/he needs to inform the patient of his/ her situation. If the student does not seat a patient in a timely manner or does not address this problem withthe waiting patient, professionalism error will be evaluated on TalEval for that patient.

All patients should be provided an explanation of infection control protocol for the clinic. Reference should be made to the use of disposable barriers and complete disinfection and sterilization of all equipment used during treatment.

Students should get instruments in the ultrasonic and then begin documentation on treatment record as soon as they dismiss the patient. Faculty **can** be signing treatmentrecords while the operatories are being disinfected in the morning or at the end of the day.

NO ONE will leave until all students have finished at the end of morning and afternoon clinic sessions, and after the clinic manager dismisses students. If a student has completed their procedures for the clinical session, help those who might be running behind. Please focus on time management. If all cannot be finished in a timely manner, then check-out times forpatients will have to be modified to ensure that clinic ends at the specified times.

Please go directly to the instructor should you have a question about an evaluation or grade that they have assigned. Follow the informal grievance process. Do not ask anotherinstructor to change the grade. It is important that all problems or concerns be addressed**on the day that it occurs** in order to correct or clarify. Faculty strive to be consistent and fair.

Students are required to put the patient's name on all forms, radiographs, papers, etc., that go into in a patient's chart. ***Do not put names on forms PRIOR to the patient's appointment. If the patient should fail to come to the appointment, then all forms withnames will have to be shredded and this is a waste of paper and time.*** This will be evaluated under professionalism on TalEval.

In the event that students have time to screen patients, the following protocol will be utilized. The patient will be added to TalEval and will be noted as "screening" by instructor.MXDX and HIPAA will be completed and checked by an instructor. The student will then attempt to make a determination of classification BEORE signing up for an instructor to do the classification.
This will not include a calculus chart and the classification will be tentative pending a full calculus chart done during treatment. However, faculty will be able to make an approximate determination to aid in scheduling the patient. The treatment record shouldreflect the tentative classification and must be signed by the instructor that made the determination. All patients that are screened will be seen. If the student that does the screening does not need the designated classification or have time to treat, this patient will be assigned on an "as need" basis.

All screened patients' documentation must go through the administrative specialist. Shewill keep a list of screened patients and they will be given priority for scheduling.

Patient charts cannot be taken out of the dental hygiene area for any reason. This includes copies of films. Students may not take copies of films home to critique. **DO NOT PLACE CHARTS IN LOCKERS, CARTS, BACKPACKS OR DRAWERS IN CLINICAL OPERATORIESFOR ANY**
REASON: Charts should not be left in the locker room. Remember, charts contain personal information which is a violation of HIPAA and our clinic policy. Violation ofthese policies constitutes a critical incident.

Charts of patients seen during a clinical session must be placed in the workroom next to thecomputer in the corner. All documentation and signatures should be done at the end of eachappointment. All charts are reviewed as part of quality assurance by the administrative specialist. Failure to correctly document will result in a white slip and loss of points from patient management and/or additional clinical skills.

A chart that the student is reviewing or needs to leave out for further information can be placed in the standing file in the workroom. Please do not leave the chart in this area for anindefinite period of time. These should be reviewed by the student and then placed on the file cabinet to be filed as soon as possible. Often faculty or the administrative specialist mayneed to review the chart and should not have to "search" the workroom.

If a student cannot complete treatment on a patient or wishes to give a patient to anotherstudent to help that student meet their requirements, the students must have permissionfrom the lead instructor, and all will discuss with the administrative specialist. *This is the exception, not the rule.*
Treatment needs to be completed by the student that started the patient unless there is a very valid reason for modification. Only patients that have had initial assessments completed will be considered. Patients that have had scaling started will not be given to another student for completion. Appropriate documentation must be done, and the patient must understand and agree to being transferred. There is a patient switch form that needs to be filled out and signed by the instructor and given to the administrative specialist.

Inactive Appointment Time
To successfully develop skills needed for entry level dental hygiene, it is imperative that allclinical time be utilized by the students. The patient requirements are assigned based on the number of clinical sessions during each semester and are calculated on approximate number of appointments that will be needed to complete the classifications based on the clinic skill levels. Therefore, empty chair time can affect forward progression and the student could fail to meet the requirements for clinic.

An inactive is considered as any time the student is present with no patient. Even if thepatient cancels at the last minute, it is the student's responsibility to have a backup patient that can come on short notice. Inactives will also include unexcused absences from clinic for any illness or other. Refer to the program policy on absenteeism and tardiness.

The student is expected to have the patient that is scheduled for the entire appointment time. All empty chair time will be recorded. Patients that are dismissed 30 minutes or morebefore end of the morning or afternoon will count toward inactives. Inactives will be recorded in one-hour increments based on patient treatment time. One hour equals one inactive.
Patient treatment time is 8:30 to 11:30 and 1:00 to 4:00. This allows for disinfection/finalchecks. For AM and PM clinics, this will be noted as 3 hours for each session. For example, if the student does not have a patient scheduled for an entire day, they will receive 6 hours of inactives. Another example would be if the patient dismissed the AM patient at 10:30. They would receive a 1 hour inactive.

Inactives are noted in TalEval and will also be tracked by the student in the Tracking Notebook. Documentation of the inactive must be signed by the pod instructor. Points will be deducted from patient management that is part of additional skills and averaged into thefinal grade.
Students will be allowed 4 hours of inactive before points are deducted. Refer toclinic syllabi for specific guidelines.

If students are patients for other students, the "patient" will still receive an inactive. If apatient were to cancel, use patient recare cards or network with other students to getpatients in, if only for screenings.

Consult with your pod instructor if you have an inactive.
During inactive appointments, students are expected to complete the following in theevent that they cannot find a patient:

- File charts in the workroom
- Assist administrative specialist at the front desk
- Assist other students or instructors in the clinic
- Help in sterilization
- Confirm appointments for yourself and others
- Sharpen instruments

Stock supplies students have completed the clinical requirements for the semester and there is clinic time remaining in the semester, the students are expected to have a patientin their chair for clinic.

These will count as an inactive even if requirements are complete. The clinical requirements are only a **minimum**. This gives the student the opportunity to continue developing needed clinical skills.

BLOODBORNE PATHOGENS

The dental hygiene program strictly adheres to all guidelines for infection control establishedby the Centers for Disease Control (CDC). The CDC Guidelines for Infection Control in Dental Health- Care Settings-2003 can be obtained by contacting CDC's Division of Oral Health at oralhealth@cdc.gov; telephone: 770-488-6054; or fax: 770-488-6080.
To view the complete report: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm.

In addition to the provided information, please view *Guidelines for Infection Control in DentalHealth-Care Settings*—website: https://www.cdc.gov/oralhealth/infectioncontrol/guidelines/ index.htm

According to the CDC Guidelines for Infection Control in Dental Health-Care Setting, in the United States, an estimated 9 million persons work in health-care professions. This includes all personnel that work in a dental setting: dentists, assistants, hygienists, lab technicians, students or other on the job trainees and other support staff referred to collectively as dentalhealthcare personnel (DHCP). All might be occupationally exposed to infectious materials, including body substances and contaminated supplies, equipment, environmental surfaces, water, or air.

The CDC report states the following:
Dental patients and DHCP can be exposed to pathogenic microorganisms including cytomegalovirus (CMV), HBV, HCV, herpes simplex virus types 1 and 2, HIV, *Mycobacterium tuberculosis*, staphylococci, streptococci, and other viruses and bacteria that colonize or infect the oral cavity and respiratory tract. These organisms can be transmitted in dental settings through 1) direct contact with blood, oral fluids, or other patient materials; 2) indirect contact with contaminated objects (e.g., instruments, equipment, or environmental surfaces); 3) contact of conjunctiva, nasal, or oral mucosa with droplets (e.g., spatter) containing microorganisms generated from an infected person and propelled a short distance(e.g., by coughing, sneezing, or talking); and 4) inhalation of airborne microorganisms that can remain suspended in the air for long periods.

Infection through any of these routes requires that all the following conditions be present:

- a pathogenic organism of sufficient virulence and in adequate numbers to cause disease;
- a reservoir or source that allows the pathogen to survive and multiply (e.g., blood); a modeof transmission from the source to the host;
- a portal of entry through which the pathogen can enter the host; and
- a susceptible host (i.e., one who is not immune).

Occurrence of these events provides the chain of infection (*6*). Effective infection-controlstrategies prevent disease transmission by interrupting one or more links in the chain.
Previous CDC recommendations regarding infection control for dentistry focused primarily onthe risk of transmission of blood borne pathogens among DHCP and patients and use of universal precautions to reduce that risk (*1, 2, 7, and 8*). Universal precautions were based on the concept that all blood and body fluids that might be contaminated with blood should betreated as infectious because patients with blood borne infections can be asymptomatic or unaware, they are infected(*9,10*).

Preventive practices used to reduce blood exposures, particularly percutaneous exposures, include 1) careful handling of sharp instruments, 2) use of rubber dams to minimize blood spattering; 3) hand washing; and 4) use of protective barriers (e.g., gloves,head coverings, masks,

protective eyewear, and gowns).

The relevance of universal precautions to other aspects of disease transmission was recognized, and in 1996, CDC expanded the concept and changed the term to ***standardprecautions*.**

Standard precautions integrate and expand the elements of universal precautions into a standard of care designed to protect HCP and patients from pathogens that can be spread by blood or any other body fluid, excretion, or secretion (*11*). Standard precautions apply tocontact with 1) blood; 2) all body fluids, secretions, and excretions (except sweat), regardless of whether they contain blood; 3) non-intact skin; and 4) mucous membranes. Saliva has always been considered a potentially infectious material in dental infection control; thus, nooperational difference exists in clinical dental practice between universal precautions and standard precautions.

In addition to standard precautions, other measures (e.g., expanded or transmission-based precautions) might be necessary to prevent potential spread of certain diseases (e.g., TB, influenza, and varicella) that are transmitted through airborne, droplet, or contact transmission (e.g., sneezing, coughing, and contact with skin) (*11*). When acutely ill with these diseases, patients do not usually seek routine dental outpatient care. Nonetheless, a general understanding of precautions for diseases transmitted by all routes is critical because
1) some DHCP are hospital-based or work part-time in hospital settings; 2) patients infected with these diseases might seek urgent treatment at outpatient dental offices; and 3) DHCP might become infected with these diseases. Necessary transmission-based precautions mightinclude patient placement (e.g., isolation), adequate room ventilation, respiratory protection(e.g., N-95 masks) for DHCP, or postponement of nonemergency dental procedures.

DHCP should be familiar also with the hierarchy of controls that categorizes and prioritizes prevention strategies (*12*). For bloodborne pathogens, engineering controls that eliminate orisolate the hazard (e.g., puncture-resistant sharps containers or needle-retraction devices) are the primary strategies for protecting DHCP and patients. Where engineering controls are notavailable or appropriate, work-practice controls that result in safer behaviors (e.g., one-handneedle recapping or not using fingers for cheek retraction while using sharp instruments or suturing), and use of personal protective equipment (PPE) (e.g., protective eyewear, gloves, and mask) can prevent exposure (*13*).

In addition, administrative controls (e.g., policies, procedures, and enforcement measures targeted at reducing the risk of exposure to infectious persons) are a priorityfor certain pathogens (e.g., *M. tuberculosis*), particularly those spread by airborne or droplet routes. Dental practices should develop a written infection-control program to prevent or reduce the risk of disease transmission.

Such a program should include establishment and implementation of policies, procedures, and practices (in conjunction with selection and use of technologies and products) to prevent work- related injuries and illnesses among DHCP as well as health-care–associated infectionsamong patients. The program should embody principles of infection control and occupational health, reflect current science, and adhere to relevant federal, state, and local regulations and statutes for overall management of the program, creating and maintaining asafe work environment ultimately requires the commitment and accountability of all DHCP.

These programs should be followed in addition to practices and procedures for worker protection required by the Occupational Safety and Health Administration's (OSHA) standardsfor occupational exposure to bloodborne pathogens (*13*), including instituting controls to protect employees from exposure to blood or other potentially infectious materials (OPIM), andrequiring implementation of a written exposure control plan, annual employee training, HBV vaccinations, and post exposure follow-up (*13*).

Preventing Transmission of Bloodborne Pathogens:
Although transmission of bloodborne pathogens (e.g., HBV, HCV, and HIV) in dental health- care settings can have serious consequences, such transmission is rare. Exposure to infectedblood can result in transmission from patient to DHCP, from DHCP to patient, and from one patient to another. The opportunity for transmission is greatest from patient to DHCP, who frequently encounter patient blood and blood-contaminated saliva during dental procedures. Since 1992, no HIV transmission from DHCP to patients has been reported, and the last HIV transmission from DHCP to patients was reported in 1987. HIV transmission from DHCP to patients has not been reported. The majority of DHCP infected with a bloodborne virus do not pose a risk to patients because they do not perform activities meeting the necessary conditions for transmission. For DHCP to pose a risk for bloodborne virus transmission to patients, DHCP must

1) be viremic (i.e., have infectious virus circulating in the bloodstream);
2) be injured or have a condition (e.g., weeping dermatitis) that allows direct exposure totheir blood or other infectious body fluids; and
3) enable their blood or infectious body fluid to gain direct access to a patient'swound, traumatized tissue, mucous membranes, or similar portal of entry.

Although an infected DHCP might be viremic, unless the second and third conditions are also met, transmission cannot occur. The risk of occupational exposure to bloodborne viruses is largely determined by their prevalence in the patient population and the nature and frequency of contact with blood and body fluids through percutaneous or per-mucosal routesof exposure. The risk of infection after exposure to a bloodborne virus is influenced by inoculum size, route of exposure, and susceptibility of the exposed HCP (*12*). The majority of attention has been placed on the bloodborne pathogens HBV, HCV, and HIV, and these pathogens present different levels of risk to DHCP.

Hepatitis B Virus:
HBV is a well-recognized occupational risk for HCP (*36, 37*). HBV is transmitted by percutaneous or mucosal exposure to blood or body fluids of a person with either acute or chronic HBV infection. Persons infected with HBV can transmit the virus for as long as they are HBsAg- positive. The risk of HBV transmission is highly related to the HBeAg status of the source person. In studies of HCP who sustained injuries from needles contaminated withblood containing HBV, the risk of developing clinical hepatitis if the blood was positive for both HBsAg and HBeAg was 22%–31%; the risk of developing serologic evidence of HBV infection was 37%– 62% (*19*). By comparison, the risk of developing clinical hepatitis from a needle contaminated with HBsAg-positive, HBeAg-negative blood was 1%–6%, and the risk of developing serologic evidence of HBV infection, 23%–37% (*38*). Blood contains the greatest proportion of HBV infectious particle titers of all body fluids and is the most critical vehicle of transmission in the health-care setting.

Because of the high risk of HBV infection among HCP, DHCP who perform tasks that might involve contact with blood, blood-contaminated body substances, other body fluids, or sharpsshould be vaccinated (*2, 13, 17, 19, and 69*). Vaccination can protect both DHCP and patients from HBV infection and, whenever possible, should be completed when dentists or other DHCP are in training and before they have contact with blood.

Hepatitis C:
Hepatitis C virus appears not to be transmitted efficiently through occupational exposures to blood. Follow-up studies of HCP exposed to HCV-infected blood through percutaneous orother sharps injuries have determined a low incidence of seroconversion (mean: 1.8%; range, 0%–7%) (*71–74*). One study determined transmission occurred from hollow-bore needles butnot other sharps (*72*). Although these studies have not documented seroconversion associated with mucous membrane or non-intact skin exposure, at least two cases of HCV transmission from a blood splash to the conjunctiva (*75,76*) and one case of simultaneous transmission of HCV and HIV after non-intact skin exposure have been reported (*77*).

Data are insufficient to estimate the occupational risk of HCV infection among HCP, but the majority of studies indicate the prevalence of HCV infection among dentists, surgeons, and hospital-based HCP is similar to that among the general population, approximately 1%–2% (*78–86*). In a study that evaluated risk factors for infection, a history of unintentional needle-sticks was the only occupational risk factor independently associated with HCV infection (*80*). No studies of transmission from HCV-infected DHCP to patients have been reported, and the risk for such transmission appears limited.

No studies of transmission from HCV-infected DHCP to patients have been reported, and therisk for such transmission appears limited. Multiple reports have been published describing transmission from HCV-infected surgeons, which apparently occurred during performance ofinvasive procedures; the overall risk for infection averaged 0.17% (*87--90*). Hepatitis D Virus Anestimated 4% of persons with acute HBV infection are also infected with hepatitis Delta virus(HDV). Discovered in 1977, HDV is a defective bloodborne virus requiring the presence of HBV to replicate. Patient's co-infected with HBV and HDV have substantially higher mortality rates than those infected with HBV alone. Because HDV infection is dependent on HBV for replication, immunization to prevent HBV infection, through either pre- or post-exposure prophylaxis, can also prevent HDV infection (*70*).

HIV:
In the United States, the risk of HIV transmission in dental settings is extremely low. As of December 2001, a total of 57 cases of HIV seroconversion had been documented among HCP, butnone among DHCP, after occupational exposure to a known HIV-infected source (*91*).
Transmission of HIV to six patients of a single dentist with AIDS has been reported, but the mode of transmission could not be determined (*2, 92, 93*). As of September 30, 1993, CDC hadinformation regarding test results of >22,000 patients of 63 HIV-infected HCP, including 33 dentists or dental students (*55, 93*). No additional cases of transmission were documented.
Prospective studies worldwide indicate the average risk of HIV infection after a single percutaneous exposure to HIV-infected blood is 0.3% (range: 0.2%–0.5%) (*94*). After an exposure of mucous membranes in the eye, nose, or mouth, the risk is approximately 0.1%(*76*).

The precise risk of transmission after skin exposure remains unknown but is believed to be even smaller than that for mucous membrane exposure. Certain factors affect the risk of HIVtransmission

after an occupational exposure. Laboratory studies have determined if needles that pass through latex gloves are solid rather than hollow-bore, or are of small gauge (e.g., anesthetic needles commonly used in dentistry), they transfer less blood (*36*). In a retrospective case-control study of HCP, an increased risk for HIV infection was associated with exposure to a relatively large volume of blood, as indicated by a deep injury with a device that was visibly contaminated with the patient's blood, or a procedure that involved aneedle placed in a vein or artery (*95*). The risk was also increased if the exposure was to blood from patients with terminal illnesses, possibly reflecting the higher titer of HIV in late- stage AIDS.

Exposure Prevention:

Avoiding occupational exposures to blood is the primary way to prevent transmission of HBV,HCV, and HIV, to HCP in health-care settings (*19, 96, 97*). Exposures occur through percutaneous injury (e.g., a needle-stick or cut with a sharp object), as well as through contact between potentially infectious blood, tissues, or other body fluids and mucous membranes of the eye, nose, mouth, or non-intact skin (e.g., exposed skin that is chapped, abraded, or shows signs of dermatitis). The majority of exposures in dentistry are preventable, and methods to reduce the risk of blood contacts have included use of standardprecautions, use of devices with features engineered to prevent sharp injuries, and modifications of work practices. These approaches might have contributed to the decrease inpercutaneous injuries among dentists during recent years (*98–100,103*). However, needle- sticks and other blood contacts continue to occur, which is a concern because percutaneous injuries pose the greatest risk of transmission. Standard precautions include use of PPE (e.g., gloves, masks, protective eyewear or face shield, and gowns) intended to prevent skin and mucous membrane exposures.

Post exposure Management and Prophylaxis:
Post exposure management is an integral component of a complete program to prevent infection after an occupational exposure to blood. A qualified health-care professional shouldevaluate any occupational exposure incident to blood or OPIM, including saliva, regardless of whether blood is visible, in dental settings (*13*). After an occupational blood exposure, first aid should be administered as necessary. Each occupational exposure should be evaluatedindividually for its potential to transmit HBV, HCV, and HIV. Exposed DHCP should immediately report the exposure to the infection-control coordinator or other designated person, who should initiate referral to the qualified health-care professional and complete necessary reports.

All of the above information came from the CDC Guidelines for Infection Control in the DentalHealth-Care Settings-2003, December 19, 2003/Vol.52/No. RR-17. References can be found on pages 50-61.
https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm

Additional information may be found:
https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf

Guideline for Disinfection and Sterilization in Healthcare Facilities (2008)
https://www.cdc.gov/infectioncontrol/guidelines/disinfection/index.html

Protecting Yourself from Exposure: Standard Precautions

In healthcare, including dental practice, **you can expect to come in contact with blood and/or other potentially infectious materials as part of your job duties. It is imperative to understand your role in protecting the patient as well as yourself.** While the risk of infectionis small, you must still adhere to the clinical exposure control plan that includes immunizations, personal protective equipment and basic disinfection protocol.

Standard Precautions are an essential component to reducing occupational acquisition of a bloodborne pathogen. Standard Precautions mean that we treat every patient as if they areinfected with a bloodborne pathogen such as HIV or HBV. Standard Precautions also mean that healthcare workers use personal protective equipment to prevent direct contact with apatient's blood or body fluids. The consistent practice of Standard Precautions is the best method that healthcare workers can use to protect themselves from occupationally acquiring a bloodborne disease.

HIV or Human Immunodeficiency Virus causes Acquired Immunodeficiency Syndrome (AIDS)which attacks the immune system and reduces the body's ability to fight disease.

HIV Diagnoses (new diagnoses, regardless of when infection occurred): In 2011, an estimated 49,273 people were diagnosed with HIV infection in the United States. In that same year, an estimated 32,052 people were diagnosed with AIDS. Overall, an estimated 1,155,792 people in the United States have been diagnosed with AIDS (www.CDC.gov/hiv/statistics.html). As of 2010, 57 documented transmissions (sero- conversion-the worker became infected with HIV) and 143 possible transmissions had been reported in the United States. No confirmed cases of occupational HIV transmission tohealth care workers have been reported since 1999.
Underreporting of cases to CDC is possible, however, because case reporting is voluntary. Health care workers who are exposed to HIV-infected blood at work have a0.3% risk of becoming infected. In other words, 3 of every 1,000 such injuries, if untreated, will result in infection (www.cdc.gov/hiv/risk/other/occupational.html).

The majority of these cases were suspected to be the result of needle stick accidents or exposures through a break in the skin. The body fluid involved in the majority of these cases was human blood. Once a person has been infected with HIV, it may be many years before AIDS actually develops. HIV attacks the body's immune system, weakening it so that it cannotfight other deadly diseases. AIDS is a fatal disease, and while treatment for it is improving, there is no known cure.

The HIV virus is very fragile and will not survive very long outside of the human body. It isprimarily of concern to employees providing first aid or medical care in situations involving fresh blood or other potentially infectious materials. It is estimated that the chances of contracting HIV in a workplace environment are only 0.4%. However, because it is such adevastating disease, all precautions must be taken to avoid exposure.

HIV disease has a well-documented progression and is almost universally fatal because iteventually overwhelms the immune system—resulting in acquired immunodeficiency syndrome (AIDS). Treatment can slow or prevent progression from one stage to the next.
A person can transmit HIV to others during any of these stages:

Acute infection: Within 2 to 4 weeks after infection with HIV, the infected person may feel sick with flu-

like symptoms. This is called acute retroviral syndrome (ARS) or primary HIV infection, and it's the body's natural response to the HIV infection. (Not everyone developsARS, however—and some people may have no symptoms.) During this period of infection, large amounts of HIV are being produced in the body. HIV is a retrovirus meaning that it attaches to CD4 cells and all progeny of these are replicates of the HIV virus itself. It alters the DNA/RNA of the CD4 cell and destroys them in the process. As the numbers of the CD4fall, the immune response is weakened. The CD4 count is used to determine the stage of HIV/AIDS infection. The ability to spread HIV is highest during this stage because the amountof virus in the blood is very high.

Clinical latency (inactivity or dormancy): This period is sometimes called asymptomatic HIVinfection or chronic HIV infection. During this phase, HIV is still active, but reproduces at verylow levels. The infected person may not have any symptoms or get sick during this time.

Toward the middle and end of this period, the viral load begins to rise, and the CD4 cell countbegins to drop. As this happens, the infected person may begin to have symptoms of HIV infection as the immune system becomes too weak to protect them from opportunistic illnesses.

AIDS (acquired immunodeficiency syndrome): This is the latter stage of infection that occurs when the immune system is badly damaged, and the body becomes vulnerable to infections and infection-related cancers called opportunistic illnesses. When the number of CD4 cells falls below 200 cells per cubic millimeter of blood (200 cells/mm3), the patient is considered to haveprogressed to AIDS. Without treatment, people who are diagnosed with AIDS typically survive about 3 years. Once someone has a dangerous opportunistic illness, life expectancy without treatment falls to about 1 year. People with AIDS need medical treatment to prevent death.

Hepatitis B (HBV) is a virus that infects the liver leading to morbidity and eventually mortalityin many cases. "Hepatitis" means "inflammation of the liver." While there are several different types of Hepatitis, Hepatitis B is transmitted primarily through "blood to blood" contact. Hepatitis B initially causes inflammation of the liver, but it can lead to more seriousconditions such as cirrhosis and liver cancer.

There is no "cure" or specific treatment for HBV, but many people who contract the diseasewill develop antibodies which help them get over the infection and protect them from gettingit again. It is important to note, however, that there are different kinds of hepatitis, so infection with HBV will not stop someone from getting another type.

The symptoms of HBV are very much like a mild flu. Initially there is a sense of fatigue, possible stomach pain, loss of appetite, and even nausea. As the disease continues to develop, jaundice (a distinct yellowing of the skin and eyes), and a darkened urine will often occur. However, peoplewho are infected with HBV will often show no symptoms for some time. After exposure it can take **1-9 months** before symptoms become noticeable. Loss of appetite and stomach pain, for example, commonly appear within 1-3 months, but can occur as soon as 2 weeks or as long as 6- 9 months after infection.

Please note: **Hepatitis A**, commonly called Infectious Hepatitis and often associated with restaurant sanitation, is not the same as Hepatitis B. Hepatitis A is not bloodborne and is associated with contaminated fecal material. The hepatitis A virus is found in the stool of an infected person. It is spread when a person eats food or drinks water that has come in contact with infected stool. After you have been exposed to the virus, it can take from 2 to 7weeks before you see any signs of it. Symptoms usually last for about 2 months but may last longer. All forms of hepatitis have similar

symptoms. Only a blood test can tell if you have hepatitis A or another form of the disease.

The Hepatitis B virus is very durable, and it can survive in **dried blood for up to seven days.**For this reason, this virus is the primary concern for employees such as housekeepers, custodians, laundry personnel and other employees (**this includes dental health personnel**) who may come in contact with blood or potentially infectious materials in a non-first-aid ormedical care situation.

Both HIV and Hepatitis are considered bloodborne diseases, thus making the prime mode oftransmission contact with infected blood or body fluids. *According to the CDC, your risk for acquiring an HBV infection is 100 times greater than for HIV.*

Modes of Transmission
It is important to understand the modes of transmission of bloodborne pathogens that include HBV and HIV. Both can be transmitted through contact with infected human **blood**and **other potentially infectious body fluids** that may include:

- Semen
- Vaginal secretions
- Cerebrospinal fluid
- Synovial fluid
- Pleural fluid
- Peritoneal fluid
- Amniotic fluid
- **Saliva**
- **Blood**
- Any body fluid that is visibly contaminated with blood.

HBV and HIV **are not** transmitted:

- By coughing or sneezing
- By touching an infected person
- By using the same equipment, materials, toilets, showers, or water fountains as an infected person

HBV and HIV are most commonly transmitted through:

- Sexual Contact
- Sharing of hypodermic needles
- From mothers to their babies at/before birth
- Accidental puncture from contaminated needles, broken glass, or other sharps
- Contact between broken or damaged skin and infected body fluids
- Contact between mucous membranes and infected body fluids
- Hepatitis can also be transmitted through caked, dried blood and contaminated surfaces

Not all the bloodborne pathogens carry the same risk of occupational acquisition. Frequency inpatient population, environmental viability of the virus, and viral load all impact your risk of acquiring infection if exposed. The following table demonstrates infection risk from a percutaneous exposure to HBV, HCV, and HIV.

Virus	Percentage	Viral particles/ml of serum plasma
HBV	30%	100 - 100,000,000
HCV	3%	1 - 1,000,000
HIV	0.3%	1 - 1000

Source: **https://www.cambridge.org/core/journals/infection-control-and-hospital- epidemiology/article/comparison-of-visual-versus-microscopic-methods-to-detect-blood- splatter-from-an-intravascular-catheter-with-engineered-sharps-injury-protection/3475A15E7149678B8BD66B0FF61CED6E**

In most work or laboratory situations, transmission is most likely to occur because of one of thefollowing:

- accidental puncture from contaminated needles, broken glass, or other sharps
- contact between broken or damaged skin and infected bodyfluids
- contact between mucous membranes and infected body fluids. Anytime there is **blood-to-blood contact** with infected blood or body fluids, there is a slight potential for transmission.
- Unbroken skin forms an impervious barrier against bloodborne pathogens. While we wear gloves during all patient contact, having healthy skin with no tears to cuticles or othercuts is one of the best protective factors that we have to prevent transmission.
- Infected blood can enter your system through:
    - Open sores
    - Cuts
    - Abrasions
    - Acne
    - Any sort of damaged or broken skin such as sunburn or blisters
    - Bloodborne pathogens may also be transmitted through the **mucous membranes** of the:
        - Eyes
        - Nose
        - Mouth

For example, a splash of contaminated blood to your eye, nose, or mouth could result intransmission.

Personal Protective Equipment

It is extremely important to use personal protective equipment (PPE) and work practice controls to protect yourself from bloodborne pathogens during all aspects of clinical practice.This includes during ALL procedures prior, during and after patient treatment. PPE provides a barrier between you and potentially infectious material.

In the dental setting, PPE consists of gloves, goggles/eye protection, and barrier gown/lab coatthat cover arms when treating patients. PPE should be utilized during all cleaning/ disinfectingprocedures but differs in that gloves will be a heavy utility glove rather than nitrile/latex/othertreatment type glove.

PPE Rules to follow:

- *Always* wear personal protective equipment in exposure situations. *Before, After, During* (think: BAD if you do not follow this rule).
- Remove and replace PPE that is torn or punctured or has lost its ability to function as a

barrier to bloodborne pathogens. Be sure to inspect gloves prior to putting on. DO not use a damaged glove.

- Remove gloves before leaving treatment area and wash/alcohol rub for handsimmediately after removing.
- When removing contaminated gloves, do so carefully, ensuring that outside of glove does not touch bare skin. Pull off in a manner that contaminated area is “inside” toprotect others from coming in contact with blood/saliva that may be on the glove.
- If you have cuts on your hands, cover with a finger cot or bandage prior to putting ongloves for extra protection.
- Change masks between patients and during patient treatment if it becomes soiled/wet.Mask that are too damp do not provide adequate filtration.
- Wear your mask correctly. This means it should be secured under the eye and the chin and should ALWAYS cover your nose. The mask is NOT to be worn under your chin when not in use. It is not to be “hanging off” of one ear. Remember, the mask could have contaminants and you would be “rubbing” these on your bare skin in and aroundyour face, mouth, eyes and nose.
- Always wear eye protection such as goggles. All loupes/eyeglasses must have side shields.This prevents splashes, spray or spatters in your nose, eyes, mouth or face.
- Anytime there is a risk of splashing, aerosols, or flying debris, goggles and/or other eye protection should be used to protect your eyes. Again, bloodborne pathogens can be transmitted through the thin membranes of the eyes so it is important to protect them. Splashing could occur while cleaning instruments in the ultrasonic or at the skin areas so youmust wear eye protection.
- Remove all PPE before leaving the work area. If you wear contaminated PPE outside ofthe work area, you risk infecting others.
- Barrier gowns should be disposed on in the clinical setting-not locker room, classroomor student workroom.
- If you find yourself in a situation where you have to come in contact with blood or other body fluids and you don't have any standard personal protective equipment handy, you can improvise. Use a towel plastic bag, or some other barrier to help avoiddirect contact. Once you have PPE on and have begun patient treatment, be cognizant that your gloved hands are contaminated and do not touch your glasses, your hair etc. as you are contaminating everything that you touch.

Handwashing

Handwashing is one of the most important and easiest practices used to prevent transmission of bloodborne pathogens. Hands should be washed prior to beginning disinfection for patient treatment and washed immediately after removal of gloves or other personal protective equipment after all patient treatment. Use an antibacterial soapor alcohol-based hand rub.
Please note: if hands are visibly soiled with blood, you must wash with soap and water. Familiarize yourself with the location of the handwashing facilities nearest to you and besure there is adequate soap/alcohol-based hand rub at the beginning of each clinical session.

Other

In any area where there is the potential for exposure, you should **never**:

- Eat
- Drink
- Apply personal cosmetics or lip balm/gloss/lipstick
- Handle contact lenses
- Keep food, drink, other in a refrigerator/shelf/countertop where blood orother infectious materials are present

Decontamination and Sterilization

All surfaces, tools, equipment and other objects that come in contact with blood or potentially infectious materials must be decontaminated and sterilized as soon as possible**.** Equipment and tools must be cleaned and decontaminated before servicing or being put back to use**.** All dental instruments will be carried to the sterilization area in a closed cassetteand placed in the ultrasonic to remove debris, followed by wrapping and sterilizing in the autoclaves for the recommended time. All operatories will be disinfected utilizing specific protocol taught in preclinic and these procedures will be used during all clinics, labs throughout the program.

Decontamination*, in case of an accident or spill of some kind,* should be accomplished by using:

- A solution of 5.25% sodium hypochlorite (household bleach/Clorox) diluted between1:10 and 1:100 with water. The standard recommendation is to use at least a quarter cup of bleach per one gallon of water.
- Lysol or some other EPA-registered tuberculocidal disinfectant. Check the label ofall disinfectants to make sure they meet this requirement.
- If you are cleaning up a spill of blood, you can carefully cover the spill with paper towels or rags, then gently pour the 10% solution of bleach over the towels or rags and leave it for *at least 10 minutes*. This will help ensure that any bloodborne pathogens are killed before you actually begin cleaning or wiping the material up. By covering the spill with paper towels or rags, you decrease thechances of causing a splash when you pour the bleach on it.
- If you are decontaminating equipment or other objects (be it scalpels, broken tweezers, mechanical equipment upon which someone has been cut, first aid boxes, or whatever) you should leave the disinfectant in place for *at least 10 minutes* beforecontinuing the cleaning process.
- Of course, any materials you use to clean up a spill of blood or potentially infectious materials must be decontaminated immediately, as well. This would include mops, sponges, re-usable gloves, buckets, pails, etc.
- Dispose of any rag/towel/other that is saturated in blood, in the biohazard container located in the clinic. Never put saturated towels, gauze etc. in the regulartrash.

Sharps

Far too frequently, housekeepers, custodians and others are punctured or cut by improperly disposed needles and broken glass. This, of course, exposes them to whatever infectious material may have been on the glass or needle. For this reason, it is especially important to handle and dispose of all sharps carefully in order to protect yourself as well as others. All sharps, including needles, scalpels, orthodontic wires, broken glass, anesthetic carpules, and anything else that

might be able to perforate the skin must be placed in the sharps containers located in each operatory. NEVER open these, NEVER try toretrieve anything out of them.
These are very hazardous and must be handled with care. They should be kept closedwhen not in use and all sharps should be placed into them, not carried into the sterilization area.

Needles

Needles place DHCP at a high risk for bloodborne pathogens if not handled correctly.The following must be observed when handling needles:

- Never recap using a two-handed method. Use only the scoop method or an approved needle capping device. Follow directions for correct use.
  - If a needle should fall on the floor, move it only using a mechanical tool such as forceps of pliers and place into the sharps container. Never leave an uncapped needle lying on a tray. ALWAYS recap using scoop method or approved needle capping device as soon as the injection is complete.
  - Never shear or break needles.
  - Do not bend needles for injections.
  - Do not bend needles prior to placing in the sharps container.
  - Needles should ONLY be disposed of in an approved sharps container. Sharps containers shall be closable, puncture-resistant, leak-proof on sides and bottom, and must be labeled or color-coded.
  - Sharps containers must be disposed of safely through the biohazard company that services the university. Place the container in the biohazard bag/box located in the sterilization room.
  - When sharps containers are being moved from the area of use, the containers should be closed immediately before removal or replacement to prevent spillage orprotrusion of contents during handling or transport.

Safe Injection Practice

The following procedures are to be followed to minimize risk for exposure during the delivery oflocal anesthesia in the dental hygiene clinic:

- Standard precautions must be used for all patient encounters. Personal protectiveequipment should be utilized to further reduce occupational exposure.
- To prevent possible needle stick injuries, engineering controls should be utilized toprevent percutaneous injuries from sharps.
- Needles must never be bent, broken or manipulated by hand.
- Needles must be recapped utilizing the one-handed scoop method or alternate methodsuch as a needle sheath or needle recapping device if available.
- If utilizing the scoop method, the needle cap will be stabilized using cotton forceps sothe needle can be secured in the cap.
- An uncapped needle on a loaded syringe must never be left on a tray, even if it has not been used on a patient. If the syringe/needle is not being used in the oral cavity, it must becapped.
- Contaminated sharps should be placed immediately following use and after being capped in biohazard containers. These containers should be closeable, puncture resistant and leakproof in accordance with regulatory standards.
- Never bend or break a needle prior to disposal in the sharps container.
- Empty anesthetic cartridges will be disposed of in the biohazard containers.
- Biohazard containers must never be opened or otherwise emptied for any reason. Oncefull, these containers will be closed and placed in the biohazard box for pickup by the medical waste company.
- When administering local anesthetic, be aware of surroundings when using sharps. Useverbal alerts to warn faculty/peers/others that may be in the operatory that you have aneedle.

In the event that a needle stick occurs, alert faculty immediately and initiate the exposurecontrol process that is utilized by the dental hygiene program.

Emergency Procedures Following Exposure to Bloodborne Pathogens

By using Universal Precautions and following these simple engineering and work practice controls, you can protect yourself and prevent transmission of bloodborne pathogens. "Post-exposure management is an integral component of a complete program to prevent infection after an occupational exposure. *Report all exposures to blood or other potentially infectious material as soon as possible.* Certain interventions must be initiated promptly to be effective." (Guidelines for Infection Control in Dental Health Care Setting–2003, Centers for Disease Control and Prevention, December 19, 2003, Vol. 52, p. 14)

Post-exposure Management

Any individual who has an acute exposure to blood/saliva through needle-stick, cut or mucous membrane contact with blood will report immediately to the clinical course director or clinical faculty. The exposed person must complete an exposure incident form describing the incident toinclude the source patient name (if known), the location, the time, the route of exposure, the circumstances under which the exposure occurred, and action taken to prevent the injury.

1. **Identify and document the source patient, unless identification is not feasible.**
2. **Call Campus Police**
3. **The clinical supervisor must sign the incident report. A copy of the incident report will be provided to the exposed person to present to their healthcare provider and acopy will be kept by the program director.**
4. **The exposed individual will report to a medical facility of their choosing for a confidential medical evaluation and follow-up.**
5. **The exposed individual is responsible for all medical costs incurred when a bloodborne pathogen exposure occurs. Further medical evaluation/testing/counseling is to be provided by the exposed individual's physician of choice and at the exposed individual's expense. The University will not assume any liability regarding the exposure incident.**
6. **The source patient's blood should be tested as soon as feasible after consent is obtainedin order to determine any bloodborne pathogen infectivity.** In an emergency situation involving blood or potentially infectious materials, you should always use **Universal Precautions** and try to minimize your exposure by wearing gloves, splash goggles, pocket mouth-to-mouth resuscitation masks, and other barrier devices.

After an occupational blood exposure:

- Wash the exposed area thoroughly with soap and running water. Use non-abrasive, antibacterial soap if possible. First aid should be administered as necessary.
- Puncture wounds and other injuries to the skin should be washed with soap and water; mucous membranes should be flushed with water. No evidence exists that using antiseptics for wound care or expressing fluid by squeezing the wound further reduces the risk of bloodborne pathogen transmission; however, use of antisepticsis not contraindicated. The application of caustic agents (e.g., bleach) or the injection of antiseptics or disinfectants into the wound is not recommended.
- If blood is splashed in the eye or mucous membrane, flush the affected area with

running water for at least 15 minutes. Note the location of the eye wash stations inthe clinic and be familiar with how to use them prior to an incident.

- Report the exposure to your pod instructor or other faculty as soon as possible. Exposed DHCP should immediately report the exposure to the infection-control coordinator or other designated person, who should initiate referral to the qualified health-care professional and complete necessary reports." (Guidelinesfor Infection Control in Dental Health-Care Setting – 2003, Centers for Disease Control and Prevention, December 19, 2003, Vol. 52, p. 13-14)

INFECTION CONTROL DEFINITIONS

Goal of Infection Control:
To eliminate or reduce the dose of microorganisms that may be shared betweenindividuals or between individuals and contaminated surfaces.

Direct Contact:
Touching with patient's saliva or blood may allow the entrance of microbes through non-intact skin caused by cuts, abrasions or dermatitis.

Indirect Contact:
Involves transfer of microorganisms from the source to an item or surface and subsequentcontact with the contaminated item or surface.

Droplet Infection:
Sprays, spatter, or aerosols from the patient's mouth.

CDC: Centers for Disease Control and Prevention:
Most infection control procedures practiced in dentistry are based on recommendations by the CDC. Recommendations can be made by anyone, but that doesn't mean they have the authorityfor enforcement. CDC does not have the authority to make laws. However, many of the local, state, and federal agencies use CDC recommendations to formulate laws. OSHA: Occupational Safety and Health Administration: OSHA is charged with protecting the workers of America from physical, chemical, or infectious hazards in the workplace. OSHA does have the authority to enforce their standards/regulations.

Standard Precautions:
Standard precautions apply to contact with blood, all body fluids, secretions and excretions(except sweat) regardless of whether they contain blood, non-intact skin, and mucous membranes. Saliva has always been considered a potentially infectious material in dentalinfection control.

Aseptic Technique:
Technique to prevent or reduce the spread of micro-organisms from one site to another.

Sterilization:
Process to kill all microorganisms.

Disinfection:
Kills disease-producing microorganisms; does not kill bacterial spores.

Personal Protective Equipment (PPE):

1. Gloves
2. Mask
3. Protective eyewear
4. Protective clothing

PATHWAYS FOR CROSS-CONTAMINATION:

Infection control programs are designed to prevent or reduce the spread of disease agentsfrom:

A. Patient to Dental Team
B. Dental Team to Patient
C. Patient to Patient
D. Dental office to community, including the dental team's families.

GENERAL GUIDELINES FOR PRACTICING ASEPTIC TECHNIQUE:

1. Touch as few surfaces as possible.
2. Remove gloves when leaving operatory and wash hands.
3. Do not rub your eyes, skin, nose, or touch your hair with contaminated gloved hands.
4. Minimize dental aerosols and spatter:

a. Use of high-volume evacuation during use of rotary equipment and the air-watersyringe greatly reduces escape of aerosols and spatter from the patient's mouth.
b. Pre-procedure mouth rinse.

5. Use of an antibacterial mouth rinse by the patient before dental procedures.
6. Use of disposables. Disposable items are intended for a single use or for use on only one patient.
7. Reduce water line contamination. Flush unit water lines at the beginning of the day, between patients and the end of the day. STERILIZATION QUALITY ASSURANCE PROCEDURES

Universal Sterilization is an instrument processing method in which all reusable instruments andhand pieces are sterilized between uses on each patient.

Sterility Quality Assurance involves performing all instrument processing procedures correctly androutinely and monitoring the sterilization process with biologic and chemical indicators.

Sterilization failures may occur as a result of improper instrument cleaning and packing, and improper use and functionality of the sterilizer. The only way to verify all items processed for sterilization are sterile is to test for the presence of living microorganisms. There are three forms ofsterilization monitoring: biological, chemical, and physical. All three must be used to ensure sterility quality assurance.

- **Biological:** Provides the main guarantee of sterilization. It involves processing highly resistant bacteria spores through the sterilizer and then culturing the spores to determine if they have been killed. The biological indicators are packaged in a variety of ways. The biological indicatoris placed inside a sterilization package and processed through the sterilizer. A control biological indicator should be retained which is not sterilized so comparisons can be made of each. The controlbiological indicator should yield growth of spores confirming that live spores are present; they can grow and be detected. ***Biological monitoring is recommended once a week for each sterilizer*.**

CLINICAL ASEPSIS PROTOCOL

START OF THE DAY

Students assigned to clinic manager must have clinic manager evaluation form filled out and kept onthe sterilization counter. Student should turn the clinic manager evaluation form in to lead clinicalinstructor at the end of the week.

Flush water through all air/water syringes for two minutes and the ultrasonic/prophy jet units if youplan to use them.

PRIOR TO SEATING PATIENT

1. **Student should have put on disposable gown, protective eyewear, mask and utility gloves. Disinfect: wipe critical areas with disinfectant and 4x4s and air dry - wipe dry if still wet after 10minutes. Critical areas are surfaces that may be touched during patient treatment and that are not protected by surface barriers.**

Examples of these surfaces** are:

A. countertops
B. control knobs
C. supply carts
D. hand piece connectors
E. cart tops and bases
F. view box and switches
G. sinks, faucets, soap dispensers, and paper towel dispensers
H. dental chair, operator stool, assistant stool surface/base and handles/switches

** An item/equipment in the patient treatment area that is used that cannot be sterilized or protected by surface barriers.

2. **Remove utility gloves and wash hands with antibacterial soap, 15-30seconds.**
3. **Obtain the necessary surface barriers and sterilized instruments from your supply area.**
4. **Cover the following surfaces with the appropriate barrier:**
   A. dental chair back and headrest
   B. light handles. Light on/off button
   C. air/water syringe buttons/handle
   D. bracket tray controls
   E. saliva ejectors
   F. instrument tray/bracket table handles
5. **Flush water lines for 30 seconds between patients and at the end of the day.**
6. **Remove all items from countertops that are not used during patient treatment.**

AFTER PATIENT IS SEATED

1. Adjust chair and headrest.
2. Take/review medical history. If medical history is approved, place patient napkin and beginassessments.
3. Prior to performing exams, have patient rinse with pre-procedural mouth rinse.
4. Put on mask and protective eyewear.

5. Wash hands in front of patient
    a) gently clean fingernails
    b) hand-wash 15-30seconds
    c) rinse
    d) towel dry
6. Put on gloves in front of patient.
7. Open instrument packages with latex/nitrile gloves and put on tray.

DURING PATIENT CARE

1. Restrict spread of microorganisms from patient's mouth utilizing aseptic technique guidelines.
2. Items dropped on the floor are not to be used, obtain replacements.
3. If gloves are torn during treatment, remove, discard, wash hands and re-glove in front of thepatient.
4. Do not recap needles by hand. Use one-handed scoop method or a cap holder that will not permit contact of the needle with any part of the body. Do not leave uncapped needles on trayduring patient treatment.
5. If additional equipment is brought to chair-side (light curing apparatus, etc.) make sure it isproperly disinfected and use appropriate barriers
6. Only bring supplies that are needed to your treatment area. Bring only what you will use at thatappointment. Do not set up for a complete prophy appointment unless you plan to finish it atthat appointment. Should you need additional supplies, you can always get them.
7. Do not handle charts/forms with gloves.
8. No contaminated patient items on top of assistant's station.
9. If you are exposed to a patient's blood or saliva, immediately contact the supervising facultymember to institute post-exposure procedures and complete an incident report form.

AFTER PATIENT TREATMENT

1. Remove gloves, wash hands. Release patient. Put on utility type gloves prior to cleaning youroperatory and prior to preparing instruments.
2. Wear mask, gown, and protective eyewear.
3. Place all instruments in carrier box/tray. Make sure there are no sharps on the tray.
4. Place all sharps in the sharps container. Do not throw these in the regular trash. Sharps include needles, scalpel blades, carpels, broken instruments and files, burs, orthodontic wireand any other disposable item that could **penetrate the skin**. Full sharps containers and biohazard bags should be placed in biohazard box in the sterilization room. Nothing should beplaced in the biohazard box that is not self- contained. The biohazard box should remain closed at alltimes.
5. Place non-sharp disposables that are blood soaked in the small biohazard bag at the unit.
6. Flush air/water syringe and ultrasonic scalers for 30 seconds.
7. Remove all surface barriers (without touching the underlying surfaces) and discard in theappropriate area.
8. Pre-clean and disinfect (two step procedure) the surfaces that were not covered and werecontaminated during treatment. Covered surfaces should be cleaned and disinfected if contaminated during treatment.
9. With PPE on, wash contaminated protective eyewear, both yours and those used by yourpatient.
10. Remove gloves and wash, rinse and dry your hands.

END OF DAY

1. Make sure laptop is shut down all power switches are turned off on all operatory equipment.
2. Raise dental chair; put light directly over the chair tray. Place rheostat on base of unit.
3. Close blinds.
4. Clinic manager is responsible for the closing of the clinic and should assign duties so that clinicis closed properly.

Wash and gel hands frequently to prevent the spread of infections and viruses.

Health Insurance Portability and Accountability Act (HIPAA)

HIPAA is an enacted federal law that provides comprehensive protection of personal information.It was signed into law in 1996 and took effect on October 16, 2002. It was enacted to protect personal information of the patients and allows the patient to choose when and if certain identifiable health data, referred to as protected health information (PHI) can be released.

The dental hygienist must be familiar with the application of HIPAA. It covers three primaryareas:

1) patient privacy
2) patient rights
3) administrative requirements of personnel andinstitutions in the healthcare industry.

All health care providers must give notice that tells how they may use and share health information and how the patient can exercise health privacy rights. In most cases and in ourclinic, this notice is provided on the first visit or in the mail from the health insurer, and the patient can ask for a copy at any time. The provider or health plan cannot use or disclose information in a way that is not consistent with their notice.

Patients must be provided:
A copy of the Notice of Privacy Practices. The notice will explain:

- How the health care provider or insurer is allowed to use or share healthinformation.
- The patient's privacy rights, which include the right to get a copy of their health file, review it, ask that it be corrected, and complain if he/shethinks their privacy rights have been violated.
- The doctor or insurer's legal duties to protect patient health information.
- Whom to contact for more information about the doctor or insurancecompany's privacy policies
    - Time to ask questions about the Notice of Privacy Practices.
    - Acknowledgment of Receipt. The law requires your doctor, hospital, or other health care provider to ask for written proof that the patient received the Notice of Privacy Practices, or what they might call an "acknowledgement of receipt." The law does not require the patient to sign the acknowledgement form.
        - ✓ If the patient chooses not to sign, the provider must keep a record that theydid not get a signature, but they still have to treat the patient.
        - ✓ If patient chooses to sign, the patient has not given up any rights or agreed to any special uses of their health records. This acknowledgement just statesthe patient got the Notice.

All patients must be provided a PHI form before treatment that informs the patient how their health information will be protected and to whom the healthcare provider or administrative personnel can provide personal health information. This form must be signed and dated, and acopy must be provided to the patient. At each visit, the patient will be allowed to update the agreement ifso desired and if changed, documentation in the treatment record should occur.In general, HIPAA is designed to do the following:

Provide protection for the privacy of certain PIH

- Ensure health insurance coverage when changing employers
- Provide standards for facilitating electronic transfers of health-related information.

1. Refer to https://www.hhs.gov/hipaa/for-professionals/index.html and http://www.hhs.gov/ocr/privacy/hipaa/understanding/index.html for general information regardingHIPAA.

2. The ADA also provides general information that can be accessed at http://www.ada.org/en/search-results#q=HIPAA&t=all&sort=relevancy

Students should read this information and are responsible for understanding HIPAA. Training willbe provided on HIPAA compliance. Any questions should be directed to the Executive Director or the program HIPAA compliance faculty member for clarification.

Mandated Reporter for Child Abuse

Professional Responsibility
Dentists and dental personnel are mandated in all 50 states to report child abuse. The ADHA Code of ethics identifies our professional and personal responsibility in identifyingand reporting abuse. Under the Standards of Professional Responsibility, we will serve asan advocate for the welfare of clients and comply with local, state, and federal statutes that promote public health and safety.

Refer to http://www.adha.org/downloads/ADHA_Bylaws_&_Code_of_Ethics_as_of_8.6.12.pdf toread the ADHA Bylaws and Code of Ethics.

Legal Considerations
When reporting a suspected case of child abuse or neglect, the ethical obligation is to follow the individual state law. In general, mandated reporters are protected from legal liability if they make a report in accordance with state laws and in good faith. Refer to the Arkansas Child Protection Statutes, AR Code 12-12-501 through 516. A copy of this statuteis included in the *Family Violence: Implications for Patients and Practice,* by Lynn Mouden, DDS, MPH.

The Immunity section states that in Arkansas, "Any person or agency required to participate and acting in good faith in making notification, the taking of photographs or X-rays, shall be immuneto such liability, both civil and criminal." *Good faith* implies that the report was made to protect the child and without malicious intent to do harm. Strict confidentiality of records must be maintained. Reports and any other information obtained in reference to a report are confidential and are available only to persons authorized by the juvenile courts.

Failure to notify by a mandated reporter may be considered a Class A misdemeanor and theymay also be civilly liable for damages proximately caused by that failure.

Mandated reporters include the following:" any physician, surgeon, coroner, dentist, dental hygienist, osteopath, resident, intern, licensed nurse, medical personnel who may be engagedin admission, examination, care, or treatment of person, teacher, school official, school counselor, social worker, family service worker, day care center worker or any other child or foster care worker, mental health professional, peace officer, or law enforcement officer ... " (§12-12-504.a.1)

To report child abuse, contact the Child Abuse Hotline or fax a report to the Child Abuse Hotline.The Child Abuse Hotline is a unit established within the Department of Human Services or its designee with the purpose of receiving and recording notifications and reports under the statute Ark. Code Ann. 12-18-301. The Child Abuse Hotline is staffed twenty-four (24) hours per day and has statewide accessibility through a toll-free telephone number.

All persons whether a mandated reporter or not, can use the Child Abuse Hotline to report child maltreatment or suspected child maltreatment. The ***Hotline number is 1-800-482-5964 for children and 1-800-482-8049 for reports of adult abuse.*** Reporters, whether mandated or not,can remain anonymous by reporting by phone

In addition to the hotline, online reporting is available by faxing a report to: **1-501-618-8952** Faxreport is for *mandated reporters* only and the fax form is for mandated reporters to make reports of a non-emergency nature only.

The form can be found at http://www.arkansas.gov/reportARchildabuse/report_child_abuse.ht ml

Identity of the person reporting the suspected abuse is kept confidential and will not be released unless a judge orders the information released in cases where the judge finds the report was false. However, the prosecuting attorney will be able to obtain the name upon request from the Hotline, based on the AR Code Ann. 12-18-502. The identity of the reporter will not be released to the alleged offender and will not be confirmed by the investigator even if the offender thinks they know who made the report. When reporting abuse, have the following information available:

- name and address of the child and parents or other persons having care and custody ofthe child
- child's age
- name(s) of any siblings
- nature of the child's condition, including any evidence of previous injuries or disabilities; and,
- any other information that you believe might be helpful in establishing the cause of suchabuse or neglect and the identity of the person believed to have caused such abuse or neglect
- when the child was last seen and by whom
- whether there are safety concerns in the home such as drugs, alcohol, weapons etc.
- who else knows or was told of the situation
- whether there has been a report made to the local police

Keep this information in an accessible place in your office/practice setting even after graduation:

Hotline number is 1-800-482-5964 for children and 1-800-482-8049 for reports of adult abuse.
Fax:**1-501-618-8952**

** *mandated reporters* only and for non-emergency nature only.
http://www.arkansas.gov/reportARchildabuse/report_child_abuse.ht ml

Once the report has been made, it becomes the job of the child protection agency and the judicial system to make the investigation. The primary focus is to remove and protect the childas quickly as possible if the investigation finds that abuse is occurring.

Understanding the role that dental professionals have in reporting abuse is key. Awareness of thechild abuse law and what to do if child abuse is suspected can make a difference in the life of a child.

CLINIC QUALITY ASSURANCE

Providing quality dental hygiene care is expected by the public and is a responsibility of the dental hygiene program and the individual dental hygienist. To assure that the standards of carefor each patient are being met, a system of quality assurance must be utilized. All faculty, staff and students will be involved in the overall process for quality assurance. A quality assurance process will ensure that the standards of care are being interpreted correctly and that the findings are accurate.
The dental hygiene program will utilize the following procedures to ensure quality assurance:

- Chart reviews
- Patient satisfaction survey
- Clinical evaluation utilizing TalEval
- Radiographic request form and film reading evaluation
- Referral forms
- Re-evaluation appointments if applicable

Chart review/audit
The patient record review/audit will occur throughout each clinical semester. Students will be required to select three charts during the week that they are clinic manager and will review the chart utilizing the Chart Review Form. Utilization of the chart review process helps to assure that the appropriate care was provided, and that care provided was of satisfactory quality.
The patient records selected and audited must be those whose treatment is complete. Usingthe audit form, the student will evaluate the chart and then meet with the faculty to correct any deficiencies. All chart review forms will be placed in a binder. The completed chart reviewswill be used by faculty to assess for areas that need to be addressed regarding correct documentation and overall procedure.

All charts will also be reviewed for complete documentation after each appointment by the Administrative Specialist as she checks the chart in and enters updated data into the data base. Deficiencies will be noted on student conduct form (pink slip) and given to lead instructor. Any chart that receives a student conduct form (pink slip) will be reviewed/audited by the student utilizing the Chart Review Form and all noted deficiencies will be corrected under supervision ofa faculty member. Student conduct slips will be assessed under quality assurance on TalEval.

Patient Satisfaction Survey
Each patient will be provided with a survey at the completion of their care. Information from the survey will be tabulated into a summative report at the end of each semester by the program secretary. Reports will be provided to the executive director and other clinical faculty.Utilization of the patient survey allows patients the opportunity to provide input into the qualityof care that they received at the clinic.

Performance Improvement
Any area that is identified as deficient will be evaluated by the faculty. Any area that may show continual errors may require student remediation, faculty calibration, establishment of new policies or possible course revision to correct.

Standards of Care:
The following areas will be evaluated using the quality assurance process:Documentation

- Entries will be legible, written in ink and will include the patient name on each page of the treatment record as well as other patient forms included in the chart.

- Documentation will include all services provided.
- All entries will be signed by student.
- All entries will be signed by appropriate faculty.

Health Concerns

- Patient medical history will be reviewed at each appointment. Changes will be documented and initialed. Modifications of treatment as result of new findings will be documented. All medical histories will be reviewed and signed by faculty before student proceeds with treatment.
- Medications and allergies to medications will be recorded on a drug sheet that will be reviewed at each appointment. Student will initial and date to confirm update.
- Blood pressure will be taken if patient is to receive anesthetic or if it has been 3 or more weeks since previous appointment.

Assessment

- Patients will be provided a comprehensive examination that includes extra-oral and intra- oral examinations, radiographic, periodontal examinations, dental charting to include existing treatment and treatment needed to assist in treatment planning.
- Patients will have their oral hygiene evaluated using appropriate indices at each appointment to determine level of plaque control to assist in treatmentplanning and oral hygiene education.

Treatment Planning

- All patients will have a treatment plan developed using assessment measures.
- Treatment plans will be presented and explained to patient. Patient and student will sign these to indicate patient acceptance.
- All treatment performed will be consistent with the diagnosis and treatment plan for the patient.

Dental hygiene care/Comprehensive care

- Patients will be provided with preventive and therapeutic dental hygiene services.
- Treatment plan and actual treatment rendered will coincide and be documented accurately. Any modifications to treatment plan will be initialed by student and faculty.
- Patients will be provided with health education for prevention of disease.
- Patients will be evaluated and a recare frequency will be determined based on individual results.
- At the completion of treatment risk factors for periodontal disease suchas plaque, calculus or other risk factors will have been eliminated or reduced.

Standard	Evaluation Method	Person responsible for Assessment	Assessment Timeframe
Documentation • Entries will be legible, written in ink and will include the patient name on patient forms included in the chart. • Documentation will include all services provided in EagleSoft. • All entries will be signed by students in EagleSoft • All entries will be verified by appropriate faculty.	Faculty review at end of each clinical session Chart review form Daily chart Check in		Ongoing throughout semester and all clinical sessions
Health Concerns • Patient medical history will be reviewed at each appointment. Changes will be documented and initialed. Modifications of treatment as result of new findingswill be documented. All medical histories will be reviewed and signed by faculty before student proceeds with treatment. • Medications and allergies to medications will be recorded on a drug sheet that will be reviewed at each appointment. Student will initialand date to confirm update. • Blood pressure will be taken if patient is to receive anesthetic or if ithas been 3 or more weeks since previous appointment.	Faculty review at end of each clinical session, Chart review form Daily chart Check in Student Clinical grade TalEval	Faculty Student	Ongoing throughout semester and all clinical sessions
Assessment • Patients will be provided a comprehensive examination that includes extra-oral and intra- oral examinations, radiographic, periodontal examinations, dental charting to include existing treatment and treatment needed to assist in treatment planning. • Patients will have their oral hygiene evaluated using appropriate indices at each appointment to determine level of plaque control to assist in treatment planning and oral hygiene education.	Faculty review at end of each clinical session Chart review form Daily chart Check in Student clinical grade. TalEval	Faculty Student	Ongoing throughout semester and all clinical sessions

Treatment Planning • All patients will have a treatment plan developed using assessment measures. • Treatment plans will be presented and explained to patient. Patient and student will sign these to indicate patient acceptance. • All treatment performed will be consistent with the diagnosis and treatment plan for the patient.	Faculty review at end of each clinical session Chart review form Daily chart Check in Student clinical grade. TalEval	Faculty Student Patient Administrative Specialist	Ongoing throughout semester and all clinical sessions
Dental Hygiene Care • Patients will be provided with preventive and therapeutic dental hygiene services. • Treatment plan and actual treatment rendered will coincide and be documented accurately. Any modifications to treatment plan will be initialed by student and faculty. • Patients will be provided with health education for prevention of disease. • Patients will be evaluated and a recare frequency will be determined basedon individual results. • At the completion of treatment risk factors for periodontal disease such as plaque, calculus or other risk factors will havebeen eliminated or reduced.	Faculty review at end of each clinical session Chart review form Daily chart Check in Student clinical grade-TalEval Patient survey Radiographic film reading Patient Referral Form Recare Card	Faculty Student Patient Administrative Specialist	Ongoing throughout semester and all clinical sessions

Clinic Emergency Procedures

All students and faculty must successfully complete basic life support training for Healthcare Providers, and the certification must be current before they are allowed to participate in pre-clinical, clinical, and laboratory procedures. **In the event of an emergency, the following procedures will be utilized:**

Clinical Emergencies

All students and faculty/staff will be trained in the recognition and management of life-threatening situations. A team approach will be utilized. The emergency team consists of threemembers. The role of each member is defined below:

Team member # 1:

The student operator or person who is with the victim when the emergency is noticed or who firstreaches the victim.

- Alert other team members that emergency situation is in progress. Code word foralerting others of an emergency situation is **"Code Blue"**.
- Team member # 1 should say in a voice loud enough for others to hear "code blue", butdo not scream it loudly.
- Stay with the patient. Do not leave the patient unless you have been instructed to doso by the supervising dentist or emergency medical service (EMS).
- Provide basic life support as indicated. Once the doctor arrives, he/she will assume therole of team member # 1 and the student operator will assume the role of team member #3.

Team member #2:

The clinical coordinator or the lead clinical instructor assigned to the clinical session.

- Bring the emergency kit and prepare oxygen to the site of the emergency, anddefibrillator, if necessary. *A defibrillator is located in the hallway across from Room 160. The emergency kit is located in the top drawer in the metal cabinet located in the center of the clinic*. Signs are posted for location.

Team member #3:

The student operator with whom the emergency originated.

- Assist with basic life support. Monitor vital signs.
- Activate EMS, only if instructed to do so by the supervising dentist or clinical instructor.
- Assist as needed.
- Keep records.
- Meet rescue team at building entrance.

Laboratory Emergency Procedures

Students and faculty utilizing the laboratory are expected to take responsibility for their own and other's safety as well as that of others in the clinical facility. Guidelines to follow when in the laboratory include the following to prevent accidents or emergencies:

1. Do not use faulty or defective equipment or supplies. Report any faulty or defective equipment to the program director as soon as it is noticed. Place the questionable item where others will not use it.

2. Keep the laboratory clean and organized.

3. Do not utilize laboratory equipment unless you have been given permission or afaculty member is present to supervise.

4. Keep walkways clear of obstructions, cords, etc.

5. Clean all equipment, utensils, etc., immediately.

6. Unplug any equipment after use.

7. Dispose of waste items properly and promptly.

8. Inform instructor of safety infractions observed.

9. Document any injury, no matter how minor, on accident form and submit toclinical instructor or program director.

10. Students and faculty should make sure they know where the emergency kit, oxygen,and eyewash stations are located.

11. Should an emergency occur in the laboratory, respond in the same manner that onewould if in the clinic using the team approach.

Radiation Safety in Dental Radiography

The goal of dental radiography is to obtain diagnostic information while keeping the exposureto the patient and dental personnel at minimum levels. Whenever dental personnel consider exposing a patient to x-radiation, the ALARA principle (As Low as Reasonably Achievable) is applied. Strict adherence to radiation exposure guidelines will reduce exposure and is mandatory for all dental radiographers.

Exposure

We are all exposed to radiation on a daily basis from a variety of natural sources in the environment(sun, terrestrial, radon in the atmosphere, etc.). In addition to natural sources, we are exposed to other sources such as tobacco, television, etc. A typical full-mouth series of radiographs using conventional fast speed film (F speed) or Photo stimulable Phosphor imaging (PSP) and round collimation exposes the patient to the equivalent of approximately 21 days of environmental background exposure. A typical panoramic examination exposure is the equivalent of about one day; and the usual 4-film bite-wing examination is the equivalent of less than one day of background exposure. Digital technology techniques further reduce exposure by 50 to 80 percent.Students will utilize both Photo stimulable Phosphor (PSP) indirect digital imaging plates and Complementary Metal Oxide Semiconductors (CMOS) direct digital technology using wired sensors. The benefits of the use of X-rays in dentistry outweigh the risk when proper safety procedures areproperly prescribed and followed.

Exposure Protection

The most commonly used leaded aprons cover the entire chest, lap and thyroid, and reduce the amount of scatter radiation reaching underlying tissues. The most important factor in reducing personnel exposure to radiation is for the operator to stand behind a radiation barrier during the exposure. This is accomplished through installation of the exposure button in a location outside the dental operatory. If a protective barrier is not available, the operator should be positioned at least 6feet from the x-ray tube head and at an angle of 90 to 135 degrees to the central ray of the x-ray beam.

A Radiation Protection Program is in place to monitor and record all student and faculty dosimetry readings. Students and faculty will wear a radiation monitoring badge in each radiology lab and in all clinical assignments. These badges will be provided by the program and will be read monthly using a dosimetry monitoring service. Badges are to be worn on the chest/collar area.

An assigned Radiation Protection Officer will monitor monthly dosimetry readings. The logbook is maintained by the Radiation Protection Officer and is available to students and faculty. The Maximum Permissible Dose (MPD) for occupationally exposed person is 5.0 rem/year or 0.05 Sv/year. Occupationally exposed pregnant persons follow the non-occupationally exposed recommendation of 0.1 rem/year or 0.001 Sv/year. Pregnant students will be issued a separate fetal monitoring badge to be worn at waist level in addition to the standard chest/collar level badge. A separate dosimetry report will be recorded for the fetal badge.

The badges are not to be worn out of the dental hygiene clinical area. Wearing the badges outside of the clinic setting can result in damage and inaccurate readings. It is the student's responsibility to return the badge at the end of the monthly interval. If it is not returned at the end of the intervalthe student will have to pay **$20.00** to the Administrative Specialist at the front office.

Criteria for Exposure

Every patient exposure must carry the expectation of diagnostic benefit which is judged to exceedthe risk of the x-ray exposure.

Patient Qualification

1. Radiographs for new patients will be ordered after an initial clinical examination ofthe patient, consideration of dental history, and availability of previous suitable radiographs.
2. Additional radiographs, including bitewings, may be prescribed during patient treatment only when they are judged to be required for diagnosticreasons.
3. Individuals will not be exposed for teaching or training purposes unless there is a documented, diagnostic need as determined by a member of thefaculty.

Operator Qualification

1. Exposures may only be made by program faculty, or by students under the supervisionof program faculty.
2. Students will demonstrate laboratory competence on manikins before they mayexpose patients.

Exposure Procedures

1. Only the patient will be in the operatory during radiation exposure. If assistance is required for children or handicapped patients, a member of the patient's family should assist, if possible.
2. All patients will be draped with a lead apron and thyroid collar. Beam alignment devices are used to stabilize the receptor in the mouth and reduce the chances ofmovement.
3. The operator should never hold receptors or sensors in place.
4. Neither the operator nor patient should hold the radiographic tube housingduring exposures.
5. Patients will not be subjected to retakes solely to demonstrate technical perfection.
6. The number of radiographs should be limited to the minimum required for acomplete diagnosis.
7. Patients will be observed during each exposure to ionizing radiation.
8. Extraoral exposures will employ PSP screen-film.

Maintenance of X-Ray Records

Every patient exposure will be recorded in the patient's chart. Tracking sheets kept by students on patient name and exposures will be collected at the end of each semester and kept by the Administrative Specialist in a log to further document radiographic exposures.

Radiographic Exposure Guidelines

An important method for keeping patient exposure as low as reasonably achievable isthe appropriate prescription for radiographs.

Guidelines have been developed by the American Dental Association and the U.S. Food andDrug Administration. These guidelines are a decision- making ***aid***.

They are used only in conjunction with a comprehensive medical and dental history and a clinical examination.

More information regarding the selection of patients for dental radiographic examinations is available at: https://www.fda.gov/radiation-emittingproducts/ adiationemittingproductsandprocedures/medicalimaging/medicalx- rays/ucm116504.htm

Arkansas State Board of Health Rules and Regulations for Control of Sources of Ionizing Radiation: http://www.healthy.arkansas.gov/aboutADH/RulesRegs/IonizingRadiation2016.pdf

Frequency of Exposing Radiographs on Patients
Patients are not exposed to "routine" radiographs. All exposures will be authorized by theclinical faculty utilizing the selection criteria for prescribing radiographs.

Retaking Radiographs
Radiographs will be retaken only if the original films are deemed non-diagnostic by thesupervising dentist. A faculty member must supervise the exposure of all retakes.

Exposing Radiographs for Diagnostic Purposes
Radiographs are exposed for diagnostic purposes as deemed necessary by the supervisingdentist. Refer to the list of clinical situations for which radiographs may be indicated and patientsassessed to be at high risk for caries.

Clinical situations for which radiographs may be indicated include but are not limited to:

A. Positive Historical Finding:

1. Previous periodontal or endodontic therapy
2. History of pain or trauma
3. Familial history of dental anomalies
4. Postoperative evaluation of healing
5. Remineralization monitoring
6. Presence of implants or evaluation for implant placement

B. Positive Clinical Signs/Symptoms:

7. Clinical evidence of periodontal disease
8. Large or deep restorations
9. Deep carious lesions
10. Malpositioned or clinically impacted teeth
11. Swelling
12. Swelling
13. Evidence of dental/facial trauma
14. Mobility of teeth
15. Fistula or sinus tract infection
16. Clinically suspected sinus pathology
17. Growth abnormalities
18. Oral involvement in known or suspected systemic disease
19. Positive neurological findings in the head and neck
20. Evidence of foreign objects
21. Pain and/or dysfunction of the temporomandibular joint

22. Facial asymmetry
23. Abutment teeth for fixed or removable partial prosthesis
24. Unexplained bleeding
25. Unexplained sensitivity of teeth
26. Unusual eruption, spacing or migration of teeth.
27. Unusual tooth morphology, calcification or color
28. Unexplained absence of teeth
29. Clinical erosion

C. Factors increasing risk for caries may include but are not limited to:

30. High level of caries experience or demineralization
31. History of recurrent caries
32. High titers of cariogenic bacteria
33. Existing restoration(s) of poor quality
34. Poor oral hygiene
35. Inadequate fluoride exposure
36. Prolonged nursing (bottle or breast)
37. Frequent high sucrose content in diet
38. Poor family dental health
39. Developmental or acquired enamel defects
40. Developmental or acquired disability
41. Xerostomia
42. Genetic abnormality of teeth
43. Many multi-surface restorations
44. Chemo/Radiation therapy
45. Eating disorders
46. Drug/alcohol abuse
47. Irregular dental care

Based on the above risk factors and situations, the UAFS dental hygiene program provides the following recommendations for radiation exposure:

D. For panoramic film:

1. Panoramic projections are indicated for a patient age 18 or older, and more than 5 years since last panoramic projection. This may apply in addition to a full mouth series (FMS) of radiographs.
2. For patients 15-18 years of age, a panoramic projection may be taken to evaluate 3rd molars or possible orthodontic needs. Ages 17-21 is typical for eruption of 3rd molars and should be considered.
3. If a patient has a FMS or BWX and 3rd molars appear to be present but questionable, a panoramic projection may be exposed even if less than 5 years since the last one.
4. A patient suspected to have congenitally missing teeth that cannot be confirmed by periapical (PA) exposures should be evaluated with a panoramic projection.

5. Familial or congenitally missing teeth, delayed eruption, or early exfoliation requires a panoramic projection, especially for individuals age 15 and under.
6. Suspected oral cancer should be evaluated with a panoramic projection
7. Temporomandibular pain should not always be an indication forexposing a panoramic projection.

E. Additional radiographic assessment information:

1. An FMS should be taken every 3 years.
2. A class III or IV periodontal patient must have a current FMS. A current FMS is defined as one that has been taken within 3 years. If a Class III or IV periodontal patient has a current FMS, then PAs or vertical BWX, or both, may be indicated to evaluate periodontal or restorative status.
3. BWX should be taken *at least* every 18 months. This would apply to patients assessedto have low caries risk, a periodontal status within normal limits, and adequate homecare. For patients assessed to be at a high caries risk, this interval may be decreased.
4. Class III or IV periodontal patients that are returning for their 3-month recall interval, may be candidates for vertical BWXs even if they had radiographs exposed at a previous appointment.
5. Patients assessed to have low caries risk, a healthy periodontal status, few restorations and adequate homecare may need only BWS and panoramic with selected PAs for differential diagnosis as needed.

F. For radiographic assessment:

This written assessment must be reviewed and signed by dental hygiene program facultyor a supervising dentist and must include <u>but is not limited</u> to the following:

A. Name and age of patient
B. Student name
C. Last radiographs taken
D. Periodontal spot probe measurements
E. Number and general condition of existing restorations
F. Observed and/or suspected carious lesions
G. Signs of infection
H. Dietary risk factors
I. Frequency of dental care
J. Fluoride exposure
K. Patient complaints

RADIOGRAPHIC INFECTION CONTROL PROCEDURES

1. **Prepare the Operatory**
    A. Disinfect and place appropriate barriers.
    B. Clean and maintain equipment and room on a routine basis.

2. **Prior to Patients Radiographic Exposure**
    A. Review/Obtain complete medical/dental history.
    B. Review/Obtain hard tissue chart/periodontal chart.
    C. Complete treatment plan explaining the radiographs to be taken and obtainthe patient's signed Consent to Treat.
    D. Complete necessary paperwork; obtain radiographic receptors (PSP) fromclinical instructor if.
    E. Sign up to reserve radiology room.
    F. Follow all OSHA guidelines: wear safety glasses/gloves/mask/ barrier gown/clinic shoes/appropriate clinic hair protocol.
    G. The digital sensor is to be covered with a plastic barrier.
    H. Obtain one 5 oz. cup for PSP; place on cart outside of the radiographic room;place exposed receptors in the cup for transfer to processing room.

3. **Expose Patient Films**
    A. Have all necessary items ready for use prior to seating the patient, i.e.receptors, receptor holding instruments, barriers, cotton rolls, etc.

4. **Release patient**
    A. Escort the patient back to assigned operatory. Explain how long processing will take.

5. **Disinfect radiographic room and prepare materials for sterilization**
    A. PSP receptors are to be transported to processing room in plastic cups.
    B. Digital sensors are to be handled carefully, covered with a plastic barrier, anddisinfected with hospital grade disinfectant wipes (not sprayed or disinfectedwith saturated 4 X 4's).
    C. Sign out of radiology room. Mark name off sign-up sheet to alert others thatroom is ready for next student.

6. **Processing Room Infection Control Procedures**
    A. When using PSP receptors use barriers to protect countertops. Disinfect allsurfaces potentially contaminated by PSP barrier packets with an EPA registered hospital grade disinfectant.
    B. Wear gloves when handling contaminated PSP barriers, etc.
    C. Care must be taken to limit PSP receptor exposure to light to ensure image quality and increase the longevity of the PSP receptors. The processing room safelight is to be used to limit this exposure.
    D. Repackage and return PSP receptors to faculty.

RADIOGRAPHIC READING EVALUATION GUIDELINES

When critiquing radiographs and completing a radiographic evaluation it is important that your interpretation is ***specific*** to the type of radiographs you are taking. A Panoramic projection is different than a Full Mouth Series or a set of Bite Wings. The following guidelines and descriptions should be taken into consideration when evaluating each set of images.

Bite Wing Series:
A bite wing image includes the crowns of posterior maxillary and mandibular teeth, interproximal areas, and areas of crestal bone on the same image. Bite wing images are used todetect interproximal caries and are particularly useful in detecting early carious lesions that are not clinically evident. Bite Wing images are also useful in examining crestal bone levels betweenteeth. *Anything not viewable on the Bite Wings should not be discussed in this evaluation.*

Things to look for (but not limited to):

- Interproximal caries, incipient, moderate, or severe (gross)
- Interproximal restorations
- Crestal bone level and changes
- Recurrent caries
- Pulp stones
- Overhangs or deficient restorations

Full Mouth Series:
This periapical examination may include Bite Wings but is primarily used to examine the entire tooth (crown and root) and supporting bone. *Anything not viewable on the Full Mouth Series should not be discussed in this evaluation. For example, an unerupted tooth or impacted tooth not viewable should not be discussed. If it is partially visible it would be OK to discuss what youcan see.* ***Think about*** *overall function of the dentition, especially if there are missing teeth and why they are missing. Are they missing due to congenital anomalies, dental caries or periodontitis?*

Things to look for (but not limited to):

- Periapical pathology (radiolucent or radiopaque)
- Caries and /or bone loss (horizontal or vertical) especially in anterior {BW do not show anterior and pano does not show anterior in as much detail}
- Enlarged PDL
- Internal or external resorption

Panoramic:
The panoramic image provides the dental radiographer with an overall view of the maxilla and the mandible and is often used to supplement bite wing and periapical images. Areas tobe examined are the ramus, styloid process, sinuses, TMJ, etc. *Anything not viewable on thepanoramic projection should not be discussed in this evaluation. For example, incipient caries is not viewable on a panoramic projection.*

The purpose is to:

- Evaluate sinuses
- Evaluate the TMJ
- Evaluate impacted teeth
- Evaluate missing teeth
- To detect atypical radiolucencies or radiopacities
- To evaluate patterns of growth, and development
- To detect diseases, lesions and conditions of the jaws
- To examine the extent of large lesions
- To evaluate trauma
- Evaluate the extent of mesial drift or supra eruption

Among the things to look for in addition to the items listed by number on the evaluation sheet are asymmetry or any radiolucent or radiopaque areas that are notconsistent with normal anatomy.

Critical analysis and possible restorative options:
These comments should show that you have taken into consideration significant information from your medical and dental history. Examples of possible considerations would be a history oftrauma, severe xerostomia, unstable diabetic, bruxism, GERD, or previous treatment for periodontitis.
Additionally, look at the previous radiographs to see if there are any changes. For example, have the third molars been removed and does it appear that the patient healed well? Is there anew crown? Is there evidence of increased bone loss?

We are looking for the ability to pull everything together and provide thebest patient care possible.

Film Review
Film review will be done by the attending staff dentist. The dentist will be responsible for documenting findings for all film exposed in EagleSoft. His findings will take into consideration chairside findings on the HTC as well as any other areas of concern that he may note during the review. The dentist will incorporate his findings of the film review with exam findings to provide thepatient with a comprehensive exam.

The student will need to point out any areas of concern on the radiographs before the dentist begins the exam. These should be noted on the HTC. Areas that have been added by the dentist after the film review will need to be added to the HTC for the patient. Areas that the dentist doesnot feel warrant restoration after the film review will need to be removed from the HTC or marked as an area for observation. This will be done at the discretion of the dentist during the exam. The dentist is responsible for ensuring the exam referral sheet accurately reflects the film review finding, clinical observation and thorough exam of all teeth/oral structures. The dentist will enter the exam findings into EagleSoft for each patient.

Students should follow up with dentist to ensure that the film review is done prior tocompletion of the patient. If a patient is completed in one appointment, advise the dentist that patient will be complete so he can review the film prior to patient dismissal.

TalEval Dental Hygiene Process of Care Evaluation

TalEval will be used to track clinical progress for students in Clinic I, II and III. TalEval is a computerized system that provides an overview of the student's progression in the dental hygieneprocess of care that includes *assessment, planning, implementation* and *evaluation.* TalEval provides an objective method for evaluating performance, as no numerical values are known at the time of the evaluation. The weights of the evaluation symbols (provided below) are assigned after all data is gathered at the end of the clinic level.

The clinics are divided into Clinic 1-A, IIA, and IIIA, correlating with each semester. Studentswill become more proficient as they progress through each assigned clinic. Therefore, the evaluation system increases in demand as the student progresses through the curriculum.
Students begin each term with a baseline number of points and then can either lose points based on accrued errors in the categories as well as critical errors in specific areas or gain points by treating harder, more compromised periodontal patients. This provides an incentive to treat difficult patients, to treat more than the required minimums to gain points for productivity to offset errors made. The points earned for treating more difficult periodontal patients decrease in value in each clinic as the student is expected to become more competent and should have a greater degree of accuracy as their skills increase with experience and instruction. Therefore, by theend of Clinic III-A, it is expected that the student will demonstrate a mastery of skills that is evidenced by few □or x in each of the categories and additional points earned for the difficult patients is minimal.

Regarding subgingival and supragingival calculus removal, TalEval provides the student with a reasonable expectation at each clinical level. Supragingival deposits and subgingival deposits areused for classification purposes and the percentage that the student must remove increases as they master instrumentation skills. In addition, the instrumentation subcategory provides the student and the instructor with a more definitive connection for evaluation. For example, if the student is missing calculus then there is an area under instrumentation to address exploring andinstrument utilization. The instrumentation evaluation correlates to the evaluation for scaling.

The four categories are further subdivided into fourteen subcategories that include the following:

- Assessment
  - ✓ MXDX
  - ✓ EOIO
  - ✓ Radiographic assessment and documentation
  - ✓ Hard Tissue
  - ✓ Occlusion
  - ✓ Periodontal Assessment
  - ✓ Deposit Assessment
- Planning
  - ✓ Treatment Planning

- Implementation
  - ✓ Prevention/Supportive
  - ✓ Pain control/Management
  - ✓ Instrumentation
  - ✓ Calculus and Plaque Removal
- Evaluation
  - ✓ Quality Assurance
  - ✓ Professionalism/Ethical Conduct

Under each subcategory an itemized list is provided that guides the student and the instructor oneach aspect of the process of care that will be evaluated. When instructors go through the itemized list, they mark each item utilizing the following symbols:

+ for accuracy denoting no errors or acceptable if + or √ only*

√ for a single minor error

X for multiple errors in a category/unacceptable if + or √ only*

N Indicates item: Not performed or observed, these do not count against the student

**Please note that some categories require only a "+ or X" for the evaluation of that item. This is noted at the end of the listed item.*

At the time of the evaluation, the instructor does not know the weight of the evaluation marks (X̲) as these are determined at midterm and at the final week of the semester when weights are presented on a master grid that calculates the grade according to class performance in each category. This provides an objective evaluation and serves as an evaluation tool for the individual with regard to their performance with the class as a whole. The weight of the subcategory is indicative of success – the higher the weight, the less errors that the students are making in that subcategory. Therefore, if a student is still making errors in a higher weighted subcategory this indicates that the student is not progressing with the rest of the class in that area and may require focused instruction.

TalEval also tracks patient treatment with regard to calculus classification, periodontal classification, patient age, ASA levels, special needs, completion status and prescribed recare frequency.

Entering Information into TalEval

The log in for TalEval is https://TalEval.com/Signin.aspx. Students will be assigned a log in and password at the beginning of Clinic I. **Do not** share this information with other students. This password will be used by the student to add patient data and to check theirprogress in clinic.

Students will enter patient data **prior** to the first check. This is only for new patients, but the student should check TalEval to be sure that the patient has not been entered previously. Be sure to check if patient is marked as inactive as the software inactivates patients after a certain

amount of time. If inactive, please mark as active. The following fields are required andshould be checked for accuracy by the student prior to instructor check:

- First and last name. Middle initial is optional.
- Birthdate
- Medically compromised (Yes or No)
- Special needs if applicable

These fields need to be entered for all new patients. For existing patients, all information needs to be checked for accuracy at each visit. Please DO NOT add data until you know that the patientis going to show up for the initial visit to the clinic. We do not want to add data on patients that miss their initial appointment and do not actually become a patient of record in our facility.

The instructor that checks the patient will make notes on the blue grade sheet for that patient. A fulltime faculty member will be assigned to each student to enter this data to establish the grade entry for the student. Students will be able to view the grade for the patient and should check frequently to see comments and to ensure that all grading areas arecompleted prior to patient completion. If an area that has been graded does not reflect the appropriate marks, the student should see the assigned faculty, and have it corrected prior topatient completion.

Students will be provided with the individual formative grade report, overall grade report and the patient care report as needed throughout the semester. If the student has questions, they should see their assigned instructor for clarification.

TalEval Basics

Evaluation symbols are assigned for every category for the dental hygiene process of care. In addition, faculty will note areas to substantiate any error on a tracking sheet for each patient.

This tracking sheet, along with any other patient documentation, will be turned in once the patient is complete and retained by the lead clinical instructor. It is the student's responsibility to ensure that faculty has noted completion of each section that they grade, or patient will not count as complete.

In general, TalEval arrives at the final grade for each clinical subdivision in the following way:

- At the time the symbols (**√** or **x)** are assigned, their value is unknown by the instructor, as thevalue of the symbols in each category of the dental hygiene process of care is not determineduntil the entire class performance is plotted on a grid, and weights determined by the proficiency of the class at each level of their clinical education are computed. This system affords more objectivity in the daily evaluation process than having one instructor assigning anumerical grade at the time of the patient treatment.

- At mid-semester and the end of the semester, the symbols assigned for patient treatment bythe entire class are plotted on a grid in their respective categories.

- The more **√** and **x** symbols assigned per category, the less value the symbol has in itsrespective category. Categories where students' skills are just "developing" would beevidenced by a greater number of 0 (**√** and **X**) findings.

- Categories where students have mastery of skills would be evidenced by a fewer number of(**X** and **√**) symbols and more frequent assignment of (**+**) symbols.

- The **X** and **√** symbols assigned result in points lost from the total grade.

- Additional points may be lost if students make a "critical error" resulting inan additional .50 deduction per critical error made.

The following constitute *critical errors for our clinic*:

- MXDX: Determine need for pre-med based on MXDX **+** or **X**
- MXDX: All signatures acquired on MXDX **+** or **X**
- Rad Assessment: Prescription prior to taking radiographs **+** or **X**
- Treatment Planning: Patient signs treatment plan before implementation begins **+** or **X**
- Calc/Plaque Removal: Satisfactorily removes remaining calculus after instructor check
- Professionalism: Confers with faculty prior to patient dismissal, patient

rechecked asneeded **+** or **X**

- Professionalism: Follows infection control techniques and patient safety

- Points may be gained from productivity in treatment of each patient calculus and periodontal classification. Harder patients earn higher points. Initially the points awarded are greater but asthe student progresses through the program, these points decrease invalue.

Please refer to the following chart for assigned values.

- As students progress through each clinic, the expectation for subgingival and supra gingival calculus detection and removal increases.

TESTING POLICY FOR STUDENTS

All examinations will be administered via Examplify using student's personal laptop computer or iPad. Students must ensure adequate system requirements to use Examplify prior to the start of the dental hygiene courses. Any questions regarding software should be directed to ExamSoft help resource: (866) 429-8889 open 24/7. Students are expectedto take each exam on a computer or iPad; *Examplify does not support a tablet format.*

Students will receive a download reminder prior to each dental hygiene exam and are responsible for downloading the exam prior to the exam date and time. Students who donot download in advance of the exam may forfeit the right to take the exam and may begiven a grade of 0.

On exam days, in preparation for taking an exam using Examplify, students should:

- Complete any computer updates in advance, as they frequently occur.
- Turnoff all programs, including Antivirus software, and close all documents.
- IPads will be set on airplane mode.
- Fully charge computer or iPad; supplemental power may not be available.

EXAM GUIDELINES

1. Leave all bags, books, backpacks etc. in the designated area.
2. Turn off all electronic devices, including cell phones and smart watches, and keep in a bag or backpack, or on the front desk at the instructor's discretion.
3. Students will be provided with a single sheet of paper and a pencil that will be collected at the end of your exam at the discretion of the professor. Please place your name on this paper. Only your computer/iPad, pencil, and sheet of paper will be permitted on your desk. (No drinks, food, tissues, pencil boxes etc. will be permitted).
4. No hats, scarves, caps, earbuds, earplugs or hoodies are permitted with the exception of religious headgear.
5. Seats may be assigned.
6. Do not talk for any reason after you are seated for your exam.
7. Keep your eyes on your computer or iPad. Do not look around the room.
8. Keep all paper flat on your desk.
9. Do not tap pencils, fingers etc. on the desk.
10. Leaving the room for any reason is not permitted. Go to the restroom before the exam if necessary.
11. Academic dishonesty of any type will not be tolerated (see the University Honor Code).

Appendix A: Dismissal Policy for ill or Compromised Patients

Dental Hygiene Patient Dismissal Policy for Ill or Compromised Patients

This policy is in effect to reduce the risk of potential harm to patients at the UAFS Dental Hygiene Clinic who may be compromised due to illness, systemic disease, or other substancesduring dental hygiene care appointments. It is also in place to minimize harm to faculty, staff,students, and other patients from communicable diseases.

Supervising faculty will make the decision whether dismissal is necessary based on informationgathered during assessment of the patient. Students must notify faculty at any time they feel apatient is displaying signs of being compromised during patient treatment.

Patients will be dismissed/reappointed in the following circumstances:

- Demonstration of a temperature above 99.6°F or a blood pressure exceeding 180/110
- Presentation with medical history information that alerts to possible active tuberculosis
- Presentation with active herpes infection
- Presentation with a medical condition that alerts clinician that a medical clearance is necessary, and they are unable to get it from the physician
- Showing with signs of a parasitic infection such as lice or mites
- Patient is deemed as compromised due to alcohol and/or substance abuse

Emergency contact will be notified, or EMS called in the event of a medical emergency at patient's expense.

Patient Signature:_____ Date: _____

Student Signature:_____ Date: _____

Faculty Signature:_____ Date: _____

Appendix B: Dismissal Policy for ill or Compromised Clinicians

Dental Hygiene Dismissal Policy for Ill or Compromised Clinicians

This policy is in effect to reduce the risk of potential harm to students at the UAFS DentalHygiene Clinic who may be compromised due to illness, systemic disease, or other substances during dental hygiene clinical courses. It is also in place to minimize harm to faculty, staff, other students, and patients from communicable diseases.

Supervising faculty will make the decision whether dismissal is necessary based on informationgathered. Students must notify faculty at any time they feel ill or compromised during a clinicalcourse.

Students will be dismissed in the following circumstances:

1. Demonstration of a temperature above 99.6°F or a blood pressure exceeding 180/110
2. Presentation with medical history information that alerts to possible active tuberculosis
3. Showing with signs of a parasitic infection such as lice or mites
4. Student is deemed as compromised due to alcohol and/or substance abuse

Students will also be dismissed if confirmed they have an infectious disease that may be transmitted to others. Examples include Ebola, Influenza, Haemophilus (HIB), Hepatitis (A, B,C, D), Measles, Meningitis, Mumps, Norovirus, or Pertussis.

Emergency contact will be notified, or EMS called in the event of a medical emergency atstudent's expense.

Student Signature:_____ Date: _____

Faculty Signature:_____ Date: _____

Appendix C: Standard Precautions Statement

Standard Precautions Statement Release and Acceptance

I have been given written and verbal information regarding Standard Precautions. I have readall information in the Dental Hygiene Policy and Procedures Manual regarding bloodborne pathogens and the OSHA pamphlet *Bloodborne Pathogens Standard: Protecting Yourself fromAIDS & Hepatitis.* I have reviewed the online presentation, *Guidelines for Infection Control in Dent al Health-Care Settings — 2003 PowerPoint Presentation at*:

http://www.cdc.gov/OralHealth/ infection control/guidelines/ppt.htm

I understand all aspects of the information that I was provided and agree to use StandardPrecautions during clinical and simulated practice.

I understand that my failure to use Standard Precautions may result in an exposure tobloodborne pathogens.

I HEREBY RELEASE AND HOLD HARMLESS THE UNIVERSITY OF ARKANSAS – FORT SMITH, ITS BOARD OF VISITORS, OFFICERS, AND AFFILIATING AGENTS FROM ANY AND ALL LIABILITY, RESPONSIBILITY, DAMAGE OR LOSS, WHETHER KNOWN OR UNKNOWN, EXISTING OR POTENTIAL,THAT I MAY EVER CLAIM AS A RESULT OF ANY CONTACT OR CONSEQUENCE THAT MAY ARISE FROM MY EXPOSURE.

Signature:_____Date: _____

Executive Director :_____Date: _____

_____

Appendix D: Policy for the Prevention and Management of Substance Abuse

Policy for the Prevention and Management of Substance Abuse
Release and Acceptance Form

I,_____(print name), have read and understand the Policyfor the Prevention and Management of Substance Abuse for the University of Arkansas – Fort Smith College of Health Science. I understand that I am responsible for the cost of drug screensrequired due to cause, for MRO (Medical Review Officer) consultation, and/or split sample analysis. I understand, if I'm tested for cause, I am required to arrange for *alternate mode of transportation* (e.g., family or taxi) rather than self-transport.

I agree that the lab used for drug testing is authorized by me to provide results of the test(s) to the CHS Program's Executive Director. I agree to indemnify and hold the lab harmless from and against any and all liabilities of judgments arising out of any claim related to 1) compliance of the college with federal and state law and 2) the college's interpretation, use and confidentiality of the test results, except when the lab is found to have acted negligentlywith respect to such matters.

I understand that an outcome of a positive drug screen and/or conviction of a drug or alcohol related offense or one of moral turpitude will constitute immediate suspension from my CHS Program. Re-admittance to my program will follow the Program's Readmission Criteria and Procedures Policy. I understand that if I'm readmitted to the program and a positive test for substance abuse is found, I will be dismissed from the program and will be ineligible to return.Furthermore, I will be ineligible to receive a letter of good standing.

Student Signature:_____Date: _____

Executive Director Signature:_____Date: _____

Appendix E: Pregnancy Waiver

Pregnancy Waiver Acceptance and Release

I understand it is my sole responsibility to submit a written Health Care Provider Statement/Medical Release Statement (HCPS/MRS) from the health care provider monitoring the pregnancy to the program executive director. Reference to clinic, laboratory, radiology, and dental materials must be specifically included in the HCPS/MRS. I will not be allowed to participate in either class or clinic until I have provided the necessary documentation and release. This statement must be written on official letterhead and include the specific in which I may or may not participate. I have also provided an updated Student Health Statement/Medical Release Form with the HCPS/MRS.

If the health care professional recommends non-participation in any of the above courses, I will not be permitted to attend said activities until medical clearance is provided. This may adversely affect my ability to complete specific courses and/or the program until the completion of gestation.

I understand and accept the Absentee/Tardiness policy as stated in the UAFS Dental Hygiene Policy/Procedures Manual and have read the requirements in each course syllabi with regard toabsences. Any absences greater than the maximum allowed will count toward the Absenteeism/Tardiness Policy and may result in dismissal from the program.

I am aware of the potential hazards associated with the following during pregnancy:

1) Ionizing radiation associated with dental radiographs
2) Blood borne pathogens
3) Administering Nitrous Oxide for patient use
4) Receiving Local Anesthesia in local anesthesia lab

I have discussed these potential hazards with my healthcare provider and have submitted a letterwith his/her recommendations that allow me to provide all procedures necessary to complete thedental hygiene program.

I understand that I must use all standard precautions with regard to exposure to the above to preventany injuries to myself or my unborn child.

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

I HEREBY RELEASE AND HOLD HARMLESS THE UNIVERSITY OF ARKANSAS – FORT SMITH, ITS BOARD OF VISITORS, OFFICERS, AND AFFILIATING AGENTS FROM ANY AND ALL LIABILITY, RESPONSIBILITY, DAMAGE OR LOSS, WHETHER KNOWN OR UNKNOWN, EXISTING OR POTENTIAL, THAT I MAY EVER CLAIM AS A RESULT OF ANY CONTACT OR CONSEQUENCE THAT MAY ARISE FROM MY EXPOSURE.

Student Signature:_____ Date: _____

Executive Director Signature:_____ Date: _____

Appendix F: Student Health-Care Provider Statement/Medical Release

UAFS
University of Arkansas - Fort Smith

College of Health Sciences
Student Health Care Provider Statement/Medical Release

Prior to entrance into a health sciences program, a medical release must be completed by your health care provider. Note: If at any time during the program your health status changes, you must have your health care provider complete a new medical release form. This form, with the student's and health care provider's signature, is required prior to return to clinical following absence due to health problems or changes in health status. The faculty reserves the right to request the student to submit a new health care provider statement/medical release in the event the student demonstrates evidence of clinical performance affected by physical, emotional, or mental limitations.

All College of Health Sciences (CHS) students must be physically, emotionally, and academically able to safely demonstrate completion of all required learning activities. Learning activities include successful completion of course, clinical, and theory objectives in order to successfully complete the CHS curriculum. All students must submit the health care provider statement/medical release that includes a medical history questionnaire and a physical ability requirements. CHS students will be treated respectfully regardless of race, color, national origin, gender, age, religion, or disability. In turn, CHS students will treat their clients respectfully regardless of race, color, national origin, gender, age, religion, or disability. University of Arkansas – Fort Smith (UAFS) provides reasonable accommodation and services to otherwise qualified students who have physical, emotional, and/or learning disabilities unless making the accommodation poses an undue hardship on the University or jeopardizes client safety.

CHS students will be in clinical courses requiring the safe application of both gross and fine motor skills as well as critical thinking skills. All of these skills are an inherent element of clinical practice. Usual and required activities routinely conducted by students include care for clients that may be ambulatory or comatose and involves all age ranges from premature infants to gerontology clients. Required abilities: walking, standing for up to twelve hours, bending, reaching, turning, listening, observation, and moderate to heavy lifting (at least 75 pounds). There always exists potential exposure to communicable diseases and other pathogens.

Student Affirmation: I understand the student academic role and clinical performance requirements as noted on the physical abilities requirement form and agree that I have the primary responsibility of my own health status. I agree that I will not knowingly place myself, clients, or others in unsafe situations based upon my physical, mental, or emotional limitations. I have completed and signed the physical abilities requirements form and medical questionnaire. I authorize my health care provider to release the information requested below concerning my health status to CHS. A student not being truthful or falsifying the health policy documents will be dismissed from the CHS Program.

Printed Name of Student:			
Signature of Student:		**Date:**	

Health Care Provider Instructions: Please answer the following questions with the understanding of the academic role and clinical performance requirements of CHS students. Please do not attach any medical records.

Does the student have any medications, limitations, or disabilities identified on the medical history questionnaire (see page 2) or physical ability requirement list (see page 3) that would interfere with the performance of the academic or clinical requirements specified above on this form? If yes, specify. ☐ Yes ☐ No

Based upon review of pages 2 and 3, what special accommodations are medically necessary to assist the student with academic and clinical performance? Mark N/A if not applicable.

State any instructions or limitations with which the student has been advised to comply. Mark N/A if not applicable.

Signature of Health Care Provider (credentials) _____ **Date** _____

Print Name of Health Care Provider Office Address (include city, state, zip) _____

Physician/Clinic Stamp or Seal

Signature required if no stamp available

Note: The signatures of both the student and health care provider are required for admission. The names and information must be legible to be accepted. Illegible documents will be returned to the student.

Appendix G: Medical History Questionnaire

UAFS
University of Arkansas - Fort Smith

COLLEGE OF HEALTH SCIENCES
MEDICAL HISTORY QUESTIONNAIRE

TYPE OF COMPLETION: SELECT ALL THAT APPLY

☐ ABSENCE ☐ CHANGE OF MEDICATION ☐ CHANGE IN MEDICAL STATUS

LAST NAME	**FIRST NAME**	**MIDDLE NAME**	**TODAY'S DATE**
HOME ADDRESS			
PHONE		**GENDER**	**DATE OF BIRTH**

A. Check either yes or no – give details of a "yes" answer in section B that follows.

Have you ever been treated for conditions or had indications of:

1.	Eye/Vision problems			15.	Arthritis/Rheumatism/Bursitis		
2.	Skin rashes or eczema			16.	Hemorrhoids		
3.	High blood pressure			17.	Disease or pain of bones/joints		
4.	Fainting or dizziness			18.	Hepatitis		
5.	Tuberculosis or lung disease			19.	Ear problems		
6.	Head injury			20.	Psychiatric problems		
7.	Asthma			21.	Muscle spasms		
8.	Convulsions/Seizures			22.	History of substance abuse		
9.	Diabetes			23.	Reaction to medications		
10.	Varicose veins			24.	Anemia/Blood disorders		
11.	Emphysema			25.	Reaction to chemicals		
12.	Kidney/Bladder problems			26.	Heart problems		
13.	Epilepsy or seizure disorder			27.	Neck, shoulder, or back problems		
14.	Allergies			28.	Pregnancy		

B. List below full details to questions answered "YES" in Section A, above. Use a separate sheet of paper if needed. A medical release for any of the above will be required for admission.

Question #	**Condition/Treatment/Management**	

C. Do you take medicine regularly? ☐ Yes ☐ No

If yes, list all prescribed and over the counter or herbal medications and reasons for taking (use a separate sheet if needed):

Medication	**Dosage**	**Reason**
Ex. Tylenol	*325 mg every 4-6 hours as needed*	

I understand that being untruthful or withholding information on the medical release questionnaire will result in dismissal from the CHS Program.

Student Signature	

I have reviewed the medical history questionnaire and attest that this student does not take any medications or have any medical limitations prohibiting safe clinical performance.

Signature of Health-Care Provider (Credentials)	

Appendix H: Physical Abilities Requirements

UAFS
University of Arkansas - Fort Smith

College of Health Sciences
Physical Abilities Requirements

Student Name	**Semester of Program Admission**

M – Regularly **O** - Occasionally	**R**	**O**	
Abilities	X		**Measurable Descriptor**
Vision: Corrected or Normal	X		Ability to read syringes, labels, instructions and equipment
Color Vision	X		Color coded equipment
Hearing	X		Ability to hear through some equipment and noisy environments
Touch Temperature Discrimination	X		Palpation pulses and discriminate temperature and sensation; Use equipment requiring fine motor skills
Smell	X		Differentiate body odors, drainage, skin, and stool odor
Finger Dexterity	X		Manipulation of equipment, dressings, IV and other functions requiring finger dexterity; assessment
Intelligible Oral Communication	X		Communication with clients, staff members, peers and faculty
Appropriate Non-Verbal Communication	X		Therapeutic communication with client and health care team
Pushing	X		Pounds/Foot: 100, equipment, carts with and without clients
Pulling	X		Pounds/Foot: 50, equipment and client carts
Lifting	X		Pounds/Foot: 50, clients, equipment and supplies
Lifting Floor to Waist	X		Pounds 75: 3 man lift of patients
Reaching Forward	X		Moving clients and equipment
Carrying	X		Pounds 50
Standing & Walking	X		Long periods, up to twelve hours
Sitting	X		Infrequent and short periods, break and lunch
Stooping/Bending	X		Infrequent and short periods; adjusting equipment
Kneeling/Crouching		X	Infrequent and short periods; adjusting equipment
Running		X	Infrequent, emergency situations
Crawling		X	Short periods, emergency, adjusting equipment
Climbing	X		Infrequent, patient care activities
Stairs (ascending/descending)		X	Infrequent, emergency situations
Turning (head/neck/waist)	X		Frequent extended periods; may position for long periods
Repetitive Arm Movement	X		Keyboards/Computer

I have read, understand, and accept the above working conditions expected of a CHS student in the academic and clinical setting and certify that I am able to meet these requirements.

Student Signature	Date

I have reviewed the physical abilities requirements for a CHS student in the academic and clinical setting and certify that this student is able to meet these requirements.

Signature of Health Care Provider (credentials)	Date

Appendix I: Immunizations / Certification Requirements

UAFS
University of Arkansas - Fort Smith

College of Health Sciences
Immunizations / Certification Requirements

My signature indicates that I understand the College of Health Sciences has immunizations/certification requirements and that I am in compliance with requirements. I understand copies of these proofs of immunizations/certification will be presented to the clinical agencies. Failure to initiate and maintain a current health record will prevent attending the clinical experience resulting in failure of the course and/or dismissal from the program.

Student Signature	Date

Office Use Only

Stamp Date Received:

Program Director Signature:			
Approved for Class/Clinical:	☐ **Yes** ☐ **No**	**Date:**	

Appendix J: Influenza Vaccine Waiver

Influenza Vaccine Waiver

Vaccine-preventable disease levels are at or near record lows. Even though most infants and toddlers have received all recommended vaccines by age two, many under-immunized children remain, leaving the potentialfor outbreaks of disease. Many adolescents and adults are under-immunized as well, missing opportunities to protect themselves against diseases such as Hepatitis B, influenza, pneumococcal disease, and Varicella Zoster.

The University of Arkansas - Fort Smith College of Health Sciences encourages students/faculty to follow the recommendations of the Center for Disease Control and Prevention (CDC). The CDC strongly recommends that health care workers (HCW) (e.g., physicians, nurses, emergency medical personnel, dental professionalsand students, medical and nursing students, laboratory technicians, hospital volunteers, and administrative staff) receive vaccination for vaccine-preventable diseases.

I understand and have read the information regarding Influenza on the CDC website www.cdc.gov. I understand the significance of the Influenza vaccination requirement for HCW. I choose NOT to obtain the Influenza vaccinations. Based on this, **I HEREBY WAIVE ANY CLAIMS AGAINST UAFS, ITS BOARD OF TRUSTEES, OFFICERS, AND AFFILIATING AGENTS FROM ANY AND ALL LIABILITY, RESPONSIBILITY, DAMAGE,OR LOSS, WHETHER KNOWN OR UNKNOWN EXISTING OR POTENTIAL, AS A RESULT OF ANY CONTACT OR CONSEQUENCETHAT MAY ARISE FROM MY EXPOSURE.**

SIGNING THIS WAIVER DOES NOT RELEASE ME FROM THE REQUIREMENTS OF THE CLINICAL FACILITY RELATED TO THE INFLUENZA VACCINE.

Signing this waiver does not release me from clinical facility requirements related to the influenza vaccine.

_____ _____

Signature Date

Appendix K: Post Exposure Incident Management Record

UAFS College of Health Sciences Dental Hygiene Program
Post Exposure Incident Management Record

POST EXPOSURE INCIDENT MANAGENT RECORD	UAFS Dental Hygiene
Name:	
Date: Time:	
The above individual was involved in a possible infectious disease exposure incident. Details of this exposure are noted below: Exposure incident circumstances (*what, how, and why the incident occurred, type and brand of device*):	
Route and area of exposure (route: needle-stick, splash, puncture wound, abraded skin; area –i.e. tip of left index finger):	
Details of exposure: (i.e. severity, type and amount of fluid or material, depth of wound, gauge of needle, fluid injected, volume of material, duration of contact, condition of skin, etc.)	
Source of patient name (if known):	
Source of patient significant medical history:	
Exposed person information (i.e. Hepatitis B Vaccinated, etc.):	
Source patient blood test results (if applicable):	
Was the source patient sent for medical evaluation? YES NO Comments:	
Was the exposed person sent for medical evaluation? YES NO Comments:	
Signature of exposed person:	
Program Faculty/Executive Director Signature:	
Date:	

A copy of this form will be given to exposed individual and a copy will be retained by the Executive Director.

Appendix L: Accident/Emergency Record

Dental Hygiene Program ACCIDENT / EMERGENCY RECORD

Date:		Time:	
Name:			
Address:			
Description of accident/emergency:			
Pertinent medical history:			
Vital Signs:	BP:	Respirations:	Pulse:

Action Taken: ✔ appropriate response.

	CPR started:		Patient left office: ____ alone____with relative/other
	EMS activated:		Other action: Specify
	Emergency Drugs Administered: _____		
	Emergency Contact called:		
	Physician called:		

Comments/Summary:_____

_____

_____

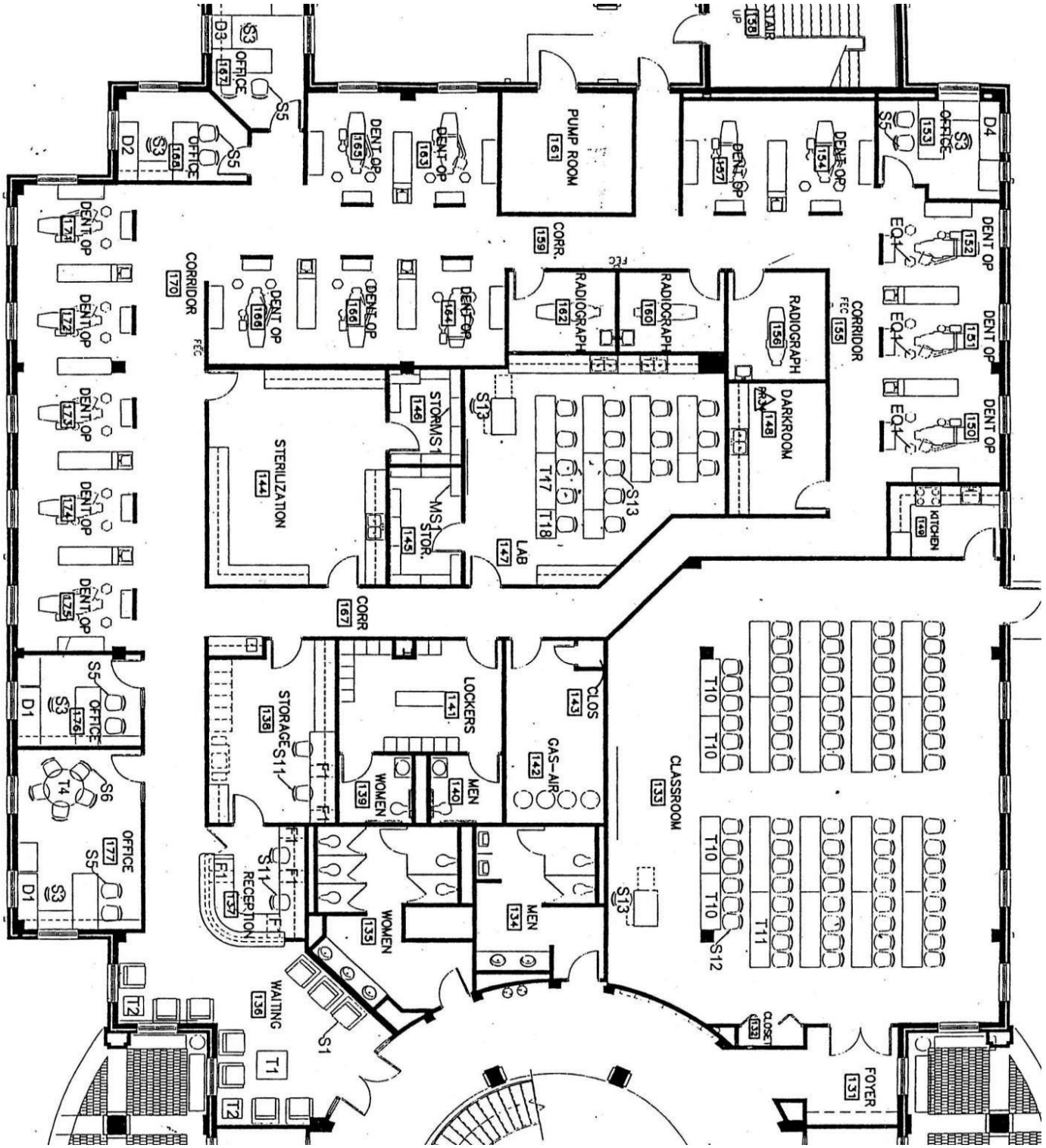
Personnel Attending:_____

_____

_____

Appendix M: Pendergraft Building Dental Hygiene Clinic Floor Plan

DENTAL HYGIENE CLINIC



Appendix N: Board Screening Consent Form

UAFS College of Health Sciences Dental HygieneBoard Screening Consent Form

Board Screening Consent Form
I understand that I am being screened for possible use by a student/candidate for aclinical board examination. I understand that if selected, treatment will consist of a**Partial Oral Prophylaxis and Periodontal Assessment** on prescribed area only.

_____I elect to be a patient of record and have areas other than those selectedfor the board exam treated. I understand that no post-operative treatment on area treated during the clinical examination will be provided by the University of Arkansas – Fort Smith dental hygiene program.

_____I elect to only be a patient for the clinical examination and will only be screened at the University of Arkansas – Fort Smith. No other treatment will be rendered.

I understand and will sign clinical agency forms that acknowledge the following:

1) Additional treatment related to services rendered during the examination may be required.
2) Post-operative arrangements will be specified on the Post-Operative CareAgreement provided by the testing agency.
3) The University of Arkansas – Fort Smith will not accept responsibility forproviding post-operative care.
4) There may be a fee involved for post-operative care and the University ofArkansas - Fort Smith will not accept responsibility for any cost incurred.
5) The treatment provided will be done by a student in the process of testing for minimal practical skills necessary for licensure. Therefore, no guarantee can be made that the work performed will be adequate.

Patient:_____ Date: _____

Student:_____ Date: _____

Faculty:_____ Date: _____

Appendix O: Conditions and Consent Form for Patient Treatment

CONDITIONS AND CONSENT FORM FOR PATIENT TREATMENT
UAFS DENTAL HYGIENE CLINIC

***Please read and sign before treatment. Parent or guardian must sign for a minor (under the age of 18)*

1. **PATIENTS ARE EXPECTED TO KEEP AND TO BE ON TIME FOR APPOINTMENTS**
   a) If a patient habitually cancels (without 24-hour notice), is habitually late, or does not show for two (2) consecutive appointments, the UAFS Dental Hygiene Clinic reserves the right to refuse further treatment.
   b) If a patient is late and the student does not have time to treat the patient, the patient may be seen by another student, providing another student is available.
   c) If another student is not available, the patient will be rescheduled for another day.
2. **APPOINTMENT TIMES ARE LONGER THAN APPOINTMENTS AT A PRIVATE DENTAL OFFICE**
   a) Services provided in a teaching institution will require more time for completion than the same proceduresperformed in a private dental office.
   b) Depending upon the patient's oral condition, more than one clinical session/appointment may be required for completion.
   c) If a patient cannot stay for the full appointed time, the administrative specialist at the front desk must benotified immediately upon the patient's arrival.
3. **A PARENT OR GUARDIAN MUST ACCOMPANY ANY MINOR PATIENT/CHILD (UNDER THE AGE OF 18) TO THE APPOINTMENT**
   a) A child may not be dropped off and left without a parent or guardian being present during treatment.
   b) If a parent or guardian must leave the child, arrangements must be made for someone of legal age to be responsible for the child. They must remain in the reception area for the duration of the child's appointment. A note must be signed by the parent or guardian releasing the child to the custody of the person responsible for making treatment choices for the child.
   c) Children usually respond better to treatment when a parent or guardian remains in the waiting room area during treatment.
   d) Only the patient receiving treatment will be allowed in the treatment area. Other individuals accompanying the patient must wait in the waiting room unless a faculty member or student specifically asks for someone to enter the treatment area.
4. **ALL TREATMENT IS PERFORMED BY DENTAL HYGIENE STUDENTS AS A PART OF THEIR CLINICAL EDUCATION. THIS TREATMENT IS COMPLETED UNDER THE SUPERVISION OF THE DENTAL AND DENTAL HYGIENE FACULTY**
   a) Procedures performed on patients may include disclosing agents, taking impressions, exposing radiographs, charting periodontal pocket depths, and other oral conditions, intraoral and extraoral examinations, vital sign,administering topical and local anesthetics, nitrous oxide administration and debridement.
   b) The primary function of the UAFS Dental Hygiene Clinic is to teach students dental hygiene procedures to reachclinical competency.
   c) Student procedures are supervised and evaluated by the dental hygiene faculty before, during and after the treatment. These evaluations add to the treatment time.
   d) It is expected that patients will cooperate in enhancing student's proficiency in clinical procedures.
   e) If a patient is unable or unwilling to cooperate in any procedures, the administrative specialist at the front desk or one of the faculty members must be informed at once before treatment is continued. Treatment maybe terminated at this point.
   f) The clinic provides dental hygiene services. Occasionally, additional dental services may be provided. The services provided at the dental hygiene clinic are dictated by the curricular and education goals/objectives of the dental hygiene program. Therefore, the patient must visit a private dentist regularly to complete his/hercare.
   g) The dental hygiene clinic is not responsible for a patient's failure to obtain follow-up dentalcare.

5. **IT IS UNDERSTOOD THAT:**
   a) Radiographs (x-rays) may be taken as necessary for treatment.
   b) Patients may, upon a dentist's request, obtain their radiographs and take them to their dentist. Patients should contact the clinic to request radiographs be transferred to their dentist by electronic means. A Releaseof Records form will be signed by the patient as consent for this release as we do not ensure safety of recordstransferred via electronic means.
   c) Fluoride treatment will be provided to all patients at risk for dental caries unless contraindicated.
   d) Treatment may be deferred or refused if, in the judgment of the dental hygiene faculty, it is in the best interest of the patient or student to do so. An informed refusal will be signed by the patient.
   e) It is possible that during treatment a defective restoration may be inadvertently removed. The dental hygiene program does not assume responsibility of the cost involved for replacement of the restoration.

6. **PAYMENT IS EXPECTED BEFORE SERVICES ARE RENDERED**

7. **PATIENTS ARE REQUIRED TO ANSWER ALL REQUESTS FOR INFORMATION FULLY AND TRUTHFULLY**
   a) Patients should advise the student and faculty of any allergies and/or other health problems.
   b) Students will not be allowed to perform procedures if the patient fails to provide adequate health information.
8. **BECAUSE THIS IS A TEACHING INSTITUTION, PATIENT MAYBE ASKED TO HAVE INTRORAL AND/OR EXTRAORAL PHOTOGRAPHS TAKEN OR TO ALLOW SPECIFIC PROCEDURES TO BE VIDEOTAPED**
   a) These procedures will only be used for educational purposed and the patient's identity will be held in strict confidence.
   b) All attempts will be made to only video/photograph teeth; excluding the patient's face from the view.

DENTAL PATIENT BILL OF RIGHTS:

A. You have the right to schedule an appointment in a timely manner.
B. You have a tight to see the supervising dentist during treatment at the dental hygiene clinic.
C. You have a right to know in advance the type and expected cost of treatment.
D. You have a right to expect students and faculty to use appropriate infection and sterilization controls/procedures.
E. You have a right to ask about treatment alternatives and be told, in a language you can understand, the advantages and disadvantages of each treatment option.
F. You have a right to ask students/dental hygiene faculty/supervising dentist to explain treatment optionsregardless of coverage or cost.
G. You have the right to know the education and training of the dental hygiene faculty and supervisingdentist.
H. You have the right to know that all treatment, record keeping, and information gathered are held in thestrictest confidence.

I read, understand, and agree to comply with the UAFS Dental Hygiene Clinic patient policies and Bill of Rights. I request dental hygiene services necessary for treatment of my oral condition. I received a copy of the UAFS Dental Hygiene Clinic Conditions and Consent Form for Patient Treatment.

Patient/Guardian Signature	*Date*
Patient/Guardian Signature	*Date*
Patient/Guardian Signature	*Date*

Appendix P: Academic Success Center InformationAcademic Success Center

ASC Academic Success Center InformationAcademic Success Center

The concern of UAFS for the individual student is reflected in the Gordon Kelley Academic Success Center, which provides programs designed to meet individual student needs not met through the general curriculum. Supplemental materials, free group tutoring for many UAFS courses, core- skills instruction, motivational programs, and learning programs are all provided to encourage student success. Faculty members provide the supplemental materials, which may consist of classnotes and sample tests, textbook-based CDs and DVDs, and additional forms of computer-aided instruction. Free group tutoring is provided for many UAFS credit courses.
Time management, self-discipline, and motivational programs are provided for the student whowants to improve study skills and grades.

Learning programs focus on specific strategies to understand, retain, and apply new information, as well as traditional study skills techniques. Learning programs are individually designed to meet student needs and are free to any University student. The Gordon Kelley Academic Success Centeris located in the Vines Building, room 202.

The Gordon Kelley Academic Success Center also provides academic support for students who areon academic probation. Individualized guided study and self-assessment instruments are used to develop a formal plan of action to succeed in college. Students taking advantage of this service will learn usable techniques for academic success.

Located in Vines 202 phone number 479-788-7675 or email asc@uafs.eduOpen Hours

Open Hours:

Mon-Thurs 7:30 am to 8:00 pm

Friday 7:30 am to 5:00 Saturday

Closed Sunday 1:00 pm to 6:00 pm

Appendix Q: Acceptance of Policy Guidelines

ACCEPTANCE OF POLICY GUIDELINES
Dental Hygiene Student Agreement of Understanding

I have thoroughly read the policy guidelines for the Dental Hygiene Program in the Clinical Policiesand Procedures Manual. I understand my responsibilities concerning the program. **I will comply with the policies and guidelines contained in the manual.**

I,_____understand that to achieve a minimum satisfactory grade in theDental Hygiene Program, according to the grading standards specified in the Dental Hygiene Program's Academic Standards Policy, I must adhere to the following:

1. Abide by all program policies and procedures in effect for the duration of my enrollment inthe Dental Hygiene Program.
2. Abide by the Code of Ethics of the American Dental Hygienists' Association as defined inthe Student Handbook.
3. Be present and prepared for all scheduled classes, clinics, conferences, and examinations.
4. When unable to be present, notify the department, as outlined in the Attendance and absences Policy described in the program handbook.
5. Respect and preserve the confidential nature of all medical and personal informationrelated to patients, students, faculty, and/or staff.
6. Conform to the Student Dress Code as described in the Student Program Policy.
7. Be responsible for providing total patient dental hygiene care to my patient(s).
8. Respect the UAFS drug free and smoke free policies.

Acknowledgment of Academic Policy
I further understand that the following may result in probation or dismissal from the UAFS Dental Hygiene Program:

1. Failure to adhere to the Code of Ethics of the American Dental Hygienists' Association.
2. Failure to achieve the Academic Standards of the dental hygiene program.
3. Failure to adhere to the Academic Honesty Policy of the dental hygiene program.
4. Failure to adhere to the Conduct Policy during examinations as described in the student handbook.
5. Failure to meet the criteria of competencies required for graduation from the UAFS Dental Hygiene Program.
6. Performing dental hygiene procedures while employed as a dental assistant or similar occupation, during enrollment in the Dental Hygiene Program.

Appendix R: Agreement of Understanding

Agreement of Understanding as a Dental Hygiene Student

Initial at beginning of each statement (on the line), then sign and date to indicate Agreement of Understanding

_____ I understand that all required student documents (criminal background, CPR, immunizations, health care provider form, and drug screens) MUSTbe completed and MUST be kept current throughout the program even when classes are in session.

_____ I have received information regarding the HIPAA regulations which are effective as of April 15, 2003. I understand the policy on confidentiality. I willbe held accountable for practicing within the regulations set forth by HIPAA.

_____ **Act 703 of 2007** (Arkansas Code Annotated § 6-61-133) states that for eachdegree program at an institution of higher learning in this state that is a prerequisite for licensure or certification in a profession in which the professional is a child maltreatment mandated reporter under the **Child Maltreatment Act**.
I have been provided information and trained in 1) recognizing thesigns and symptoms of child abuse and neglect; 2) the legal requirements of the Child Maltreatment Act and the duties of mandated reporters under the act; and 3) methods for managing disclosures regarding child victims.

_____ I have read the Social Media Policy and agree to abide by the policy. I understand that failure to comply may result in disciplinary actions in compliance with the UAFS Dental Hygiene professional conduct policies.

_____ In addition, I understand that I must comply with policies found in the current UAFS Academic Catalog and **the** UAFS Student Handbook Code of Conduct**.**

Student Signature:_____ Date: _____

Director Signature:_____ Date: _____