DENTAL HYGIENE PROGRAM

Student Policy Handbook
2013-2014

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MISSIONS, VALUES, OUTCOMES, AND COMPETENCIES

DAYTONA STATE COLLEGE MISSION
The mission of Daytona State College is to advance teaching, learning and innovation. Daytona State College, a comprehensive public college, provides access to a range of flexible programs from community enrichment to the baccalaureate degree, emphasizing student success, embracing excellence and diversity, and fostering innovation to enhance teaching and learning.

COLLEGE OF HEALTH AND PUBLIC SERVICES MISSION
The College of Health and Public Services is dedicated to providing quality and affordable degree, degree certificate and vocational certificate programs and services to meet the education, training needs, and interests of the health and public services constituency of students and professionals.

SCHOOL OF DENTAL SCIENCES MISSION
The School of Dental Sciences provides a safe and supportive learning environment that will prepare students to be professional, ethical, and competent members of the dental health team.

SCHOOL OF DENTAL SCIENCES VALUE STATEMENTS
The School of Dental Sciences believes in:

- The dignity of each individual
- Openness and fairness to all
- Academic excellence, academic freedom, and intellectual pursuit
- Assessment, accountability, and continuous improvement
- Student success and lifelong learning
- Diversity of individuals and multiculturalism
- Professionalism, ethics, and confidentiality
- Community involvement and service

DENTAL HYGIENE PROGRAM OUTCOMES

1. Graduates will be able to apply the dental hygiene process of care and problem solving strategies to provide dental hygiene care for patients of all age groups, medically compromised, and all types of periodontal disease classifications.

2. Graduates will be able to demonstrate interpersonal and communication skills to effectively interact with diverse population groups.

3. Graduates will be able to apply ethical, legal, and regulatory concepts to the provision and/or support of oral health care services.

4. Graduates will be able to apply self-assessment skills for life-long learning as a foundation for maintaining competency and quality assurance.

5. Graduates will be able to evaluate current scientific literature as a basis for life-long learning, evidence-based practice and as a foundation for adapting to changes in healthcare.

DENTAL HYGIENE PROGRAM COMPETENCIES

The Dental Hygiene Program has established and defined program competencies (outcomes). These competencies are met at varying levels of development throughout the dental hygiene curriculum. Identified program competencies have been assigned to every dental hygiene course in the curriculum. The goal is for the student to become competent with all program competencies upon completion of the dental hygiene program.

1. **Graduates must be competent in applying the dental hygiene process of care and problem solving strategies to provide dental hygiene care for patients of all age groups, medically compromised, and all types of periodontal disease classifications.**

Introductory

DEH 1002/1002L	Preclinical Dental Hygiene
DEH 1133	Orofacial Anatomy and Physiology
DES 1200/1200L	Dental Radiography
DES 1832L	Expanded Functions for the Dental Hygienist
DES 1840	Preventive Dentistry

Developmental

DEH 1800	Clinical Dental Hygiene I
DEH 1800L	Dental Hygiene Clinic I
DEH 1602	Periodontology
DES 1010	Head and Neck Anatomy
DES 1054	Pain Control and Anesthesia
DEH 1802	Clinical Dental Hygiene II
DEH 1802L	Dental Hygiene Clinic II
DES 1100/1100L	Elements of Dental Materials

Competent

DEH 2300	Pharmacology
DEH 2400	General and Oral Pathology
DEH 2804	Clinical Dental Hygiene III
DEH 2804L	Dental Hygiene Clinic III
DEH 2806	Clinical Dental Hygiene IV
DEH 2806L	Dental Hygiene Clinic IV
DES 2600	Medical and Dental Emergencies

2. **Graduates must be competent in interpersonal and communication skills to effectively interact with diverse population groups.**

Introductory

DEH 1002/1002L	Preclinical Dental Hygiene
DES 1200/1200L	Dental Radiography

Developmental

DEH 1800	Clinical Dental Hygiene I
DEH 1800L	Dental Hygiene Clinic I
DEH 1802	Clinical Dental Hygiene II
DEH 1802L	Dental Hygiene Clinic II

Competent

DEH 2804	Clinical Dental Hygiene III
DEH 2804L	Dental Hygiene Clinic III
DES 2600	Medical and Dental Emergencies
DEH 2707/2702L	Community Dental Health
DEH 2806	Clinical Dental Hygiene IV
DEH 2806L	Dental Hygiene Clinic IV

3. **Graduates must be competent in applying ethical, legal, and regulatory concepts to the provision and/or support of oral health care services.**

Introductory

DEH 1002/1002L	Preclinical Dental Hygiene
DES 1200/1200L	Dental Radiography
DES 1832L	Expanded Functions for the Dental Hygienist

Developmental

DEH 1800	Clinical Dental Hygiene I
DEH 1800L	Dental Hygiene Clinic I
DEH 1602	Periodontology
DEH 1802	Clinical Dental Hygiene II
DEH 1802L	Dental Hygiene Clinic II
DES 1100/1100L	Elements of Dental Materials
DES 1054	Pain Control and Anesthesia

Competent

DEH 2300	Pharmacology
DEH 2400	General and Oral Pathology
DES 2600	Medical and Dental Emergencies
DEH 2804	Clinical Dental Hygiene III
DEH 2804L	Dental Hygiene Clinic III
DEH 2702/2702L	Community Dental Health
DEH 2806	Clinical Dental Hygiene IV
DEH 2806L	Dental Hygiene Clinic IV

4. **Graduates must be competent in applying self-assessment skills for life-long learning as a foundation for maintaining competency and quality assurance.**

Introductory

DES 1200/1200L	Dental Radiography

Developmental

DEH 1602	Periodontology
DEH 1800L	Dental Hygiene Clinic I
DEH 1802L	Dental Hygiene Clinic II

Competent

DEH 2804	Clinical Dental Hygiene III
DEH 2804L	Dental Hygiene Clinic III
DEH 2702/2702L	Community Dental Health
DEH 2806	Clinical Dental Hygiene IV

DEH 2806L	Dental Hygiene Clinic IV

5. **Graduates must be competent in evaluating current scientific literature as a basis for life-long learning, evidence-based practice and as a foundation for adapting to changes in healthcare.**

Introductory

DES 1840	Preventive Dentistry

Developmental

DEH 1602	Periodontology
DEH 1800	Clinical Dental Hygiene I

Competent

DES 2300	Pharmacology
DEH 2804	Clinical Dental Hygiene III
DEH 2702/2702L	Community Dental Health

ACCREDITATION

Daytona State College is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (SACS). The Dental Hygiene Program is accredited by the Commission on Dental Accreditation, a specialized accrediting body recognized by the United States Department of Education.

Every seven years, the Commission on Dental Accreditation reviews the Dental Hygiene Program. The next schedule visit for the Dental Hygiene Program is Spring 2018. Student complaints related to the accreditation standards will be collected during those years and used as tools to enhance program quality. The following is the Commission on Dental Accreditation's Complaint Policy.

Required Notice of Opportunity and Procedure to File Complaints with the Commission: Each program accredited by the Commission on Dental Accreditation must develop and implement a procedure to inform students of the mailing address and telephone number of the Commission on Dental Accreditation. This notice is to be distributed at regular intervals, but at least annually. This policy is as follows:

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 quality and 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 Commission's policy and procedure for submission of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago, Illinois 60611-2678 or by calling 800-621-8099, Extension 4653. You may also review the standards by visiting the American Dental Association's web site at: http://www.ada.org/prog/ed/accred/complaint.html.

The Dental Hygiene Program will retain in its files a record of student complaints to document compliance with this policy so that it will be available for review during the Commission's on-site review of the Dental Hygiene Program.

PROFESSIONAL BEHAVIOR AND ACADEMIC INTEGRITY

ADHA CODE OF ETHICS

Students are reminded that this is a professional program. Students are expected to adhere to the code of ethics for dental hygienists. The American Dental Hygienists' Association Dental Hygiene Code of Ethics establishes a guideline of the obligations of the profession, explains the basic beliefs and fundamental principles, and provides guidelines of the expected behavior of the dental hygienist. Students are expected to comply with the standards of professional responsibility as outlined in the ADHA Code of Ethics for Dental Hygienists.

Appendix A: ADHA Code of Ethics

STUDENT CLINICAL CODE OF CONDUCT

The College of Health and Public Services has adopted the following code of conduct to guide ethical behavior in the various clinical / observation / field rotation sites. The magnitude of our responsibility as health and public service professionals necessitates the establishment of the highest standards of professional conduct.

This code of conduct represents general standards of behavior and illustrates ideals for which to strive; however, specific infractions that are reported to the College of Health and Public Services will be investigated with respect to both the magnitude and chronicity of the incident(s). It should be understood that these general standards may not afford guidance in every conceivable situation or anticipate every possible infraction.

Respect and Concern for the Welfare of Others

The clinical / observation / field student will:

- Treat patients, family members, clinical staff and others with respect and dignity both in their presence and in discussions with others.
- Recognize when one's ability to function effectively is compromised and ask for relief, guidance or help.
- Recognize the limits of student involvement in the medical care of a patient / client and seek supervision or advice before acting when necessary.
- Not use alcohol or other drugs in a manner that could compromise themselves or patient / client care.

Respect for the Rights of Others

The clinical / observation / field student will:

- Deal with staff, personnel and peer members of the clinical / observation / field team in a considerate manner and with a spirit of cooperation.
- Act with an egalitarian spirit toward all persons encountered in a professional capacity regardless of race, religion, gender, sexual preference or socioeconomic status.
- Respect the modesty and privacy of all persons.

Trustworthiness
The clinical / observation / field student will:

- Be truthful in communication with others.
- Maintain confidentiality of all privileged information.
- Admit errors and not knowingly mislead others to promote one's self at the expense of others.
- Not represent yourself in any capacity other than that of "student."
- Accurately acknowledge the sources of all information reported.

Responsibility and Sense of Duty
The clinical / observation / field student will:

- Participate responsibly in patient care or research to the best of his or her ability and with the appropriate supervision.
- Undertake clinical / observation / field duties and persevere until they are complete.
- Notify the responsible person if something interferes with his or her ability to perform clinical / observation / field duties or academic tasks effectively.

Professional Demeanor
The clinical / observation / field student will:

- Maintain a neat and clean appearance, and dress in the approved attire.
- Be thoughtful and professional when interacting with others.
- Strive to maintain composure during times of fatigue, professional stress, or personal problems.
- Avoid offensive language, gestures, or inappropriate remarks.

Student Rights
The clinical / observation / field student will:

- Be challenged to learn, but should not be belittled, humiliated or abused.
- Not be sexually harassed, either verbally or physically.
- Not be discriminated against on the basis of gender, race, religion, age or sexual preference.
- Report all violations of student rights to the appropriate college official.

HIPAA AND SOCIAL MEDIA

The following information is for Daytona State College students enrolled in Health Career Programs.

The Health Insurance Portability and Accountability Act (HIPAA) requires that a patient's identity and personal health information be protected (also called Protected Health Information, or PHI). Health care providers (including students) who violate HIPAA can face stiff penalties, including fines up to $250,000 and/or imprisonment for up to 10 years for knowingly misusing individually identifiable health information. Even if you don't utilize specific patient / client information like patient name, room number, etc., in your communication … the damage is done.

The use of the internet is increasingly becoming a "community blackboard." Students have been known to talk about patients they cared for on a private site with people who have no right to know. There's evidence that demonstrates this is an increasing risk. When people get into social networking sites, they become very comfortable with the people they are talking to. They lose perspective and the lines blur and they want to talk about what they do and they want it to sound exciting, so they often go a little too far. Sometimes agency names are used, patient situations are discussed and you may be held liable. There are many new opportunities for violating privacy utilizing social networks such as Twitter, Facebook, You-Tube, Linkedin, etc.

Be respectful of protected health information and situational information that could link a patient/client to a particular medical situation. Be careful of joining social networking groups where patient/client information or situational information is discussed, even casually. Be mindful of using names of facilities, names of staff, physicians and sharing pictures.

The consequences are many, up to and including expulsion from the health career program that you are enrolled in.

References

(1.) U.S. Department of Health and Human Services: HIPAA General Information (n.d.). Retrieved from http://www.cms.gov/HIPAAGenInfo/ August 8, 2010.

(2.) Palvia, S. C. J., & Pancaro, R. (2010). Promises and perils of Internet based networking. Journal of Global Technology Information Management, 13(3), 1-9. Retrieved from the ProQuest database August 6, 2010.

(3.) Wimberley, P., Isaacson, J., Walden, D., Wiggins, N., et al. (2005). HIPAA and nursing education: How to teach in a paranoid health care environment. Journal of Nursing Education, 44(11), 489-492. Retrieved from the ProQuest database August 6, 2010.

(4.) Fater, K. (2010). Developing empathy among novice millennial nursing students. Journal of Nursing Education, 49(4), 238-239. Retrieved from the ProQuest database August 6, 2010.

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SOCIAL MEDIA GUIDELINES

Principles

- Do not transmit or place online individually identifiable patient information
- Observe ethically prescribed professional patient-clinician boundaries
- Understand that patients, colleagues, institutions, and employers may view postings
- Take advantage of privacy settings and seek to separate personal and professional information online
- Refrain from posting derogatory language or demeaning statements about or threats to any third party
- Refrain from posting inappropriate or incriminating images depicting hazing, sexual harassment, vandalism, stalking, underage drinking, illegal drug use, or any other inappropriate behavior or language
- Bring content that could harm a patient's privacy, rights, or welfare to the attention of appropriate authorities

Tips to Avoid Problems

- Remember that standards of professionalism are the same online as in any other circumstance
- Posts on social media sites should remain professional in tone and in good taste
- Do not share or post information or photos gained through the clinician-patient relationship
- Maintain professional boundaries in the use of electronic media. Online contact with patients blurs this boundary.
- Do not make disparaging remarks about patients, employers or co-workers, and classmates, even if they are not identified
- Do not take photos or videos of patients or patients' records on personal devices, including cell phones
- Promptly report a breach of confidentiality or privacy

ACADEMIC INTEGRITY CODE

Daytona State College is committed to providing students with quality instruction, guidance, and opportunities for academic and career success by fostering academic excellence in a supportive and personalized learning environment. Maintaining high standards of academic honesty and integrity in higher education is a shared responsibility and an excellent foundation for assisting students in making honorable and ethical contributions to the profession for which students are preparing. In order to preserve academic excellence and integrity, the College expects students to know, understand, and comply with the Academic Integrity Code, which prohibits academic dishonesty in any form, including, but not limited to, cheating and plagiarism. Grades conferred by instructors are intended to be, and must be, accurate and true reflections of the coursework actually produced and submitted by students.

Suspected violations of the Student Academic Integrity Code will be reported to the Chairperson and Academic Associate Vice President for review, academic consequences, and resolution. In some cases, students may also be referred to the Judicial Affairs Office for appropriate discipline action.

Forms of Academic Dishonesty
Cheating: defined as receiving or giving unauthorized assistance on a quiz, test, exam, paper, or project or unauthorized use of materials to complete such; collaborating with another person(s) without authorization on a quiz, test, exam, paper, or project; taking a quiz, test, or exam for someone else or allowing someone else to do the same for you.

Plagiarism: defined as submitting work in which words, facts, or ideas from another source are used without acknowledging that the material is borrowed, whether from a published or unpublished source. For specific information on how to document information from other sources, students should check with their instructors, academic departments, or a recognized writing manual, such as the MLA or APA.

Fabrication: defined as listing sources in a bibliography that one did not actually use in a written assignment; or presenting false, invented, or fictitious data/evidence in a written assignment.

Other Academic Misconduct
Other Academic Misconduct might include, but is not limited to:

- Impersonating a College Faculty or staff member
- Attempting to access, procure or distribute restricted College educational and instructional materials
- In a testing situation, conduct, such as, looking at a classmate's test, talking to a classmate, or leaving the classroom without the instructor's or test proctor's permission, using cell phones or text messages
- Obtaining by the theft/purchase OR selling/ giving part or all of a test to someone else
- Altering or attempting to alter academic records of the College which relate to grades; being an accessory to same
- Entering an office or building for the purpose of changing a grade on a test, assignment, or in a grade book or for the purpose of obtaining a test.
- Use of unauthorized materials or electronic devices during testing in any of the College Assessment Centers or College approved off-campus testing locations
- Violation of copyright laws and/or unapproved use of intellectual property
- Refusal to comply with State, College and/or faculty testing procedures, policies and practices.

COLLEGE NETWORK ACCEPTABLE USE POLICY

The purpose of this policy is to outline the acceptable use of the network and resources provided by Daytona State College and to establish a culture of openness, trust, and integrity. Please make yourself very aware of this policy by these two links:

http://www.daytonastate.edu/current.html (see Student Handbook)

http://online.daytonastate.edu/docs/acceptable_use.pdf (Falcon Online)

PROGRAM GUIDELINES

1. Students are expected to conduct themselves in a professional manner. This means there is to be **no** disruptive behavior such as excessive talking, studying, consumption of food and beverages, chewing of gum, or doing other class work. This type of behavior disrupts the learning environment. Students who engage in this type of behavior will be asked to leave the classroom or the preclinical laboratory, or clinical area.

2. Students are expected to adhere to ethical and professional judgment at all times. Cheating and plagiarism are serious offenses. Students who are found engaging in these types of activities will be subjected to disciplinary action.

3. Students are to turn off all cellular phones during classroom, preclinical, laboratory, and clinical sessions. Text messaging is not allowed during classroom, preclinical, and laboratory sessions. These devices are disruptive to the learning environment and to other students.

4. Food and beverages are **not** allowed in the dental hygiene facilities. Eating areas are located in Building 7 in the Falcon Café.

5. Students are reminded to leave the School of Dental Sciences Office's telephone number, 386-785-2067, with a family member so they can be contacted in case of an emergency.

6. Students are to address faculty and staff with titles and will inform the students of their respective designation **(i.e., Dr., Mrs., Ms., etc.)**.

7. Students will be assigned each week to an area of the dental facility for cleanup. Students are to check the cleanup schedule in their lab or with the instructor for their assigned area. Students are **not** to leave the dental hygiene facility until their areas have been checked and dismissed by their instructor.

8. Students are required to have their proficiency evaluation forms during preclinical and laboratory sessions. Failure to have the **original evaluation forms** during grading will result in the reduction of **five points** from the student's preclinical or laboratory proficiency evaluation grade(s) for that day. All the information is to be filled in by the student using either **blue** or **black** ink before grading. Failure to do so will result in the deduction of **two points** from the student's preclinical or laboratory proficiency evaluation grade(s) for that day for each piece of information that is missing **(i.e., Name, Full Date, Laboratory Group)**.

9. Books and other items that are not being used are to be stored in student lockers during preclinical and laboratory sessions.

10. Students are **not** to initiate or perform **any** procedure without the presence of a faculty member. This includes **all** preclinical dental hygiene procedures, the exposing or processing of dental radiographs, and expanded functions and dental materials laboratory exercises.

11. Students are **not** permitted in unauthorized storage areas, storage cabinets, or supply drawers. If a student should need something, they are to ask a faculty or staff member for assistance.

12. Students are to refer to the clinical course syllabi and the Clinical Manual in order to review important information that is outlined in these documents regarding conduct during clinical sessions.

FDLE BACKGROUND AND DRUG SCREENINGS

FDLE LEVEL II SCREENING

To complete clinical rotations in selective dental and community dental health agencies, Dental Assisting National Board (DANB) certification, and state or regional dental hygiene licensing boards, the student must **not** have been found guilty, regardless of adjudication, of any offense that would disqualify the student from employment at that dental health agency or certification and licensure (per their guidelines).

Dental Sciences students must complete a FDLE Level II screening through the Florida Department of Law Enforcement (FDLE) prior to entering their dental sciences program. A Level II screening includes a background and fingerprinting check of state and federal criminal history. Fingerprints are submitted to the FDLE for state background screening and to the Federal Bureau of Investigation (FBI) for federal background screening.

All applicants who apply to a Dental Sciences Program are provisionally accepted until the following process is completed:

1. Complete the FDLE Volunteer & Employee Criminal History System (VECHS) Waiver Agreement and Statement form for criminal history record checks. This form must be submitted to the School of Dental Sciences with the acceptance form. This must be completed prior to submission of the fingerprint results. The VECHS Waiver form will be placed in the student's personal file and kept for the duration of the student's enrollment in the Dental Sciences program.

2. Prior to admission, complete the procedure for obtaining Level II background and drug screening. The School of Dental Sciences uses Certified Background for obtaining this information. An instruction sheet will be mailed with the acceptance packet.

While enrolled in Daytona State College's Dental Sciences Programs, the student is also responsible for notifying the Chairperson (Program Director) of any arrests, regardless of adjudication, that occur after acceptance and during enrollment in the program. Failure to promptly notify the Chairperson (Program Director) shall be grounds for dismissal from the program.

DRUG TESTING POLICY AND PROCEDURE

The mission of the School of Dental Sciences is to provide a safe and supportive learning environment that will prepare students to be professional, ethical, and competent members of the dental health team. In realization of this mission, the School of Dental Sciences adopted a Drug Free Policy that is congruent with the College Policy (http://www.daytonastate.edu/campus_safety/drug_policy.html).

As a condition of admission and continued enrollment in a Dental Sciences program, each student will be required to submit to drug testing and additional random testing once enrolled in the Program. Participation in clinical sessions and externship rotations is required for successful completion of all Dental Sciences courses. The drug policy is a conditional criterion for acceptance in the Dental Sciences programs.

Drug Testing upon Admission to the Dental Sciences Program
Students will receive instructions for obtaining a drug test with the letter of acceptance to the Dental Sciences program. Students selected for admission are accepted on a provisional basis pending verification of a negative drug test and successful completion of a Level II background check.

Procedure for Drug Testing
Students selected for admission to the Dental Sciences program will receive instructions for obtaining the drug tests with the letter of admission. Students will be required to follow the procedures established by Certified Background. All costs associated with drug testing are the sole responsibility of the student.

A drug test will be considered positive if any of the drugs listed below are found. Positives test results will be confirmed by the testing laboratory. **A diluted laboratory result must be repeated at the student's expense.** The testing laboratory will contact the Chairperson of Dental Sciences regarding student test results. The Chairperson will review the laboratory results and communicate personally with the student in a confidential setting.

Drug Testing after Admission
Any student admitted to a Dental Sciences program will be subject to random drug testing at the discretion of the Program Manager or Chairperson upon request. **All costs associated with testing are the sole responsibility of the student.** Dental Sciences students who demonstrate behavioral changes in a classroom, clinical, or laboratory setting may be asked to complete drug testing if the behavior is presumed to be related to the use of drugs or alcohol. The Dental Sciences faculty member or preceptor will notify the student and Chairperson of the suspected behavior. The student will be asked to leave the clinical or laboratory area and go with the Program Manager to discuss the matter. If the decision is to refer the student for drug testing, the student must report immediately to the testing area. The student will be suspended from all clinical or laboratory activity until the matter has been reviewed by the Chairperson or if the student refuses drug testing. If the drug screening result's are negative, the student will be allowed to continue in the classroom, clinical or laboratory activity without penalty. If the drug screening test is positive, the student will have an opportunity to present their response to the positive test result to the Program Manager. The Program Manager will make a recommendation to the Chairperson regarding the student status in the program. The Chairperson is authorized to make an academic decision which will include immediate termination from the Dental Sciences program. The Chairperson may also refer any student who violates this policy to the Judicial Affairs Office for additional College disciplinary action.

Drugs Monitored for Health Care Workers
The following lists of drugs are not all inclusive, however; typically represent substances monitored for health care workers:

Alfentanil	Amphetamines	Nalbuphine (Nubain)	Phencycidine
Butorphanol (stadol)	Barbiturates	Methadone	Propozyhen
Fentanyl	Benzodiazepines	Sufentanil	Tramadol
Ketamine	Cannabinoids	Opiates	Alcohol
MDMA (ectasy)	Cocaine		

HEALTH AND SAFETY REQUIREMENTS

IMMUNIZATIONS AND PHYSICAL EVALUATIONS

Students are required to have a physical evaluation and be immunized against tetanus-diphtheria. Students are encouraged to be immunized against other infectious diseases, such as mumps, measles, and rubella. Students are required to undergo **annual** testing for tuberculosis. Students with a positive TB skin test must have an initial chest x-ray and be evaluated by a physician, even if the student is asymptomatic. A yearly chest x-ray is not required (unless the student is exhibiting symptoms of TB (e.g. productive cough, hemoptysis, etc.). Follow-up care will be indicated by the student's physician, ARNP, PA, or DO. Students who do not provide documentation of having undergone TB skin testing will not be allowed to participate in preclinical, laboratory, or clinical sessions until this testing has been completed.

Students are required to provide documentation of having initiated the Hepatitis B Vaccination series **before** entering preclinical areas. If a student is medically at risk for this vaccination, they will be required to sign a declination form. Students are also encouraged to undergo a titre test after the completion of the Hepatitis B Vaccination series. This test is used to check for the presence of antibodies and is typically performed three months after the completion of the third injection. If a student's titre level is low, a booster is highly recommended.

Appendix B: Hepatitis B Vaccination Record

BASIC LIFE SUPPORT

Students must provide documentation of being certified in Basic Life Support for Healthcare Providers through the American Heart Association or American Red Cross **before** beginning the Program. This course must include CPR techniques for adults, infants, and children, as well as AED and relief of choking training. Failure to complete this course by this deadline will result in the suspension of patient care activities during preclinical sessions. **Completion of an online CPR course is not acceptable.**

Students are required to maintain current CPR certification while participating in patient care activities. Students who have an expired certification must obtain renewal in order to continue to participate in clinical sessions. Failure to update CPR certification will result in the suspension of patient care activities during clinical sessions.

Students wishing to obtain exemption from this requirement must obtain documentation from a physician indicating that there is a medical condition contraindicating participation in the training of cardiopulmonary resuscitation and basic life support. Those students who are exempt from the active participation in cardiopulmonary resuscitation and basic life support are expected to review the guidelines for these areas and complete the didactic portion of this program. Documentation is to be provided as having completed this portion of the course and will be kept on file.

Appendix C: Managing Emergencies in the Laboratory
Appendix D: Managing Emergencies in the Treatment Area

BLOODBORNE AND INFECTIOUS DISEASE(S)

In accordance with the College's Policy Number 7.13, the Dental Hygiene Program does not discriminate in educational access or employment on the basis of an individual's medical condition in accordance with federal and state laws and regulations. The College and the Program shall adopt procedures for bloodborne and infectious diseases in accordance with federal and state laws and regulations.

Students will be exposed to various hazardous chemicals and other potentially infectious materials during their course of study in the Dental Hygiene Program. Students will also be using ionizing radiation to expose x-ray films on manikins during laboratory sessions and patients during clinical sessions. If a student has concerns about these potential risks and their effects on existing medical condition(s), they are to discuss this with their physician and their instructor.

Appendix E: Infection Control Policy
Appendix F: Biomedical Waste Program
Appendix G: Radiation Protection Program

In the event of an exposure incident, students are to notify their clinical instructor immediately and the School of Dental Sciences' exposure incident report must be completed. In addition to this incident report, the College's Campus Safety should be notified and their incident report also completed. Students will be financially responsible for any serological tests deemed necessary by their physician.

Appendix H: Exposure Incident Report

LIABILITY INSURANCE

The purpose of the coverage is to provide liability (malpractice) insurances for any act or omission of the student when providing health care services to a patient. This also includes injury sustained by a fellow student in the practice of clinical activities which are part of and a requirement of the Program's curriculum. This insurance provides coverage to the Dental Sciences students as a Daytona State College student during the clinical courses. Payment for this liability insurance coverage is included within the lab fees for the clinical courses. All Dental Sciences students must carry the Daytona State College required liability insurance during the time they are in the Program.

AWARENESS OF PREGNANCY

Due to the Dental Hygiene Program's curriculum, students may risk exposure to ionizing radiation, possible exposure to contagious diseases, or hazardous materials. While enrolled in the Program, a pregnant student must have her physician's permission to participate in classroom, laboratory, and clinical sessions without restrictions, in order to continue in the Program.

If a pregnant student's physician does not give permission to continue in the Program, that student will be required to withdrawal from all the dental hygiene courses and the Program.

The student may petition the Dental Hygiene Program **one** time to be readmitted to the program on a space available basis. If there is not space available, this student may reapply and be readmitted to the program only **once** and the admission criteria do not change.

The pregnant student is required to have her physician complete the **Awareness of Pregnancy Form** before being permitted to participate in the Dental Radiography, Dental Materials, and Expanded Functions Lab sessions, and the Dental Hygiene Clinical courses. This form must be submitted to the Program Manager within two weeks of notification of the student's pregnancy, or the student will not be permitted to continue to participate in lab or clinical sessions.

Appendix I: Awareness of Pregnancy Form

GRADING AND ACADEMIC SUPPORT SERVICES

GRADING SCALE

The following grading scale will be used in **all** courses during Terms I - IV; and the didactic courses in Terms V and VI to evaluate a student's performance. This is indicated on all course syllabi.

PERCENT	GRADE
95% - 100%	A
92% - 94%	B+
85% - 91%	B
82% - 84%	C+
75% - 81%	C
72% - 74%	D+
65% - 71%	D
0% - 64%	F

For courses that have a lecture and lab component (DEH1002 Preclinical Dental Hygiene, DES1200 Dental Radiography, and DES1100 Dental Materials), students must receive an average grade of **75%** or above **in both lecture and lab components** to successfully complete the course.

The following grading scale will be used in DEH 2804L Dental Hygiene Clinic III and DEH 2806L Dental Hygiene Clinic IV to evaluate a student's performance. This is indicated on the course syllabi.

PERCENT	GRADE
96% - 100%	A
94% - 95%	B+
88% - 93%	B
86% - 87%	C+
80% - 85%	C
78% - 79%	D+
72% - 77%	D
0% - 71%	F

ACADEMIC COUNSELING

Students are required to maintain a **75%** average in all didactic, preclinical, laboratory, and Terms III and IV clinical courses. Students with a grade point average **below 75%** in these courses at mid-semester will receive remediation and academic counseling.

Students are required to maintain an **80%** average in DEH 2804L Dental Hygiene Clinic III and DEH 2806L Dental Hygiene Clinic IV. Students with a grade point average **below 80%** in these courses at mid-semester will receive academic counseling.

SKILLS AND REMEDIATION LAB

Students have the opportunity to receive one-on-one remediation for all courses during Skills and Remediation Lab (S&R Lab). Students who are having difficulty understanding didactic material or would like extra help can receive the remediation in S&R Lab. For clinical courses, before repeating a skill again for proficiency during a clinical session, the student **must** attend S&R Lab for remediation. Students are required to take that skill's Clinical Proficiency Evaluation form with them to S&R Lab. After completing remediation, students are to present this evaluation form to the S&R Lab Instructor for a signature. S&R Lab is offered during faculty office hours, Fridays from 9:00 a.m. - 12:00 p.m. during the Fall and Spring Semesters, and from 9:00 a.m. – 11:00 a.m. in Summer A Term. Students are to sign up for S&R Lab by 5:00 p.m. Thursday, in order for the faculty to be prepared to assist the students.

READMISSION AND REPEATING DENTAL HYGIENE COURSES

Students must successfully complete **all** didactic, preclinical, laboratory, and DEH 1800L and DEH 1802L clinical courses with a **75%** average or higher in each course; and an **80%** average or higher in DEH 2804L and DEH 2806L. Failure of a course or failure to maintain the appropriate average in all the dental hygiene courses will necessitate a student being dismissed from the Program. Students who are having academic problems are to contact their instructor as soon as possible to make an appointment for academic counseling.

Students who fail or withdraw from a dental hygiene course will be permitted to re-enter the Dental Hygiene Program only ***one*** time. A student is allowed only two admissions to the Dental Hygiene Program. An "admission" is defined as a course registration in effect after the last day to adjust schedules on the academic calendar.

A student who withdraws or fails a course during the first semester (Term One-Fall Semester) must apply for admission into the Program as a new student. If the student is unsuccessful in this course repeat, the student will not be allowed to continue in the Program.

A student may petition the Dental Hygiene Program ***one*** time to be allowed to repeat a dental hygiene course and would be readmitted to the Program on a "space available" basis. A student being readmitted will follow all the requirements of the current college catalog and course of study.

If a student is not accepted for readmission, not readmitted due to lack of space, or for other reasons within one year of withdrawal or failure, the student must apply for admission to the Program as a new student, and if accepted, begin as a first semester student in the Dental Hygiene Program. If a student has not been enrolled in a Daytona State College dental hygiene course within one year, the student is not eligible for readmission and must apply as a new student.

A student who fails to maintain a 75% average or higher in ***more than one*** dental hygiene course will not be permitted to continue in the Program, nor reapply and be readmitted to the Program.

CLASS WITHDRAWAL INFORMATION

Students are reminded that each semester is a prerequisite for the next semester. This ensures that students will maintain current knowledge and clinical skills. If a student decides to drop the Program, it is his/her responsibility to withdraw from all the dental hygiene courses by the deadline date stated in the College's current catalog. Students who neglect this responsibility will receive failing grades for all the dental hygiene courses that are offered during that semester.

STUDENTS WITH DISABILITIES

If you need academic accommodations, such as private testing, interpreters, note takers, etc., please give the course instructor a current letter from Student Disability/Counseling Services that verifies your need for specific accommodations. If you have emergency medical information to share or need special arrangements in case the building must be evacuated, please make an appointment with the course instructor as soon as possible to discuss the accommodations. See Daytona State website for more information http://www.daytonastate.edu/sds/ or see the College Student Handbook at http://www.daytonastate.edu/current.html .

LIBRARY AND ACADEMIC SUPPORT SERVICES TO STUDENTS

Academic Support Center: The Academic Support Center (ASC) assists students to achieve their potential by providing the resources needed to become successful, independent learners. ASC centers are available on all campuses providing academic support in the form of tutoring, learning sessions, instructor assistance, supplemental instruction and various workshops. For more information please go to http://www.daytonastate.edu/asc/ or email ASC@DaytonaState.edu.

Writing Center: The Writing Center assists students, staff, and faculty to become better writers through face-to-face or virtual consultations (up to 50 minutes) and workshops. As the hub for writing at Daytona State, staff work with all writers at any stage of the writing process—so whether you're brainstorming ideas for a psychology paper or need a new perspective in the revision of a letter, consider meeting with the staff at the Writing Center. Scheduling appointments are recommended; call (386.506.3297) or visit the website www.daytonastate.edu/cwc for more information.

Library Services: Daytona State Library Services offers many types of resources to support research needs (or just your curiosity). These resources include everything from e-books to online databases containing countless number of full-text newspapers, magazines and scholarly journals. Many of the resources can be accessed from the web 24/7. A staff of very helpful librarians is available for guidance to the best resources for any type of project. E-mail the librarians, and/or call 386-506-3518, or check out the website for more information.

Technical Support is available for Falcon mail, printing, web usage, Desire2Learn, and more. Students may call 386-506-4AID (4243) or e-mail falconaid@falconmail.daytonastate.edu. Local access numbers for your area are:

DeLand/Deltona (386) 785-2000 ext. 4243
Flagler/Palm Coast (386) 246-4800 ext.4243
New Smyrna (386) 427-3472 ext. 4243
Ormond/Daytona (386) 506-4243

The Falcon Aid hours of operation are (times may vary during holidays and special circumstances):

Fall and Spring	Monday – Thursday	8:00 AM – 10:00 PM
	Saturday	8:00 AM – 4:00 PM
Summer	Monday – Thursday	7:00 AM – 10:00 PM
	Friday	8:00 AM – 12:00 PM

ATTENDANCE, ASSIGNMENTS, AND EXAMINATIONS

ATTENDANCE

Students are required to attend **all** regularly scheduled classroom, preclinical, laboratory, and clinical sessions. If a student is going to be **late** or **absent**, they are to contact the Program Manager at **386-785-2068**.

Tardiness: Students who arrive late for class should respect those students who have arrived on time. Attendance is taken at the beginning of each lecture, preclinical, and laboratory session. Students who are late to class must take the responsibility to contact their instructor to obtain information that was covered. Students who are not present when attendance is taken will be counted as tardy and will receive a **zero** as their attendance grade for that day. **If a student is tardy three times, one letter grade will be reduced from the final grade in that course. Each tardy after three will be considered an absence.**

Absences: Students will not receive a passing grade for courses if **more** than the following number of sessions is missed and therefore dismissed from the Program:

- **Three** lecture sessions of the scheduled classroom sessions
- **One** laboratory session of the scheduled laboratory sessions
- **Two** clinic days of the scheduled clinical sessions

A student's attendance at these sessions is important in order to acquire foundation knowledge that is necessary to perform and develop preclinical and clinical skills. Students who are absent must take the responsibility to contact their instructor to obtain information that was covered. If extenuating circumstances keep a student from attending classes, preclinical, laboratory, or clinical sessions on a regular basis, they are to contact their instructor as soon as possible.

ASSIGNMENTS, PROJECTS, AND COURSE MATERIALS

Students are expected to submit **all** assignments and projects on time. Additional information is found in the respective course syllabi. It is the responsibility of the student to obtain all information and course materials that were distributed in their absence. If a student is absent and cannot turn in a course assignment, it is the student's responsibility to contact the instructor to arrange for a time to complete and turn in a course assignment. Makeup for course assignments will not be accepted if the student does not contact the instructor within **one school day**.

REQUIRED CLASS MATERIALS AND PREPARATION

It is the student's responsibility to obtain materials such as lecture notes, handouts, assignments, updates and additional reading materials by visiting the course shell. The Distance Learning link for this course can be found at http://online.daytonastate.edu. There is where you will find the course content. Students are reminded that it is the responsibility of the students to **daily** check class e-mails, postings, and communications from the instructor. Students must review the **Falcon Online Acceptable Use Policy** http://online.daytonastate.edu/docs/acceptable_use.pdf.

TESTS AND EXAMINATIONS

Students are expected to be present for **all** tests and examinations. Students are responsible for providing their own scantron sheet, pencil, and a blue or black pen for the examination. If a student is absent or is not present at the beginning of a testing or examination session, they will have to take a makeup test or examination. It is the student's responsibility to arrange with the Course Instructor or Program Manager to take the makeup test or examination **on the day they return to school**. If the student fails to contact the Course Instructor or Program Manager, the student will receive a grade of **zero**.

PROFESSIONAL DRESS ATTIRE

UNIFORMS
Students are required to adhere to the School of Dental Sciences' Dress Code Policy for the Dental Hygiene Program during classroom, preclinical, laboratory, and clinical sessions. Students are to refer to the **School of Dental Sciences' Dress Code**. The uniform jacket is to be completely snapped closed during preclinical, laboratory, and clinical sessions. Failure to wear the Dental Hygiene Program uniform will result in the reduction of **ten points** from a student's preclinical or laboratory proficiency evaluation, or clinical grade(s) for that day.

NAME BADGE
Students are required to wear the School of Dental Sciences' Name Badge on their uniform jacket during preclinical, laboratory, and clinical sessions. Failure to do so will result in the reduction of **ten points** from a student's preclinical or laboratory proficiency evaluation, or clinical grade(s) for that day.

JEWELRY
Students are not permitted to wear any jewelry during classroom, preclinical, laboratory, and clinical sessions. A watch and earrings may be worn as outlined in the School of Dental Sciences' Dress Code Policy. Students are to refer to this policy to ensure compliance. Failure to do so will result in the reduction of **ten points** from a student's preclinical or laboratory proficiency evaluation, or clinical grade(s) for that day.

HAIR AND NAILS
Students are required to keep hair up and off the neck. Nails are to be kept clean, smooth, and below fingertip length. Nail polish of any kind and the use of acrylic nails will not be permitted. Failure to do so will result in the reduction of **ten points** from a student's preclinical or laboratory proficiency evaluation, or clinical grade(s) for that day.

MASKS AND GLOVES
Students are required to wear masks and gloves while performing mock clinical procedures during preclinical and laboratory sessions. Students are also required to wear masks and gloves while participating in patient care activities during clinical sessions. Failure to do so will result in the reduction of **ten points** from a student's preclinical or laboratory proficiency evaluation, or clinical grade(s) for that day.

PROTECTIVE EYEWEAR
Protective eyewear with top and side shields is required to be worn at **all times** during preclinical, laboratory, and clinical sessions. These are OSHA regulations and will be enforced. Failure to do so or to have protective eyewear that does not fit securely against face and meets specification will result in the reduction of **ten points** from a student's preclinical or laboratory proficiency evaluation, or clinical grade(s) for that day.

Appendix J: Dress Code Policy

COMMUNITY SERVICE PARTICIPATION

Before graduating from the Dental Hygiene Program, students are required to complete a minimum of **fifteen (15) volunteer hours** of community service that goes above and beyond the dental hygiene curriculum requirements. This community service is a requirement of DEH 2702 Community Dental Health; a course offered in Term V of the Program of Study. The community service hours will be accumulated over the five terms of the program. Students are required to complete a **minimum of four (4) volunteer hours** in each of the three categories: **children, geriatrics, and special needs population**.

Students are to volunteer in organized educational activities: to promote the values of good oral health, to provide oral health education and preventive counseling, and to provide services in a variety of settings. Community service settings may include any of the following:

- **Faith-Based and Community-Based Groups** (i.e. Health Fairs, Private and Public Schools)
- **Social Service Organizations** (i.e. WIC programs, Head Start, Lion's and Rotary Clubs)
- **Specialty Groups** (i.e. Boy and Girl Scouts, 4-H Clubs, Sports Clubs, Special Olympics, Give Kids A Smile)
- **Health Care and Long-Term Care Facilities** (i.e. Hospitals, Clinics, Nursing Homes, Alternative Care Centers)

Students are required to use the Community Service Verification form for documentation of community service provided, and are to turn in the completed forms to the Program Manager no later than **one week** after the activity. Students should make a copy of the form for each Community Service Activity. Photocopies of forms presigned by the contact person from the Community Service activity are not acceptable. Students are required to turn in a copy of the completed form with the original signature.

Appendix K: The Community Service Verification form

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APPENDIX A

AMERICAN DENTAL HYGIENISTS' ASSOCIATION CODE OF ETHICS FOR DENTAL HYGIENISTS

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

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

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

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

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

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

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

5. Fundamental Principles

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

Universality

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

Complementarity

The principle of complementarity recognizes the existence of an obligation to justice and 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 extent to 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 for making ethical choices and accept responsibility for knowing and applying them. We accept the consequences of our actions or the failure to act and are willing to make ethical choices and publicly affirm them.

6. Core Values

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

Individual autonomy and respect for human beings

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

Confidentiality

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

Societal Trust

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

Non-maleficence

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

Beneficence

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

Justice and Fairness

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

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 order to practice according to high standards of care.
- Support dental hygiene peer-review systems and quality-assurance measures.
- Develop collaborative professional relationships and exchange knowledge to enhance our own lifelong professional development.

To Family and Friends...

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

To Clients...

- Provide oral health care utilizing high levels of professional knowledge, judgment, and skill.
- Maintain a work environment that minimizes the risk of harm.
- Serve all clients without discrimination and avoid action toward any individual or group that may be interpreted as discriminatory.
- Hold professional client relationships confidential.
- Communicate with clients in a respectful manner.
- Promote ethical behavior and high standards of care by all dental hygienists.
- Serve as an advocate for the welfare of clients.
- Provide clients with the information necessary to make informed decisions about their oral health and encourage their full participation in treatment decisions and goals.
- Refer clients to other healthcare providers when their needs are beyond our ability or scope of practice.
- Educate clients about high-quality oral heath care.
- 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 and preventive oral care.
- Inform other health care professionals about the relationship between general and oral health.
- Promote human relationships that are mutually beneficial, including those with other health care 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 Welles.
- 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 demonstrating appropriate respect for colleagues in other professions.
- Contribute time, talent, and financial resources to support and promote our profession.
- Promote a positive image for our profession.
- Promote a framework for professional education that develops dental hygiene competencies to meet the oral and overall health needs of the public.

To the Community and Society...

- Recognize and uphold the laws and regulations governing our profession.
- Document and report inappropriate, inadequate, or substandard care and/or illegal activities by 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 health and safety.
- Develop support systems and quality-assurance programs in the workplace to assist dental hygienists in providing the appropriate standard of care.
- Promote access to dental hygiene services for all, supporting justice and fairness in the distribution of healthcare resources.
- Act consistently with the ethics of the global scientific community of which our profession is a part.
- Create 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 of experimental subjects. We acknowledge our ethical obligations to the scientific community:

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

From: ADHA Code of Ethics, June 2012

APPENDIX B

DAYTONA STATE COLLEGE
SCHOOL OF DENTAL SCIENCES
STUDENT BLOODBORNE PATHOGEN RECORD

STUDENT: _____ PROGRAM: _____

STUDENT ID NUMBER: _____

HEPATITIS B VACCINATION RECORD

A copy of the medical report must be attached to this form for each date entered below. The student should retain the original copy of the medical record for future use.

Date of First Injection: _____

Date of Second Injection: _____
(30 Days after the First Injection)

Date of Third Injection: _____
(Six Months after the First Injection)

Date of the Titre: _____
(Two Months after the Last Injection)

DECLINATION OF THE HEPATITIS B VACCINATION SERIES

I understand that due to my clinical exposure to blood or other potentially infectious materials that I may be at risk of acquiring the Hepatitis B Virus (HBV) Infection. I have been advised that I should be vaccinated with the Hepatitis B vaccine, at my own expense. At this time, I decline the Hepatitis B vaccination. I understand that by declining this vaccine, I will continue to be at risk for acquiring the Hepatitis B Virus (HBV) Infection, which is a serious disease.

Student's Signature: _____Date: _____

Instructor's Signature: _____Date: _____

DECLINATION OF THE HEPATITIS B TITRE

I understand that due to my clinical exposure to blood or other potentially infectious materials that I may be at risk of acquiring the Hepatitis B Virus (HBV) Infection. I have been advised that I should receive the Hepatitis B titre, at my own expense. At this time, I decline the Hepatitis B titre. I understand that by declining this titre, I may not have acquired immunity to the Hepatitis B Virus and could be at risk for acquiring the Hepatitis B Virus (HBV) Infection, which is a serious disease.

Student's Signature:_____Date: _____

Instructor's Signature: _____Date: _____

APPENDIX C

DAYTONA STATE COLLEGE
SCHOOL OF DENTAL SCIENCES
POLICY FOR MANAGING LABORATORY EMERGENCIES

Students, faculty, and staff are required to be familiar with the emergency supplies that are available in the laboratory area. If an accident or another type of emergency should occur, the instructor is to be notified of the incident immediately. The instructor will then assess the situation and they will decide what course of action is to be taken.

EMERGENCY SUPPLIES AND EQUIPMENT

The following is a listing of the types of equipment and supplies that are available for the management of accidents or emergencies in the laboratory area. This includes: **Emergency Gas Shut-Offs, First Aid Kits**, **Fire Blankets, and Fire Extinguishers.** These are located in the front of the laboratory area. Eyewash stations are also available and are provided on each of the sinks. In the event of a foreign body entering the eye, proceed to the nearest eyewash station. To activate the flow of water from an eyewash station, pull the metal center button towards you. Flush the eyes for 15 minutes with a minimum flow rate of ½ gallons of water per minute. The temperature of the water should not be too hot or too cold. Other equipment that is available includes:

Types of Equipment	Daytona Beach Campus	DeLand Campus
Blood Pressure Cuffs	**Room 405**	**Room 112**
Chemical Spill Kit	**Room 419**	**Room 103**
Emergency Kit	**Room 405**	**Room 102**
Pocket Masks	**Room 405**	**Room 102**
Oxygen Tanks	**----------**	**Room 105**
AED	**First Floor**	**Hallway**

MANAGEMENT OF AN EMERGENCY

1. Notify the instructor immediately. They will assess the situation and make a determination of what course of action to pursue.

2. Make sure that the appropriate equipment is available to handle the accident or emergency.

3. If the situation requires additional assistance, call **9-911** and then notify Security at **Extension 4444 (Daytona Beach Campus)** or **Extension 2024 (DeLand Campus)** that emergency personnel have been requested.

4. Provide the appropriate first aid treatment until help arrives. Monitor vital signs and provide oxygen as needed. If indicated, begin cardiopulmonary resuscitation procedures immediately.

5. If the accident or emergency becomes stabilized, the instructor is to advise the individual to call someone to take them home or to a physician.

6. All accidents or health-related emergency illnesses must be reported to Security and the Department Chairperson within 24 hours.

7. The completion of an Accident/Incident Report is required in order to document the incident. This is to be completed by Security.

Revised June 2013

APPENDIX D

DAYTONA STATE COLLEGE
SCHOOL OF DENTAL SCIENCES
POLICY FOR MANAGING EMERGENCIES IN TREATMENT AREAS

Students, faculty, and staff are required to be familiar with the emergency supplies that are available in treatment areas. If an accident or another type of emergency should occur, the instructor is to be notified of the incident immediately. The instructor will then assess the situation, and they will decide what course of action is to be taken.

EMERGENCY SUPPLIES AND EQUIPMENT

The following is a listing of the types of equipment and supplies that are available for the management of an emergency, if one should occur. This includes:

Types of Equipment	Daytona Beach Campus	DeLand Campus
Blood Pressure Cuffs	**Room 405**	**Room 112**
Emergency Kit	**Room 405**	**Room 102**
First Aid Kit	**Room 405**	**Room 102**
Oxygen Tanks	**----------**	**Room 105**
Pocket Masks	**Room 405**	**Room 102**
AED	**First Floor**	**Hallway**

Eyewash stations are also available and are provided on each of the sinks. In the event of a foreign body entering the eye, proceed to the nearest eyewash station. To activate the flow of water from an eyewash station, pull the metal center button towards you. Flush the eyes for 15 minutes with a minimum flow rate of 1/2 gallon of water per minute. The temperature of the water should not be too hot or too cold.

MANAGEMENT OF AN EMERGENCY

1. Students participating in clinical activities may experience an emergency situation. If this should occur, remain calm and stay with the patient at all times.

2. Notify the nearest clinical instructor. They will assess the situation and make a determination of what course of action to pursue.

3. Make sure that the appropriate equipment is available to handle the emergency.

4. The clinical instructor will continue to assess the situation and will determine if additional support is required. If the emergency becomes stabilized, the clinical instructor is to advise the person to call someone to take them home or to a physician. If the situation requires additional assistance, the following contacts are to be made in this order:

- Notify the Supervising Dentist
- If the situation requires additional assistance call **9-911**, and then notify Security at **Extension 4444 (Daytona Beach Campus)** or **Extension 2024 (DeLand Campus)**. Inform Security that there is an emergency in the School of Dental Science Clinical Area and that emergency personnel has been requested.

5. Provide the appropriate treatment until help arrives. Monitor vital signs and provide oxygen as needed. If indicated, begin cardiopulmonary resuscitation procedures immediately.

6. All accidents or health-related emergency illnesses must be reported to Security within 24 hours.

7. The completion of an Accident/Incident Report is required in order to document the incident. This is to be completed by Security. Dental hygiene students must document all emergency situations in the patient's chart that arise during clinical sessions.

OPERATION OF THE PORTABLE OXYGEN TANK APPARATUS

1. Turn the top "T" valve counterclockwise until the pressure shows in the indicator dial.

2. Adjust the valve until the flow of oxygen is comfortable. This is usually at level 2 or 3.

3. Place the mask on the face, hold or stabilize, and monitor usage. Adjust the flow rate if necessary.

4. To discontinue the use of oxygen, perform the following steps:

    - Turn off the flow of oxygen
    - Turn the "T" valve clockwise
    - Bleed the pressure of the remaining oxygen using the flow valve

OXYGEN TANKS ARE LOCATED IN ROOM 105 ON THE DELAND CAMPUS.

Revised June 2013

DAYTONA STATE COLLEGE
SCHOOL OF DENTAL SCIENCES
INFECTION CONTROL POLICY

PURPOSE

The purpose of infection control policies and procedures is to minimize the risk of transmission of bloodborne pathogens to patients and dental health care workers in the dental care environment. This goal of minimizing exposure can be achieved by:

A. Requiring current immunization against Hepatitis B and other appropriate diseases for all clinical personnel.

B. Education and training in the principles and practice of infection control methods.

C. Preventing parental, mucous membrane, and non-intact skin exposure of patients and dental health care workers to blood and other body fluids containing visible blood. Saliva in the dental setting is potentially bloody.

D. Controlling contamination of items and personnel in the clinical setting by the consistent use of aseptic techniques, personal protective equipment, and protective barriers.

STANDARD PRECAUTIONS

The term "Standard Precautions" as defined by the CDC, refers to a set of precautions designed to prevent the transmission of the Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and other bloodborne pathogens in a health care setting. According to the principles of Standard Precautions, blood and certain body fluids of all patients are considered potentially infectious for HIV, HBV, and other bloodborne diseases. This means that the same infection control procedures must be used for ***all*** patients for ***all*** dental procedures.

The rationale for Standard Precautions is as follows:

1. Routine medical health history information is limited and it is unlikely that a dental health care professional will know the patient's status for having a bloodborne infectious disease.

2. Many patients are unaware that they are infected with a bloodborne infectious disease and that their blood or saliva may be capable of transmitting the disease.

3. Some patients choose not to reveal to dental health care providers their medical status for having certain infectious diseases.

4. Dental health care providers should not interpret negative findings from a comprehensive examination to mean that the patient is presently free from an infectious disease or will remain so upon subsequent visits.

IMMUNIZATIONS

Students are required to be immunized against Hepatitis B, unless immunity is documented. If a student indicates that they are medically at risk for this vaccination, they are required to sign a declination form. Post vaccination testing is highly recommended and ideally should be conducted one to six months after the final injection. If indicated, additional doses of this vaccine will be required. Students are also required to be immunized against tetanus-diphtheria and undergo annual testing for tuberculosis. Additonal immunizations for mumps, measles, and rubella are strongly recommended for students.

All faculty involved in the direct provision of patient care are required to be immunized against Hepatitis B and undergo annual testing for tuberculosis.

All records related to a student's medical status are maintained by the Program Managers'. These records are maintained in a secure and confidential manner and will not be disclosed or reported without the student's express written consent.

PERSONAL PROTECTIVE EQUIPMENT

Personal protective equipment for dental health care workers includes **protective clothing, masks, gloves,** and **protective eyewear**. The use of personal protective equipment shall be used whenever there is a potential for exposure to blood for other OPIM during treatment. This equipment must not permit blood or OPIM to pass through to reach clothing, skin, eyes, mouth, or other mucous membranes. All personal equipment must be removed prior to leaving the dental operatory. When this equipment is removed, it shall be placed in an appropriately designated container for disposal.

Protective Clothing

Students are required to wear a laboratory jackets over uniforms during laboratory, preclinical, and clinical sessions. These are to be changed at least daily or as soon as they become visibly soiled. Laboratory jackets are to be removed before leaving the clinical areas when participating in patient care activities. Disposable gowns are available and should be worn over uniforms for procedures that are likely to produce spatter. These are not to be worn outside clinical areas.

Masks

Disposable masks are to be worn whenever aerosol spray or spatter is generated. They are to be worn over the nose and mouth in order to protect the dental health care worker from inhaling possible infectious organisms that can be spread by aerosol spray from handpieces, air-water syringes, and accidental splashes. The following guidelines are to be utilized for the use of protective masks:

1. A fresh mask is to be worn each time a patient is being treated or when the mask becomes damp, visibly soiled, or spattered. A mask that is wet or damp is not effective.
2. The mask must fit snugly to the face, particularly around the nose and mouth.
3. Masks should not be worn for more than one hour.
4. Masks are to be discarded after a single use.

Gloves
Gloves must be worn by all dental health care workers during ***all*** patient treatment in which there is the possibility of contact with a patient's blood, saliva, or mucous membranes. ***All*** gloves that are used during patient care activities ***must be*** discarded after a single use. This is because the washing of gloves may cause the penetration of liquids through undetected microscopic holes that are present in the gloves.

Examination Gloves
Examination gloves are to be worn by dental health care workers during patient care activities. These gloves are not sterile and serve as a protective barrier for the wearer. The following are the guidelines to be followed when wearing gloves:

1. Examination gloves are not required to dispense materials and instruments or when setting up the operatory.

2. Examination gloves are not to be washed or otherwise reused. Discard after a single use.

3. Wear a new pair of examination gloves for each patient.

4. If examination gloves become torn or damaged, change them immediately. Examination gloves should be changed frequently, especially if procedures last more than one hour as excessive moisture develops beneath the glove.

5. Examination gloves are not to be worn when handling patient charts.

6. Examination gloves are not to be worn from outside of the dental operatory.

7. Hands must be washed before placing examination gloves on and again after taking them off.

Overgloves
Overgloves are used for brief single-use occasions and are put over examination gloves. They are not an acceptable alternative to examination gloves and are to be discarded after a single use. If one should leave the dental operatory during the treatment of a patient, overgloves should be used. If overgloves are not used, the contaminated examination gloves are to be removed and hands are to be washed before leaving the area. Upon returning to the dental operatory, hands are to be washed and dried and a new pair of gloves is to be worn. Acceptable uses for overgloves include: opening drawers, cabinets, and containers, making an entry in a patient's chart, and pouring impressions.

Utility Gloves
Utility gloves are not to be used during direct patient care. They are to be worn for cleaning and disinfecting the dental operatory as well as when handling contaminated instruments. Utility gloves are to be washed and disinfected after use. If utility gloves become cracked, punctured, torn, exhibit other signs of deterioration or their ability to function as a protective barrier becomes compromised; they must be discarded.

Protective Eyewear
The purpose of protective eyewear is to protect against the potential danger of damage to the eye which can result from the generation of aerosolized pathogens and debris during the course of treatment. These particles can contain large concentrations of bacteria. Of particular concern are the Herpes Simplex Viruses and Staphylococcus Aureus; however, most members of the normal oral flora must be considered as opportunistic pathogens.

Protective eyewear is to be worn at all times while participating in laboratory, preclinical, and clinical activities. Students will not be permitted to practice skills or observe in clinical areas without such protection. Protective eyewear must fit one's face without falling from the field of intended protection and have side shields. They should be anti-fog, shatterproof, and large enough to protect the eye area. Protective eyewear is not to be handled with unprotected hands until they have been cleaned and disinfected. Protective eyewear is also to be provided to patients during treatment. These are contaminated and require cleaning and disinfection after use.

HAND HYGIENE PROCEDURES
Hand hygiene is an extremely effective procedure for the prevention of many infections that are acquired from the transmission of organisms on the hands. The environment between the hand and the surface of an examination glove is ideal for the growth of bacteria and other microorganisms. Therefore it is essential that students use hand antisepsis procedures before and after gloving. Hand lotion or a protective skin barrier cream should be used to keep hands from cracking and peeling as well as being able to withstand the damaging effects of repeated handwashing. Nails are to be kept short and clean. Long nails are known to harbor higher levels of bacteria and puncture examination gloves. All jewelry is to be removed for the same reasons. The following guidelines are to be utilized when performing handwashing procedures:

1. At the beginning of the day before treating patients

2. Between patient care

3. Before placing examination gloves on and again after their removal. Hands are to be completely dry before donning a new pair of gloves.

4. During treatment if an object is touched that might be contaminated by another patient's blood or saliva

5. Any time before leaving the dental operatory

The following guidelines are to be followed when performing handwashing procedures:

At the Beginning of the Day

1. Remove all jewelry and check the surfaces of the hands for hangnails, small cuts/abrasions, and sores.

2. Scrub hands, nails, and wrists with an antimicrobial liquid soap for two to five minutes and rinse with cool-lukewarm water for ten seconds. Direct particular attention to the thumb and fingertip areas.

3. Lather hands and wrists with the cleaning agent for ten seconds.

4. Repeat lathering and rinsing procedures.

5. Dry hands and wrists thoroughly with disposable paper towels.

Between Patients

1. Vigorously lather hands and wrists with an antimicrobial liquid soap and water for ten seconds.

2. Rinse with cool lukewarm water for ten seconds. Dry hands and wrists thoroughly with disposable paper towels.

CLEANING AND DISINFECTION OF THE DENTAL OPERATORY

Cleaning and disinfection of the dental operatory is an important step for controlling the transmission of pathogenic organisms from contaminated surfaces as well as minimizing the exposure to these microbes. Many blood and saliva-borne disease causing microorganisms such as the Hepatitis B Virus and Mycobacterium Tuberculosis can remain viable for many hours, even days when transferred from an infected person to environmental surfaces in dental operatories and other clinical areas; therefore, a practical and effective method for routinely managing operatory surface contamination between patients is to be utilized for the removal of blood, saliva, and potentially pathogenic organisms.

The following procedures are to be utilized when cleaning and disinfecting a dental operatory:

1. Students are required to wear protective eyewear, masks, and utility gloves when cleaning and disinfecting the dental operatory.

2. At the beginning of the day flush the dental unit waterlines, the air/water syringe and the oral evacuation system for one minute at the beginning of each day to reduce the number of microorganisms that may remain overnight.

3. Clean and disinfect the operatory using the disinfecting wipe. This is to be performed as follows:

A. Wipe all contaminated surfaces. This includes the cabinets, cabinet handles, x-ray view box, operator's cart, stools, towel dispensers, countertops, dental chair, dental light including switch, handles and intensity control, bracket tray including switches, adjustment controls, and tubing, oral evacuation system including tubing.

B. The disinfectant is to be left in place to continue working for three minutes.

C. Remove and disinfect the utility gloves. Place on the towel racks to dry. Wash hands.

D. Remove and dispose of masks. Remove and disinfect protective eyewear.

The disinfecting solution that is used is an EPA registered disinfectant that is labeled as a hospital disinfectant and for tuberculocidal activity. Disinfecting agents that do not meet these specifications are not used for the disinfection of contaminated surfaces.

PROTECTIVE BARRIERS

All environmental surfaces that are likely to be touched or become contaminated during treatment must be covered with the appropriate protective barriers. These barriers must be waterproof and large enough to completely cover the surface being protected. Any surface that is within three feet of the patient's mouth must be considered contaminated after providing treatment that produces spatter. Therefore cabinet doors and drawers must be closed during treatment.

When setting up the dental operatory prior to treating patients, students are to place protective barriers on the following areas:

Dental Chair
Dental Light: Handles, On/Off Switch, Intensity Control
Bracket Table: Switches, Knobs, Height Adjustment, hoses
Oral Evacuation System: Tubing
Top of the Mobile Cart
Pens and Red/Blue Pencils

TREATING PATIENTS

The Use of Pretreatment Mouthrinsing

The use of a preprocedure mouthrinse has been shown to reduce the number of microorganisms present in the oral cavity prior to treatment. All patients are required to rinse for sixty seconds with an ADA approved antimicrobial mouthrinse prior to treatment.

Recording Information in a Patient's Chart

Students are not to touch a patient's chart with contaminated gloves. If an entry has to be made in the record during treatment, an appropriate barrier must be used on the pen and over the portion of the record that the contaminated glove touches. An alternative would be to set aside some overgloves to be utilized for recording information in a patient's chart during treatment.

Protective Techniques

The dental health care worker are to utilize techniques during the treatment of a patient that will prevent the possibility of transmitting disease from the patient through direct contact with blood, saliva and droplets or aerosols. The following guidelines are to be utilized when treating patients:

1. Treat all patients as potentially infectious and practice "Standard Precautions"

2. Gloves, masks, protective eyewear, and protective clothing are to be worn when participating in patient care activities.

3. Use saliva ejectors and the high volume evacuator to minimize the formation of droplets, splatters, and aerosols.

4. Any equipment that becomes soiled with blood or contaminated with material must be cleaned and disinfected immediately following use.

5. Instruments must always be unwrapped in the view of the patient.

6. Care must be taken by students while participating in patient care activities to prevent placing a contaminated instrument from a critical area to a non-critical area.

7. If an instrument does get dropped or placed in a non-critical area, it is to be set aside and resterilized before it used on a patient.

8. If additional supplies are required during patient treatment, the operator must deglove, wash hands, retrieve the supplies, and then reglove with a fresh pair of gloves before continuing patient care. Another alternative is the use of overgloves.

9. Dental hygiene students who leave the dental operatory to request the assistance from a clinical instructor must deglove and wash their hands. Upon returning to the operator, hands must be wash again and then reglove with a fresh pair of gloves before continuing patient care.

Handling Contaminated Needles and Other Sharps
The term **sharps** is defined as any sharp or pointed object that can penetrate the skin or oral mucosa. In dentistry the most common types of sharps are injection needles, anesthetic carpules scalpel blades, disposable scalpels, exposed ends of arch wires, broken glass burs, and endodontic instruments. The following guidelines are to be utilized when handling sharps:

1. Sharp items must be considered as potentially infectious materials and handled with care.

2. Sharps must be disposed of by placing them into a sharps container. This container is puncture resistant, leakproof on the sides and bottom is marked with the biohazard label or color-coded red to identify it as a hazard.

3. Injection syringe needles are not to be recapped by hand, bent, or broken. To reduce the danger of accidental needlestick injury, the needle must be covered using a one-handed scoop technique for recapping or by using a recapping device.

4. Students, faculty, and staff are **never** to reach by hand into a sharps container.

Managing Exposure Incidents
An exposure incident is related specifically to the eye, mouth, other mucous membrane, non-intact skin, or parental contact with blood or other potentially infectious materials that results from the performance of a student's assignment or from the performance of an employee's duties. Although this covers a wide range of potential incidents, they commonly result from needlestick injuries or from a puncture of the skin from a contaminated sharp instrument. If such an injury should occur, it must be reported immediately. The following steps are to be utilized for the management of an exposure incident:

1. Stop operations immediately.

2. Report the exposure incident to the instructor.

3. Remove the contaminated gloves, wash hands thoroughly, using an antimicrobial soap and warm to hot water. If the area of broken skin is bleeding gently squeeze the site to express a small amount of visible blood.

4. Dry the hands and apply a small amount of antiseptic to the affected area and an adhesive bandage to the area.

5. Students are to be directed to a health care professional and to undergo blood testing after consent is obtained. The instructor must provide the health care professional with a copy of the bloodborne pathogens standard; a description of the student's actions as they relate to the incident; a report of the specific exposure incident including routes of exposure; the results of the source individual's blood tests if available, and relevant student medical records, including their vaccination status. An incident report form is to be complete by the student and the instructor.

6. The source patient should be identified and informed of the incident. They are to be tested for serologic evidence of HIV or HVB infection. Testing of the source individual's blood cannot be done without their written consent. A source individual information form is to be filled out by the patient and the instructor.

HIV/AIDS Procedure

1. If the source patient is seronegative for HIV and has no clinical evidence or risk for the HIV infection or AIDS, no further follow-up is indicated.

2. If the source patient is diagnosed with AIDS, is seropositive for HIV, or refuses to be tested, as soon as possible following the exposure, the student is to be referred for baseline serologic testing for evidence of HIV. The student may go to the health care provider/facility of their choice or may be referred to a designated laboratory/agency. The student will also be counseled by a faculty member for post-exposure counseling about the risk of infection, prevention of transmission of HIV during the follow-up period, and the need for appropriate follow-up medical care.

3. The exposed student will have follow-up HIV testing at 6 weeks, 3 months, 6 months, and 12 months post-exposure at their health care provider or facility.

Refer to the chart in Appendix A that outlines the human immunodeficiency virus postexposure management.

Hepatitis B Procedure

The chart in Appendix B outlines the Centers for Disease Control and Prevention recommendations for Hepatitis B post-exposure prophylaxis following percutaneous exposure. They also recommend that HBIG, when indicated, be administered as soon as possible after an exposure and within 24 hours if possible.

SAFE WORK PRACTICES UTILIZED TO AVOID POTENTIAL EXPOSURE INCIDENTS

1. All students, faculty, and staff are to use appropriate protective barriers to prevent skin and mucous membrane exposure when the contact with blood or bodily fluids is anticipated.

2. Gloves are to be worn when touching blood, bodily fluids, mucous membranes or non-intact skin.

3. Examination gloves are to be worn when handling items or surfaces contaminated with blood or bodily fluids.

4. Gloves must be changed between patients.

5. Personal protective equipment including masks, protective eyewear with side shields, and protective clothing are to be worn during procedures that are likely to generate droplets of blood or other bodily fluids in order to prevent exposures of the mucous membranes of the mouth, nose, and eyes.

6. Hands and other skin surfaces are to be washed immediately with water and an antimicrobial liquid if they become contaminated with blood or other bodily fluids.

7. Hands are to be washed immediately after the removal of gloves.

8. Students, faculty, and staff are to take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices that are used after treatment procedures, cleaning instruments or during the disposal of used needles.

9. To prevent needlestick injuries, needles are not to be recapped, purposely bent or broken by hand, removed from syringes, or otherwise manipulated by hand. Needles are to be recapped by utilizing a one-handed scoop technique or a recapping device.

10. Needles, scalpel blades, and other sharp items must be placed in a puncture resistant container for disposal.

11. Students, faculty, and staff who have exudative lesions or weeping dermatitis are to refrain from potentially biohazardous environments until the condition is resolved.

12. Students, faculty, and staff are to exercise appropriate judgment when managing biohazard materials.

AFTER PATIENT TREATMENT

The Cleaning of Instruments

Before sterilization, items must be thoroughly cleaned. Organic debris such as saliva, plaque, and blood, if left to remain on instruments, can prevent or hinder the activity of sterilization. The most effective method for cleaning instruments prior to sterilization is the ultrasonic cleaner. It is safer than manually scrubbing instruments and more efficient. It also reduces the risk of direct contact with pathogenic microorganisms. The following guidelines are to be utilized when operating the ultrasonic cleaner:

1. Always wear heavy-duty utility gloves, and protective eyewear.

2. Prerinse all instruments prior to placing them in the ultrasonic cleaner.

3. Keep the solution level at least 1 1/2 inches from the top of the tank.

4. Always operate the ultrasonic unit with the lid on.

5. Clean instruments for five to ten minutes.

6. Rinse instruments thoroughly after taking them out of the ultrasonic cleaner in order to remove all the detergent.

7. Inspect and dry the instruments before wrapping or packaging.

8. Remove the heavy-duty gloves, then clean and disinfect them.

9. Remove the protective eyewear, then clean and disinfect them.

The Sterilization of Instruments
The goal of sterilization is to destroy all pathogens, including bacteria, viruses, and spores that are capable of transmitting diseases. The technique for sterilization that is utilized in the dental programs is autoclaving. Autoclaving is sterilization by superheated steam under pressure. All mirrors, explorers, scalers, syringe tips, ultrasonic scalers, polishing burs, stones, impression trays, radiographic equipment, handpieces, handpiece attachments, patient napkins chains, rubber dam instruments, operative instruments handpieces, and other instruments that are use during patient care activities must be packaged, labeled with the student's name and date, then sterilized prior to use.

Chemical Sterilization
Chemical agents can be used to achieve sterilization and this type of procedure is recommended for heat sensitive items. To achieve sterilization, items are immersed in a fresh EPA registered chemical for the correct length of time that is specified by the manufacturer. When a chemical agent is used for this method of sterilization, it must be maintained at the proper concentration, monitored for the correct length of time, and used prior to the expiration date. The following guidelines are to be utilized for chemical sterilization:

1. The chemical selected must be mixed exactly to the manufacturer's directions.

2. Utility gloves, protective eyewear, and masks must be worn when placing, removing, and rinsing items.

3. The expiration date of the chemical must be clearly marked on the outside of the container.

Biological Testing of the Sterilization Equipment
The routine use of biological tests to verify the adequacy of sterilization is recommended by the CDC guidelines. These are routinely used in the form of a spore strip. These are placed inside of the sterilization packs or trays to test for penetration under normal conditions. This type of testing is used in the dental programs to verify the adequacy of sterilization. It is done on a weekly basis. The date of activation is recorded on the proper form and is then mailed. Documentation of the results is kept on file in the program director's office.

Cleaning the Operatory After Patients
The following protocol must be used when cleaning the operatory after patients:

1. Remove examination gloves and wash hands.

2. Complete entries on all forms and records relating to the treatment and dismiss the patient.

3. Put utility gloves on before beginning the cleaning of the operatory.
4. Be sure to wear a mask and protective eyewear.

5. Remove and discard of disposable items.

6. Remove all protective barriers and discard accordingly.

7. Discard of needles and any sharp disposable instruments into the biohazard sharps container.

8. Clean the oral evacuation system by running a disinfectant solution through the unit.

9. Bring instruments to the sterilization room to be processed.

10. Clean and disinfect the operatory and all environmental surfaces using the spray-wipe-spray technique.

11. Restore the operatory.

INFECTIOUS WASTE MANAGEMENT

Infectious waste is defined as:

1. Contaminated disposable sharps or objects that could potentially become contaminated sharps.

2. Pathological Waste

3. Blood and blood products in liquid and semi-liquid form

4. Blood and body fluids in liquid and semi-liquid form

5. Waste that has been intermingled with infectious waste

Blood and saliva contaminated items are disposed of in red trash containers marked **"Biohazardous"** that contain a red bag. Items that are to be discarded in these containers include: examination gloves used during treatment, gauze, cotton, cotton tip applicators, cotton rolls, dental floss, fluoride trays, dental dam material, saliva ejectors, HVE tips, patient napkins, protective barriers if visibly soiled with blood and saliva, and x-ray film packets. All other items are disposed of in the containers with a clear plastic liner. Items that are to be discarded in these containers include: paper towels, plastic barriers, masks unless visibly soiled with blood and paper cups. Any sharps that are generated during treatment are disposed of in the sharps container which has been designated for this purpose.

THE EXPOSURE AND PROCESSING OF RADIOGRAPHS

Faculty and students are to utilize all the principles and policies of infection control as well as universal precautions when exposing and processing radiographs.

Exposure of Radiographs - Operatory Preparation

1. Faculty and students must wear the appropriate clinical attire and other personal protective equipment. Utility gloves are to be used for the operatory preparation and clean-up. Latex gloves are to be used for exposing and processing radiographs.

2. Disinfect the PID, x-ray tube head, extension arm, door knobs, dental unit, and counter tops.

3. Protective barriers are to be utilized where appropriate. This includes the exposure button, timer dial, dental unit, door knobs, and the parts of the tube head which are handled.

4. Place a bracket table cover on the counter to place the unexposed films on. These are to be placed in the same order that will be used for mounting.

5. Have all items and necessary supplies in the operatory prior to seating the patient. Include the necessary radiographic equipment that will be needed to expose the films.

6. Do not open sterile instrument packages until the patient is seated.and the operator is gloved.

Infection Control Considerations During the Exposure of Radiographs

1. Unwrap the sterile instrument packages and place on a bracket tray cover.

2. Wash hands at the appropriate times. Always wash hands and remove gloves prior to removing items from the drawers and cabinets. Always remove gloves and wash hands before leaving the operatory. The use of overgloves is an acceptable alternative. If you deglove when leaving the operatory, remember to wash hands prior to putting on a new pair of gloves.

Infection Control Considerations After The Exposure of Radiographs

1. Clean and disinfect the operatory.

2. Clean and disinfect the lead aprons.

3. Wear the appropriate protective equipment such as utility gloves and protective eyewear.

Infection Control Considerations During The Processing of Radiographs

1. Wash hands after entering the darkroom and put on a pair of examination gloves.

2. Set the cup of exposed/contaminated films on the counter.

3. Turn on the safe light, turn off the white light.

4. Unwrap the film packets and place the exposed films on a bracket table cover. Dispose of the outer coverings into the appropriate container.

5. Deglove and wash hands.

6. Hold the films by the edges and process.

7. Put on utility gloves and protective eyewear to disinfect all surfaces and equipment as necessary. Clean and disinfect utility gloves and protective eyewear prior to leaving the darkroom.

DENTAL MATERIALS AND LABORATORY ACTIVITIES

The principles and policies of infection control and universal precautions must be followed when participating in all laboratory activities for the handling of contaminated and potentially contaminated dental materials and prostheses. Any item that has been used in the oral cavity or any item used on appliances or impressions is potential sources of infection. Procedures for each type of material will vary, but they must be employed for each case.

The Use of Personal Protective Equipment

Personal protective equipment must be utilized at all times during laboratory sessions or when participating in activities in the laboratory area. The following guidelines are to be utilized:

1. Examination gloves must be worn any time contact with potential pathogenic microorganisms are present.

2. Masks must be worn any time contact with potential pathogenic microorganisms are present or when there is a potential for contact with vapors and/or particles from dental materials.

3. Protective eyewear must be worn at all times during laboratory sessions or when participating in activities in the laboratory area.

4. Protective clothing must be worn at all times during laboratory sessions or when participating in activities in the laboratory area.

Laboratory Disinfection Techniques

All working surfaces that are utilized during laboratory sessions or for laboratory activities must be covered with the appropriate barriers. After these barriers are removed they are to be discarded. Surfaces in the laboratory are to be cleaned using the disinfecting wipes. Personal protective equipment is to worn at all times when disinfecting the laboratory.

Alginate Impressions

1. Open the packet of sterilized impression trays in front of the patient just prior to taking the impression.

2. Load the impression tray.

3. Remove the impression tray and rinse the impression with tap water to remove saliva, blood, and debris.

4. Place the impression in a ziploc bag, spray thoroughly with a disinfectant, and seal. Leave in the sealed bag for fifteen minutes.

5. Remove the impression from the bag and rinse with tap water. Remove the excess water from tooth anatomy.

6. The impression must be considered contaminated and must be handled as well as transported as a contaminated item. This means that personal protective equipment must be worn by the operator. The impression is to be left in the plastic bag and placed on a paper towel. This should not be left unattended.

Pouring of the Diagnostic Cast

All appropriate infection control measures and standard precautions must be followed during the handling, manipulating, and pouring of the diagnostic cast from the impression. The following guidelines are to be utilized when performing this laboratory activity:

1. Place a plastic covering and a paper towel over the vibrator.

2. Remove the impressions from the bag and rinse with tap water. Remove excess water fro the impression.

3. Place the impression on a paper towel and begin to pour the model.

4. Once the impression is poured, place on a plastic acrylic square on a covered surface.

5. When the gypsum material has set, separate the impression from the diagnostic cast. Spray the diagnostic cast with the disinfectant solution as it is contaminated from the impression.

6. All materials that were used to pour the diagnostic cast must be cleaned and disinfected. This includes the rubber bowls, the laboratory knives, the spatulas, the pink acrylic square, and any other instruments that were used for pouring the diagnostic cast.

7. The impression trays must be cleaned, packaged, labeled, and returned to the sterilization area for sterilization immediately upon completion of the diagnostic cast.

Cleaning Removable Appliances and Prostheses
The following guidelines are to be utilized for cleaning removable appliances and prostheses:

1. Rinse the appliance with tap water upon removal and take it to the sterilization room.

2. Place the appliance in a ziploc bag and cover with the appropriate cleaning agent and water. Place the bagged appliance in a glass beaker in the ultrasonic cleaning unit and turn on for fifteen minutes.

3. Remove the appliance from the bag and rinse with tap water. Dispose of the cleaning agent. Return appliance to the patient.

Bite Registrations
Bite registrations must be considered contaminated. They are to be handled and transported as a contaminated item. Personal protective equipment must be worn by the operator. They must be cleaned and disinfected in the same manner as impressions. The procedure to be followed for the cleaning and disinfecting of bite registrations is the same that is utilized for impressions.

Revised June 2013

APPENDIX F

DAYTONA STATE COLLEGE
SCHOOL OF DENTAL SCIENCES
BIOMEDICAL WASTE PROGRAM

DEFINITIONS, IDENTIFICATION, AND HANDLING

Biomedical Waste - Any solid waste or liquid waste, which may present a threat of infection to humans. This includes, but is not limited to, non-liquid human tissue and body parts, laboratory and veterinary waste that may contain human disease-causing agents; discarded sharps; human blood, human blood products, and body fluids.

Point of Origin - The room or area where biomedical waste is generated. (**Biomedical waste shall be identified, segregated from other solid waste, and placed in a proper disposal container at the point of origin**.)

"Sharps" - Any device that can puncture, lacerate or otherwise penetrate the skin. These devices include but are not limited to needles, intact or broken glass, intact or broken hard plastic, and other materials contaminated by blood, blood products, or body fluids.

The following specific items generated in the following areas will <u>also</u> be considered "**sharps**":

Procedure Areas: Injection needles, instruments, broken glass, burs, endodontic files, and scalpel blades.

Laboratory Areas: Broken glass, burs, instruments, and laboratory knives.

Sharps to be discarded <u>must</u> be placed directly into the sharps container at the point of origin.

Sharps containers shall be located in the room or area where the sharp is generated. They shall be leak and puncture resistant, rigid, labeled containers meeting specifications in section 64E-16.004, Florida Administrative Code (F.A.C.) and designed primarily for sharps. The sharps container shall be treated with care to ensure its integrity, leakage shall not occur, and sharps shall not be removed from it. Sharps containers will be disposed of when three-quarters full or filled to the fill line if one exists.

There will be <u>no overfilling</u> of sharps containers.

Non-Sharps - This includes, but is not limited to:

- Used absorbent materials such as bandages, gauze, or sponges that are saturated (having the potential to drip or splash) with blood or body fluids.
- Devices which retain visible blood or body fluids adhering to inner surfaces after use and rinsing such as intravenous tubing, hemodialysis filters, blood bags, and catheters are included.

- Non-liquid human tissues, human blood, human blood products, and body fluids are included.

The following specific objects generated in the following areas will be considered "**non-sharps**".

Procedure Areas - Gauze, cotton rolls, cotton tipped applicators, dental floss, x-ray film packets, gloves, masks, fluoride trays, rubber dam material, saliva ejectors, HVE tips.

Laboratory Areas - Impression material, gloves, masks.

Non-sharps biomedical waste shall be placed directly into red bags meeting the specifications and requirements of section 64E-16.004, F.A.C., in the room or area where it is generated. Non-sharps biomedical waste shall not be placed into any type of bag (e.g. a black bag, white, clear, etc.) other than that meeting all requirements of section 64E-16.004, F.A.C. including color, even if the bag will be placed directly into a larger red bag. Filled bags shall be sealed. Bagged biomedical waste being prepared for off-site transport shall be labeled and enclosed in a rigid type container meeting the specifications given in section 64E-16.004, F.A.C. and section 64E-16.005, F.A.C. Biomedical waste shall not be removed from red bags. Red bags will be handled with care to ensure their integrity, and leakage or discharge will not be allowed. Red bags will not be reused.

Improperly containerized sharps shall not be placed in red bags.

LABELING

Sharps containers and red bags shall have the International Biomedical waste symbol as specified in section 64E-16.004, F.A.C., and the words "Biomedical Waste" or other words allowed per rule, shall be clearly legible. All bags containing biomedical waste, sharps containers, and outer containers shall be labeled as required by section 64E-16.005, F.A.C., if the treatment and disposal process is other than on-site incineration. Bags of biomedical waste shall be labeled at the generating facility prior to off-site transport to a disposal site permitted by the Department of Environmental Protection (DEP) or the Department of Health (DOH) or to an off-site storage facility permitted by DOH. The label shall be securely attached or permanently printed on the container. Indelible ink shall be used to print the label and the label shall contain the office name and address. Boxes shall be labeled with a biomedical waste symbol and approved warning.

The person/persons responsible for the proper handling of the containers when they are removed from the point(s) of origin and transported to the designated storage area, and the appropriate labeling for containers is/are:

Daytona Beach Campus - Leslie Fehl
DeLand Campus - Christina Meeks-Lewis

ON-SITE TRANSFER

Packages of biomedical waste shall remain intact until treatment or disposal. There shall be neither recycling efforts nor intentional removal of waste from its packaging prior to the waste being treated or disposed. Packages of biomedical waste shall be handled and transferred in a manner that does not impair the integrity of the packaging. Packages of biomedical waste shall not be compacted or subjected to mechanical stress that will compromise the integrity of the package during transfer. Persons transferring biomedical waste shall wear impermeable gloves and protective clothing. This protective clothing will be a laboratory coat and protective eyewear.

STORAGE AND CONTAINMENT

Full red bags and sharp containers shall be stored away from general traffic areas, in areas accessible only to authorized persons and so designated. Storage of biomedical waste shall not be stored for a period greater than 28 days. The 28-day time period shall commence when the first item of biomedical waste is placed into a red bag or when the sharps container is full. <u>If the sharps container contains non-sharps biomedical waste, then the 28-day storage time period begins when the first non-sharp item is disposed.</u> Areas used primarily for biomedical waste storage shall be constructed of smooth, easily cleanable materials, impervious to liquids and regularly maintained in a sanitary condition, and shall be vermin/insect free. If outside, the storage area shall be conspicuously marked with the International biological hazard symbol of appropriate size and made secure from vandalism. All other storage and containment requirements of Section 64E-16.004, F.A.C. will be followed. Bagged biomedical waste being prepared for off-site transport shall be enclosed in a rigid type container meeting the specifications given in Sections 64E-16.004 & 64E-16.006, F.A.C. Disposal waste containers shall be destroyed during the treatment process and will not be reused. Reusable containers shall be disinfected after each use <u>and</u> shall be made of smooth, easily cleanable, impermeable material that resists corrosion by disinfectant chemicals. The storage areas are:

Daytona Beach Campus - Building 320, Room 418
DeLand Campus - Building 6A, Room 105

CONTINGENCY PLAN, DISINFECTING, SPILL CLEAN-UP

Any surface that has come in contact with spilled or leaked biomedical waste shall be cleaned with a solution of industrial strength detergent to remove visible soil before being disinfected with one of the following agents:

(a) Hot water at a temperature of at least 164 degrees F or 73 degrees C for a minimum of 30 seconds.

(b) Rinsing for at least 3 minutes with one of the following chemical disinfectants at the minimum concentration listed:

(1) Hypochlorite solution containing 100 parts per million, also referred to as 100 ppm, available free chlorine; (fresh solution of 1:10, as in 10% bleach) **OR**
(2) Iodine solution containing 25 ppm available iodine

(c) Chemical germicides that are registered by the Environmental Protection Agency as hospital disinfectants and are tuberculocidal when used at recommended dilutions. These require a minimum 10-minute wet time for disinfection.

If existing on-site treatment or off-site transfer procedures are interrupted, the following alternate procedure will be executed:

> Daytona State College will contract the temporary services of an approved transport company and disposal facility permitted by the DEP until regular operations are back in service.

If an accidental spill occurs, it shall be cleaned immediately and the area shall be disinfected following the procedure given in this section.

MIXING OF BIOMEDICAL WASTE

Any biomedical waste that is mixed with hazardous waste shall be managed as hazardous waste in accordance with the applicable requirements of the Department of Environmental Protection. Any biomedical waste that is mixed with radioactive waste shall be managed as radioactive waste in accordance with the applicable requirements of Chapter 64E-16, F.A.C. Any other solid waste that is neither hazardous nor radioactive in character mixed with biomedical waste shall be managed as biomedical waste in accordance with applicable requirements of Chapter 64E-16, F.A.C.

OFF-SITE TRANSPORT AND DISPOSAL

Packages of biomedical waste being transported off site for disposal shall remain intact until treatment or disposal. Packages of biomedical waste shall be handled and transported for disposal in a manner that does not impair the integrity of the package. ***Stericycle, Inc.*** shall transport biomedical waste for the School of Dental Sciences, as required by Section 64E-16.003, F.A.C. for disposal.

RECORDS

This plan, proof that all red bags used meet DOH requirements as specified in Chapter 64E-16.003, F.A.C., current records proving off-site disposal or on-site treatment with proper disposal, and all other waste management records as required by Chapter 64E-16, F.A.C. including those required in section 64E-16.007, F.A.C. shall be maintained for three years and made available to DOH upon request. Update of this plan will occur when the situation changes, as required.

TRAINING

A training component shall contain a training regimen detailing compliance with the rules. Each affected person shall be trained for proper biomedical waste management procedures. Each new affected employee shall be trained in biomedical waste management procedures during the initial orientation training. Each affected employee shall attend a refresher training session at least once a year. A record of attendance shall be maintained.

The training in this facility will include the following components:

(1) Each affected employee is required to read the biomedical waste plan, which will include a question and answer period involving the trainer and trainees.

(2) Training will include a “walk through” of the office or area with a question/answer and discussion period involving the procedures for handling biomedical waste, the content of the Daytona State College Biomedical Waste Plan, employee responsibilities, and safety.

(3) Documentation of training on each affected employee will be maintained.

Compliance with all applicable parts of Chapter 64E-16, Florida Administrative Code, and all applicable Department of Environmental Protection rules is required, regardless of their presence or absence in this Biomedical Waste Plan.

Chapter 64E-16, F.A.C., Biomedical Waste, is a part of this plan. All requirements of section 64E-16.003, F.A.C., and all other applicable sections of Chapter 64E-16, F.A.C. will be followed.

A biomedical waste generator shall not contract for the off-site transport of biomedical waste to an off-site treatment facility or storage area that is not permitted pursuant to Chapter 64E-16, F.A.C.

Revised June 2013

APPENDIX G

DAYTONA STATE COLLEGE
SCHOOL OF DENTAL SCIENCES
RADIATION PROTECTION PROGRAM

The following radiation protection program has been developed in the interest of establishing a consistent standard concerning the use of ionizing radiation. The primary goal of this policy is to assure the safe effective use of ionizing radiation and to minimize as much as possible any potential risk from adverse biological effects to patients, students, faculty, and staff. The provisions of this program are evaluated annually during the month of January to ensure they accurately describe the conditions expected in the coming year. The outline of the radiation protection program is as follows:

1. Occupational workers are defined dental radiographers (e.g. students and faculty) who will be utilizing x-radiation for the sole purpose of exposing dental radiographs for diagnostic purposes.

2. Non-occupational workers are defined as support staff that work in the dental clinical facility and do not engage in activities that require the use of x-radiation.

3. Members of the public are defined as patients who will be exposed to x-radiation for the sole purpose of a diagnostic need in order to determine the course and extent of dental treatment.

4. Restricted areas are those operatories that are utilized for the exposure of dental radiographs. Unrestricted areas are those operatories, laboratory areas, and other rooms that are not utilized for the exposure of dental radiographs.

5. Deliberate exposure of an individual to dental diagnostic radiographic procedures for training or demonstration purposes shall not be permitted unless there is a documented diagnostic need for the exposure.

6. Students and faculty are not to hold x-ray films in place for a patient during an x-ray exposure. The use of film holding devices, bite tabs, or other devices are to be used for positioning an x-ray film during exposure.

7. Patients are not to hold x-ray films in place or be held in position during a radiographic exposure.

8. The tube housing, the cone, or the positioning indicating device must never be hand held during the exposure of an x-ray film.

9. The dental radiographer must remain outside the closed door of each radiology room or behind a fixed barrier in the clinical area and directly observe the patient during all radiographic exposures.

10. Only lead-shielded, open-ended positioning indicator devices will be used. This is to minimize the presence of scatter radiation.

11. When a cylindrically collimated x-ray machine is being used, the circular beam that strikes a patient's face should not be more than 2.75 inches in diameter.

12. Only x-ray films with ANSI (ASA) speed group ratings of D, E or F shall be used.

13. All dental x-ray machines must contain filtration of 2.5 mm of aluminum equivalent for the operation of 70 kVp or above.

14. The use of lead aprons with thyroid collars must be used on all patients during the exposure of an x-ray film as an additional precaution to prevent the unnecessary exposure from scatter radiation to the patient's body.

15. Prescribed exposure and processing techniques are to be followed. If the x-ray films are too dark in density, the exposure technique and/or processing procedure for that particular machine will be evaluated and corrected.

16. The exposure of x-radiation on patients shall be kept at the minimum levels consistent with the clinical requirements of each patient. The limits on exposure will be determined by the professional judgment of the faculty or the supervising dentist on the clinic floor. The supervising dentist will review and comment on all radiographs that are taken.

17. A record of a patient's radiation history must be monitored and documented in their chart. This includes the type and number of x-rays taken.

18. If recent radiographs are available from a private dentist or another facility, they will be requested and reviewed by the supervising dentist. Only additional views needed to complete a suitable diagnostic survey will be taken. The supervising dentist will review this information and make the appropriate recommendations.

19. Edentulous or partially edentulous patients will receive either a panoramic radiograph or a combination of occlusal and/or periapical radiographs as deemed appropriate by the supervising dentist.

20. Pediatric patients under 12 years of age will receive bitewings or a panoramic radiograph with bitewings and selected periapical views if indicated. An alternative, full mouth series containing fewer x-ray films than an adult survey may be taken. The type of radiographic survey used will be determined by the professional judgment of the supervising dentist.

21. Discretionary x-ray examinations of pregnant women will be delayed until after the termination of pregnancy. A full mouth series and/or bitewings will not be taken until after delivery. If appropriate emergency dental care requires the use of an x-ray examination, only the minimum number of x-ray films required to establish an appropriate diagnosis will be taken. The use of appropriate protective shielding of the patient will be used. The supervising dentist will review each case and make the appropriate recommendation for exposing the necessary x-ray films.

22. Any subsequent follow-up radiographic examinations of patients that are needed during the course of treatment will be based on the diagnostic need of the patient, as determined by the faculty or the supervising dentist. This will take place after a thorough health history review and oral examination of the patient.

23. Area film monitoring devices will be placed in the radiology clinical area. Reports of quarterly and total cumulative exposure received by these devices are kept on file in the Department Chair's office. These reports are reviewed to ensure that occupational workers (e.g. faculty and students) do not exceed 5.0 rem/year and non-occupational workers (e.g. support staff) do not exceed 0.5 rem/year.

24. The State of Florida's Bureau of Radiation Control inspects all x-ray units every three years. All recommendations by the radiation safety officer concerning collimination, filtration, beam alignment, roentgen output, radiation leakage, etc. are to be implemented immediately.

25. Prescribed exposure techniques are to be followed. Appropriate exposure techniques are outlined in the **Dental Radiology Manual** under **"Guidelines for Radiographic Procedures and Techniques"**.

26. Proper development techniques are to be employed when using the manual developing tank or automatic processing equipment. This is outlined in the **Dental Radiology Manual** under **"Procedures for the Processing of X-Ray Film"**.

27. For preclinical sessions, retakes are limited to three (3) for a full mouth series on an adult patient and two (2) for a full mouth series on a pediatric patient. Retakes will be determined by the professional judgment of faculty. No retakes are allowed on a panoramic film.

28. For clinical sessions, retakes will be determined by the professional judgment of the supervising dentist.

Note: This policy holds true for the period July 2013 to June 2014. Leslie Fehl is the person responsible for the radiation protection plan on the Daytona Beach Campus. Claire Peterson is the person responsible for the radiation protection plan on the DeLand Campus. These individuals will maintain records for this plan until further notice or termination of employment.

Revised June 2013

APPENDIX H

DAYTONA STATE COLLEGE
SCHOOL OF DENTAL SCIENCES
EXPOSURE INCIDENT REPORT

Date of Exposure: _____ Time: _____

Name of Exposed Individual: _____

Name of Location: _____

Nature of the Incident: _____

Person(s) Notified: _____

Nature of the Exposure:

- ☐ Instrument Puncture
- ☐ Bur Laceration
- ☐ Needle Stick
- ☐ Injury from a Sharp Object
- ☐ Saliva/Blood Splash or Spray
- ☐ Human Bite
- ☐ Other: Specify _____

Describe the exposure incident in detail:

_____

_____

_____

_____

_____

What protective barriers were being used by the exposed individual when the incident occurred?

- ☐ Utility or Exam Gloves
- ☐ Face Mask
- ☐ Protective Eyewear
- ☐ Protective Gown
- ☐ Other: Specify _____

Exposed Individual

Was the exposed individual sent for a medical evaluation, within 72 hours of the exposure, for:

HIV ☐ Yes ☐ No **HBV** ☐ Yes ☐ No **HCV** ☐ Yes ☐ No

Has the exposed individual completed the Hepatitis B Vaccination Series? ☐ Yes ☐ No

Dates of Hepatitis B Vaccination Series:
First Injection: _____Second Injection: _____Third Injection: _____

Hepatitis B surface antibodies present? ☐ Yes ☐ No

Source Individual

Name of Source Individual: _____

Check the following that applies to the source individual:

- ☐ Unknown
- ☐ Known to be HIV positive
- ☐ Will consent to HIV testing with required pretest and posttest counseling and any other serological tests deemed necessary by a physician
- ☐ Will consent to serological tests deemed necessary but not HIV testing
- ☐ Will not consent to any blood testing
- ☐ Other: _____

Follow-up activities and action taken:

_____

_____

_____

_____

Signature of Exposed Individual: _____**Date**: _____

Signature of Clinical Instructor: _____**Date**: _____

Name of Individual who prepared this report:

Print Name: _____

Signature: _____**Date:**_____

SOURCE INDIVIDUAL INFORMATION

I, _____, understand that a student or employee at Daytona State College had an incident during delivery of routine dental care, which involved an exposure of this student/employee to my blood/body fluid. I also understand that this exposure may place the individual at risk of contracting any bloodborne pathogens that may currently be present in my body fluids. I therefore provide the following information with respect to my health status.

Do you have any reason to believe you have been exposed to Hepatitis B or Hepatitis C within the last six months?	☐ Yes	☐ No
Have you been diagnosed as having or been treated for a sexually transmitted disease?	☐ Yes	☐ No
Have you injected or been injected with a prescription (i.e. insulin, etc.) or a mood altering drug?	☐ Yes	☐ No
Are you infected with HIV (the virus which causes AIDS)?	☐ Yes	☐ No
Does your lifestyle put you at risk of contracting HIV?	☐ Yes	☐ No
Have you been hospitalized within the last year?	☐ Yes	☐ No
Have you had surgery during the last year?	☐ Yes	☐ No
Have you ever had a blood transfusion?	☐ Yes	☐ No

Please check one of the following statements:

- ☐ I hereby consent to any serological tests that are deemed necessary, including HIV testing, at my own expense.
- ☐ I hereby consent to any serological tests deemed necessary <u>except</u> HIV, at my own expense.
- ☐ I refuse any and all serological testing.

To the best of my knowledge, I have answered the above questions honestly.

Signature: _____ Date: _____

APPENDIX I

DAYTONA STATE COLLEGE
COLLEGE OF HEALTH AND PUBLIC SERVICES
SCHOOL OF DENTAL SCIENCES

AWARENESS OF PREGNANCY

To the Dental Sciences Student: While enrolled in one of the Dental Sciences Programs, a pregnant student must have her physician complete this form before being permitted to participate in Radiography Lab Sessions or Clinical Courses. This completed form must be turned in to the Program Manager within two weeks of notification of the student's pregnancy, or the student will not be permitted to continue to participate in radiography lab or clinical sessions.

Student's Name: _____

Dental Sciences Program: _____

Physician's Name: _____

To the Student's Physician: This student is presently enrolled in one of the Dental Sciences programs at Daytona State College. Due to the Program's curriculum, **this student may risk exposure to ionizing radiation, possible exposure to contagious diseases, or hazardous materials**. In order to determine the appropriate precautions, please provide the following information.

1. Approximate date of delivery: _____
2. Present health status: _____
3. Will this student be under your care during her pregnancy? **YES** **NO**
4. Have you informed her of the potential danger involved in continuing in this program while pregnant? **YES** **NO**
5. Do you recommend her to continue in this program? **YES** **NO**
6. Do you recommend any limitation to regular duties? **YES** **NO**

   If yes, please explain: _____

   _____

Physician's Signature: _____Date: _____

SCHOOL OF DENTAL SCIENCES
DENTAL HYGIENE PROGRAM
DRESS CODE

This Dress Code applies to students for Term II - Term VI during all classroom, laboratory, preclinical, and clinical sessions.

UNIFORMS Students are required to wear the Dental Hygiene Program's Uniform during classroom, laboratory, preclinical and clinical sessions. There are to be no substitutions. Uniforms must be clean, pressed, and have an appropriate fit. For the purposes of asepsis, uniform jackets are not to be worn outside of the clinical areas. They are to be stored in a plastic bag at the conclusion of clinical sessions until they are laundered.

UNIFORM SHOES Students are required to wear plain white leather professional shoes that tie. Shoes are not to have any colored or excessive woven designs. Sport shoes, sneakers, loafers, sandals, clogs or open-backed shoes are not permitted. Shoes must be cleaned and polished as needed.

HOSIERY/SOCKS Students have the option to wear plain white hose, knee-hi hose, trouser socks or socks. White hose, knee-hi hose and trouser socks must be seamless and free of runs. White socks must be plain white, without any color or design, and must be mid-calf in length.

NAME BADGES Students are required to wear the School of Dental Sciences Name Badge on their uniform jacket. There are to be no substitutions.

PROTECTIVE EYEWEAR Students are required to wear protective eyewear during all laboratory, preclinical, and clinical sessions. Students are not permitted to practice skills or observe in these areas without such protection. This is an OSHA regulation and will be enforced. Protective eyewear should be antifog, shatterproof, and large enough to protect one's eyes. They must fit one's face without falling from the field of intended protection and have side and top shields.

MASKS AND GLOVES Students are required to wear masks and gloves while performing procedures or practicing skills during laboratory, preclinical, and clinical sessions. This is an OSHA regulation and will be enforced.

JEWELRY Students are not permitted to wear jewelry, except a watch and earrings. Earrings must be worn in a traditional manner. One earring per ear is to be worn in the center of the earlobe. The size of the earring must be no larger than one's earlobe, such as 8 mm and may not extend beyond the bottom of the ear lobe. Students are not permitted to wear hoops or dangling earrings. Round metallic studs or pearls are suggested as they project a professional image. Also, the use of body piercing on visible parts of the body such as the tongue, eyebrow, or nose is not permitted as it does not project a professional image. Students who wear a watch must keep it covered by the cuff of their

uniform jacket. Wall clocks with second hands are located in the clinic for your convenience.

ACCESSORIES Students are expected to wear appropriate accessories that coordinate both in color and in style with the Dental Hygiene Program's Uniform.

HAIRSTYLES Students are required to have their hair pinned up off their neck and neatly secured away from their face. Ponytails or braids are to be secured in a hairnet or with a clip. Hairstyles should have a professional appearance and color.

MAKEUP Students should use makeup in moderation to enhance their professional image.

NAILS Students are required to keep their nails clean, smooth, and below fingertip length. Nail polish of any kind and the use of acrylic nails are not permitted.

HYGIENE Students are expected at all times to practice proper personal and oral hygiene.

APPENDIX K

DAYTONA STATE COLLEGE
DENTAL HYGIENE PROGRAM
DEH 2702 COMMUNITY DENTAL HEALTH

COMMUNITY SERVICE VERIFICATION

DENTAL HYGIENE STUDENT: _____

Student to complete:

Date of Service: _____

Name of Facility/Organization: _____

Address: _____

Contact Person: _____

Community Service Provided: _____

Group Category: _____

Number of Service Hours Provided: _____

VERIFICATION OF PARTICIPATION
By signing this form, you are verifying that the above information completed by the Dental Hygiene Student at Daytona State College is complete and accurate.

_____
CONTACT PERSON SIGNATURE

SCHOOL OF DENTAL SCIENCES
DENTAL HYGIENE PROGRAM
STUDENT POLICIES

I have received a copy of the Student Policy Handbook for the Dental Hygiene Program.

I have **read** the student policies, **understand** the policies, and agree to **comply** with the policies.

Student's Printed Name: _____

Student's Signature: _____

Date: _____