

**DENTAL ASSISTING PROGRAM
ORIENTATION AND PROGRAM POLICY MANUAL**

**SUMMER 2019
FOR THE CLASS OF 2019-2020**



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INTRODUCTION

WELCOME TO DENTAL ASSISTING! You are about to embark on a professional career that can be both personally satisfying and rewarding with stable and enjoyable employment. The Dental Assistant helps the dentist with the prevention, diagnosis, and treatment of dental disease and with the restoration of tooth structures to a state of normal function and beauty. Dental Assistants are educated as generalists and may, therefore, serve all areas of the practice or may perform the more specialized duties of the chairside assistant. Coastal Alabama State Community College will provide the initial step in a life-long process of learning about dental assisting.

This manual has been prepared by the Dental Assisting Program of Coastal Alabama State Community College. Please keep this manual at your fingertips, for reference, at all times.

Students are expected to exercise critical thinking skills and show responsibility by being knowledgeable of classroom, pre-clinical lab, and clinical rotation sites.

The purpose of this document is to provide information on the policies and regulations of the Dental Assisting Program for Dental Assisting students and faculty. As a result of the implementation of these policies, it is expected that (1) the instructor will be able to make decisions and to give consistent advice to students based on sound information, and (2) students will receive consistent, equitable treatment throughout the program, and (3) the clarity of communication between students and faculty will be facilitated as a result of having spelled out some of the basic expectations.

These policies and regulations are in addition to those required by the college as spelled out in the Catalog and in addition to affiliate clinical agencies.

The Coastal Alabama State Community College Handbook and other school/department publications will also serve as guidelines of your professional behavior and student responsibilities as you attend classes on campus and clinical sites.

The faculty of Coastal Alabama State Community College's Dental Assisting Program wishes you much success in your studies. Through your acceptance into the program, you have just accomplished one milestone toward earning a degree in the rewarding career of dental assisting. Congratulations and welcome to the class of _____!

THIS BOOK IS THE PROPERTY OF:

NAME: _____

PROGRAM REQUIREMENTS:

The following is a list of items that the student is required to purchase for participation in the program:

TEXTBOOKS:

Textbooks must be purchased OR rented to assist students to Maintain high academic standards. If used books are purchased, the books must be the same edition specified for the class. Supplies are considered a text book purchase and are available from the bookstore.

INSURANCE:

Malpractice insurance is obtained through The American Dental Assistant Association's webpage. You will need to Create and account/membership for 35.00 plus 10.00 for the Insurance. Your total purchase will be 45.00. You must Purchase both the membership and the insurance as you Cannot purchase the insurance only. It is a student rate. This must be done prior to the first day of lab class.* You will need to print your membership card to present at your first lab session. The College provides accidental injury insurance for the student which is separate from the above. It is required to participate in clinical internship/externship in clinical sites.

UNIFORMS:

Complete required uniform must be worn according to specified regulation. Grey generic scrubs and jackets are required for lab. Black no wick shoe required.

PROTECTIVE EQUIPMENT:

Protective equipment must be obtained and utilized as designated to meet OSHA regulations and standard precautions. This includes safety glasses, mask and a lab jacket with each uniform.

PHYSICAL EXAM:

This exam is required by the program to determine the students level of wellness which consists of a completed Coastal Alabama State College Dental Assisting Physical Exam Form and Immunization Form. Due upon acceptance at DAT orientation.

HEPATIITS B VACCINE

The first of a series of three, of the Hepatitis B Vaccination, must be begun prior to program entry Or declination waiver must be retained.

DRUG UNRINALYSIS

This test is required in addition to the routine urinalysis on the physical exam in order to uphold the standards set forth by the College as well as to ensure patient safety from a health care professional. It will be given randomly. It is approximately 50.00. Please set this amount aside.

BACKGROUND CHECK Each student will be required to complete a background check. The student will be given instructions to register and complete all information on-line after mid-term exams in the fall. Background checks are an estimated 65.00 or more. Please set this amount aside.

NATIONAL CERTIFICATION EXAMINATION:

The Dental Assisting National Board Certified Dental Assistant Exam will be administered in three segments. The fee for testing is due to the business from either financial aid or personal-pay, by third week of each semester. The fee for the 2018 set by the DANB, which is good until December 2018 is as follows: Infection Control Exam 250.00, Radiation Health and Safety Exam, and the General Chairside Exam 250.00 (includes). * Each application amount includes a 50.00 non-refundable application fee. See DANB.org for details.

The three components of the exam will be taken as follows: Infection Control, at the end of fall, Radiation Health and Safety, at the end of spring, and General Chairside at the end of summer. Upon the successful completion of all three exams, the student will be a Certified Dental Assistant or CDA.

PROFESSIONAL ACTIVITIES

All students are encouraged to become members of and participate in meeting of professional organizations dealing with Dental Assisting. The following are recommended:

The American Dental Assistants' Association (ADAA)
(required in order to maintain student professional liability insurance)

Alabama Dental Assistants' Association (ALDAA)

HONOR STUDENTS

Each student has an opportunity to be a Phi Beta Kappa honor student in the Dental Assisting Program. The Dental Assisting faculty makes recommendations each year for an outstanding Dental Assisting Student for Honors Day. If awarded, the student selected will receive a certificate and plaque. Nominations are based on the following:

Academic excellence

Superior clinical performance

Exemplary school and community activities

INCLEMENT WEATHER

Area radio and television stations as well as the Coastal Alabama State Mass Notification System will contact you ONLY when classes are canceled. The Coastal Alabama web page supplies links to all national weather systems.

STUDENT HEALTH EXAMINATION

All students must submit to the Dental Assisting Program prior to enrollment, a current Medical Examination Form that has been completed by a licensed physician, Nurse Practitioner or Physician's Assistant. The Dental Assisting Program furnishes the appropriate form, which remains current for a year's period from the date the examination is performed. Drug screening does not have to be on the physical exam form, drug screening will be randomly done on a separate date. Students must maintain a current medical examination throughout the program. The health examination must include, with it, proof of beginning or completing a Hepatitis B vaccine, unless a declination has been signed. The Health examination includes a completed immunization form. It is each student's responsibility to inform the program administrator when she is pregnant and to sign a pregnancy waiver.

The Dental Assisting faculty reserves the right to:

Require a prospective student, a student currently in the Dental Assisting Program or a returning student to have a physical examination by a licensed physician at the student's expense and to submit a report of the outcome to the Dental Assisting faculty. Class attendance may be denied if a student has a contagious disease until written documentation is submitted stating the student is no longer contagious.

Any returning student must re-enroll the next certificate year and begin the semester in which they failed or withdrew from the coursework. The student must repeat all major required courses with a DAT prefix and all general studies courses failed or withdrawn from in that semester. The student must also audit the other courses passed in the failed semester.

This includes but is not limited to, pre-clinical and clinical practice. A student may only apply for program entry twice, whether accepted or not and meet all of the college and program requirements.

DEFINITION OF TERMS

ALCOHOL AND/OR DRUG SUBSTANCE ABUSE – Any use of alcohol and /or drug substances, including prescription drugs, that have mind-altering properties that occur prior to class, campus lab and/or to the extent that the student’s judgment, skills, and abilities to provide safe and competent care are impaired.

ABSENCES FALLING OUTSIDE THAT ALLOWED AND DIRECTLY AFFECT THE COURSE REQUIREMENTS-

Taking into consideration that each student is allowed one leave day from clinical internship in the spring and two in the summer respectively, any student going over the allotted days will be given a notice of excessive absences once all are used. The student will have to make up the missed time before the semester end in the spring due to the pre-requisite for DAT 122 Summer Clinicals being completion of DAT 111. For DAT 122 Clinicals, any student going over the allotted leave days will be notified as stated above and must make up the time before the end of the semester if the instructor makes arrangements or take an incomplete as the final grade until the student shows proof of such time, with the **Doctor’s signature** using the forms in the policy manual. If a student misses over three allowed days for the year, even if they are made up, the student may be dismissed from the program, following written professional conduct violation/corrective measures.

BLOOD – Human blood, human blood components and products made from human blood.

BLOODBORNE PATHOGENS - Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HBV).

BODY SUBSTANCE ISOLATION (BSI) - A method of infection control. It is aimed at preventing infections not only by blood borne pathogens but also other pathogens as well. Body Substance Isolation defines all body fluids and substances as infections. It includes not only the fluids and substances covered by Universal Precautions but expands coverage to include all body fluids and substances.

BREACH OF CONFIDENTIALITY – Failure to maintain confidentiality of information or knowledge concerning patient, doctors or staff in the clinical lab or in off-campus clinical sites.

CAMPUS CLINIC – On-campus, dental clinic provides students with practical experience in dental assisting.

CLINICAL PRACTICE – (LAB) Off campus dental care facilities where the real life dental assisting situations are encountered.

COMPLAINT – Any student may file a complaint about the ADA accreditation standards, the program or the instructors at any time. Written documentation is requested.

CONTAMINATED – The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

CONTAMINATED LAUNDRY – Laundry that has been soiled with blood or other potentially infectious materials or may contain sharps.

CONTAMINATED SHARPS – Any contaminated object that can penetrate

COURSE OUTLINE – Contains outlines of the course along with required related activities in which the student is enrolled.

CRITICAL INCIDENT – An act or the omission of an act, by a student in an extended clinical lab is or has the potential to be life-threatening. Such incidents may be grounds for the dismissal of the student from the dental assisting program.

DECONTAMINATION – The use of physical or chemical means to remove, inactivate, or destroy blood borne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles, and the surface or item is rendered safe for handling, use or disposal.

EVALUATION – An objective method used to determine the extent to which a student is achieving the goals of the learning experience. *(Also referred to as pre-clinical, dental materials, radiology, or clinical skill or I. D. for materials, supplies and instrument identification)*

EXPOSURE INCIDENT – A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of a student's skills in clinical lab.

HBV – Hepatitis B virus

HIV – Human immunodeficiency virus

INVASIVE PROCEDURE – A procedure which involves introduction of an object into a body cavity, such as the mouth, or piercing mucous membranes or the skin barrier with an object.

OCCUPATIONAL EXPOSURE – Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of a student's skills in clinical lab.

OTHER POTENTIALLY INFECTIOUS MATERIALS – (1) Human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) tissue cultures, organ cultures, or HIV- or HBV-containing culture medium or other solutions.

Body Substance Isolation (BSI) defines all body fluids and substances as infectious. It includes not only the fluids and materials covered by I Precautions but expands coverage to include all body fluids. In this program, all body fluids and substances will be considered infectious and Universal Precautions/Body Substance Isolation must be utilized.

PARENTERAL – Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

PERSONAL PROTECTIVE EQUIPMENT – Specified clothing or equipment worn by a student for protection against a hazard.

PHYSICAL AND/OR EMOTIONAL ILLNESS – A current physical and/or emotional illness that interferes with a student's judgment skills, and/or ability to provide safe and competent care during dental procedures.

REGULATED WASTE – Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other infectious materials.

SOURCE INDIVIDUAL – Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to students during clinical lab.

SERVICE LEARNING- In keeping with the Commission on Dental Accreditation Standards for Dental Assisting Programs, each student will be required to engage in 8 hours of volunteer hours in the community. Examples are : Set up or Clean-up for a College activity or fundraiser, visiting the elderly in a nursing home, reading to small children in a public library, campus coat drive, food bank volunteer, dental clinic volunteer, etc. Service learning must be fulfilled with people and not animals for DAT 113.

STANDARD PRECAUTIONS - An approach to infection control. According to the concept of The CDC, all human blood and certain human body fluids are treated as if known to be infectious of HIV, HBV, and other blood borne pathogens and the healthcare worker must strive to reduce airborne pathogens and cross contamination for immune compromised healthcare workers and patients.

STERILIZE - The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

UNPROFESSIONAL/UNETHICAL CONDUCT - Conduct that would tend to bring reproach upon the college and/or the dental assisting profession and/or of a character likely to deceive, defraud, or injure physically or emotionally the public or a clinical site employee, student from another dental assisting program or anyone encountered by words, actions or deeds in matters pertaining to one's emotional or physical health. This includes but is not limited to the ability to respectfully accept authority of the student's instructor whether on campus or clinical site or the ability to get along with class or clinical internship doctor or staff members. No crying, emotional outbursts, or confrontation with others in class or at a clinical site.

*An example of unprofessional or unethical conduct would be discussing a previous clinical site or information class members have shared about their previous clinical site with clinical others or when an assigned student intentionally develops a negative attitude toward the assigned clinical employees. The clinical site employees have a right to address any situations that are unsatisfactory on your performance or attendance.

The following grading scale will be used to determine course grades: *Clinical Internship grade scale & FMS grade varies from Spring to Summer as noted in the syllabus.*

Percentage Grade	Letter grade
86-100	A
85-72	B
71-58	C
57-44	D
43 and below	F

The following grades will be assigned for Clinical Practice I DAT 111:

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The following grades will be assigned for Clinical
Clinical Practice II DAT 122.

Percentage Grade	Letter grade
90-100	A
89-80	B
79-70	C
69-60	D
59 and below	F

***In order to satisfactorily complete the course of study in Dental Assisting, the student must maintain a “C” in all major required courses and successfully pass all skill check-offs. (Courses with pre-fix DAT and general studies required for the certificate or AAS.)**

***In a DAT course with a lab, a student must pass the academic portion of the course with a score of 70 and the lab portion of the course with a 100 on each skill with the exception of radiology. Therefore if a student does not pass a lab skill with a score of 100 on the 3rd attempt but has a score of 70 on the academic portion of the course, the student will not have a passing score and if the student has an 100 on lab skill scores but has below a 70 average on all academic scores the student will not achieve a passing score.**

EXAMINATIONS/ TESTS

Midterms and Finals will be given according to the dates provided by the instructor.

No grades will be given over the telephone. Grades are not negotiable. Each instructor has up to two weeks to post grades for homework, class assignments, and skills. Grades will be posted in Canvas.

See individual course syllabus for midterm and exam dates. The instructor has the option that all make-up exams to be schedule on a day at the end of the semester.

Attendance at the final exam in a course is mandatory. Any student not able to take the final exam at the scheduled time must request permission from the Office of the Vice President of Instruction prior to the scheduled time for the exam.

Any student arriving tardy for weekly tests, quizzes, or examinations outside of the allotted test time will not be allowed to take that particular test. If the student arrives tardy but has some allotted test time remaining the student shall be allowed only the remainder of the allotted time to test, quiz or exam.

***All pre-clinical and dental materials skills, including infection control, instruments, supplies and equipment identification, require a score of 100 on the 3rd attempt unless the instructor sees fault in which the information was delivered.**

During practice of the check-off the student must be receptive to another student checking off their practice sessions and positive or negative feedback. It is also very important to maintain professional behavior when practicing skills. Once the student passes the skill at 100 percent, the student can begin practicing for the skill or be assigned as a mentor to other students continuing to struggle with the existing skill.(Student learning) A student will summon an instructor for a check-off when the student feels ready for an attempt or practice time has expired.

If a student is absent for a first skill attempt or ID attempt a score of 0 or U is automatically awarded and the student forfeits the first attempt. A 3rd attempt will only be offered if a student does not pass the 2nd. It is expected that students with children have a support group for children's illnesses.

Radiology requirements are stated in the DAT 112 syllabus.

FOR A COMPLETE UNDERSTANDING PLEASE READ CAREFULLY, ASK QUESTIONS IF NEEDED, SIGN AT THE BOTTOM, REMOVE AND RETURN TO THE INSTRUCTOR.

SKILLS/EVALUATION CHECK-OFFS

- 1. The student understands that in pre-clinical, infection control, instrument, equipment and supply identification that a 100 or satisfactory must be achieved on each evaluation performed.** *Intent: Each student must perform each essential skill with a minimum of 100 satisfactory at the Fall Pre-Clinical level and in the Spring Pre-Clinical II. Clinical evaluations must show progression and a passing grade. This is a course requirement and course requirements must be met in order to pass the course and proceed in the program to the next semester.*
- 2. The student understands that instructor clinical evaluations/essential skill** (referring to evaluations performed in the mock clinical setting in the dental lab) **may be performed only three times.** *If a student is absent for a first skill or ID attempt a score of 0 is automatically awarded and counts as the first attempt. The student must follow-up with the instructor for the 2nd attempt within one week of the missed first attempt. If the student fails the second attempt and requires a 3rd attempt the student must follow-up with the instructor for the 3rd attempt within 1 week of the failed 2nd attempt. Within one week means prior to the next lab of the same course. Upon a failed 3rd attempts the student will be advised to withdraw from all courses with a lab and continue with the other courses until the end of the semester. The student may reapply to the program within one year of failure at the beginning of the failed semester. All criteria for original application to the program must be met as if entering the first time.*
- 3. The student gets three attempts regardless of a situation. It is the student's responsibility to have dependable transportation, an alternate mode of transportation and back-up child care. Day care and/or school will not let sick children attend. Non-emergency surgeries carefully scheduled to allow time for healing and complications. Examples are: 3rd molar removal, tonsil removal, cosmetic surgery, carpal-tunnel surgery. Inclement weather closing will be**

announced through the college communications. If the college is in session, class and lab will be in session.

Realizing that emergencies arise and that illnesses can render one not functional, a student can be absent for no more than two labs during one semester. The labs do not have to be for the same class. It is possible for a student to switch lab periods with another student if the student agrees and it is approved by the instructor.

- 4. The student understands the content of the evaluation and has been provided with a Canvas video demonstration of the skill and/or instrumentation and has had a delegated lab time to practice such skill and/or instrumentation.** *Intent: Each student present during a lab session has delegated time to practice and have questions answered that were posted on Canvas, regarding such skills/demonstrations. It is the student's responsibility to maintain a professional attitude during lab and to utilize practice time as efficiently as possible. It is also a time for students to ask questions of the instructors and mandatory to check off each other in the skill as to challenge their knowledge.*
- 5. TARDINESS:** If a student arrives more than 15 minutes late for each pre-clinical or dental materials lab period the student will. (such as DAT 102, 101 or 112 in the spring) Professional infraction forms will be presented to the student for each unexcused/tardy lab. The form will be signed by the student and the instructor, and retained in the student's file. Each lab participation is worth 100 pts. For each time a student arrives late or leaves early, (before dismissal) points of attendance will be deducted for the time absent arrival points for leaving early) and the student will receive a professional infraction which deducts points from each course. Please see form on the next page.
- 6. PREPARED:** Each student is expected to come to lab prepared. This means to ready to begin on time, having fully watched and reviewed the Canvas demonstration, have the correct lab evaluations torn from the workbook, have jewelry, nails, and hair readied, have all "kit" items out and on lab counter, have 2 pair of utility gloves ready for disinfection and sterilization, and have all appropriate PPE on your body or in your possession.

An instructor reserves the right to offer additional small group sessions for lab skills practice, however, no one-on-one sessions may be held outside of scheduled labs unless the student has requested special accommodations under The Americans with Disabilities Act of 1990, or an excused absence make-up skills check-off has been scheduled.

I have read and understand the above information regarding evaluations/skills:

Printed name

Signature/Date

FOR A COMPLETE UNDERSTANDING PLEASE READ CAREFULLY, ASK QUESTIONS IF NEEDED, SIGN AT THE BOTTOM, REMOVE AND RETURN TO THE INSTRUCTOR.

SKILLS/EVALUATION CHECK-OFFS

6. **The student understands that in pre-clinical, infection control, instrument, equipment and supply identification that a 100 or satisfactory must be achieved on each evaluation performed.** *Intent: Each student must perform each essential skill with a minimum of 100 satisfactory at the Fall Pre-Clinical level and in the Spring Pre-Clinical II. Clinical evaluations must show progression and a passing grade. This is a course requirement and course requirements must be met in order to pass the course and proceed in the program to the next semester.*

7. **The student understands that instructor clinical evaluations/essential skill** (referring to evaluations performed in the mock clinical setting in the dental lab) **may be performed only three times.** *If a student is absent for a first skill or ID attempt a score of 0 is automatically awarded and counts as the first attempt. The student must follow-up with the instructor for the 2nd attempt within one week of the missed first attempt. If the student fails the second attempt and requires a 3rd attempt the student must follow-up with the instructor for the 3rd attempt within 1 week of the failed 2nd attempt. Within one week means prior to the next lab of the same course. Upon a failed 3rd attempts the student will be advised to withdraw from all courses with a lab and continue with the other courses until the end of the semester. The student may reapply to the program within one year of failure at the beginning of the failed semester. All criteria for original application to the program must be met as if entering the first time.*

8. **The student gets three attempts regardless of a situation. It is the student's responsibility to have dependable transportation, an alternate mode of transportation and back-up child care. Day care and/or school will not let sick children attend. Non-emergency surgeries carefully scheduled to allow time for healing and complications. Examples are: 3rd molar removal, tonsil removal, cosmetic surgery, carpal-tunnel surgery. Inclement weather closing will be announced through the college communications. If the college is in session, class and lab will be in session.**

Realizing that emergencies arise and that illnesses can render one not functional, a student can be absent for no more than two labs during one semester. The labs do not have to be for the same class. It is possible for a student to switch lab periods with another student if the student agrees and it is approved by the instructor.

9. **The student understands the content of the evaluation and has been provided with a Canvas video demonstration of the skill and/or instrumentation and has had a delegated lab time to practice such skill and/or instrumentation.** *Intent: Each student present during a lab session has delegated time to practice and have questions answered that were posted on Canvas, regarding such skills/demonstrations. It is the student's responsibility to maintain a professional attitude during lab and to utilize practice time as efficiently as possible.*
It is also a time for students to ask questions of the instructors and mandatory to check off each other in the skill as to challenge their knowledge.

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6. **PREPARED:** Each student is expected to come to lab prepared. This means to ready to begin on time, having fully watched and reviewed the Canvas demonstration, have the correct lab evaluations torn from the workbook, have jewelry, nails, and hair readied, have all "kit" items out and on lab counter, have 2 pair of utility gloves ready for disinfection and sterilization, and have all appropriate PPE on your body or in your possession.

An instructor reserves the right to offer additional small group sessions for lab skills practice, however, no one-on-one sessions may be held outside of scheduled labs unless the student has requested special accommodations under The Americans with Disabilities Act of 1990, or an excused absence make-up skills check-off has been scheduled.

I have read and understand the above information regarding evaluations/skills:

Printed name

Signature/Date

Student's Name _____ Semester/Year/ Class _____ Date _____

DENTAL ASSISTING PROFESSIONAL EXPECTATIONS

Listed below are six different categories of expected professional conduct. Deviations of the below professional criteria will result in an instructor-student conference. After four "coaching and feedback" forms have been completed, which does not have to be for the same will have a final conference for the fifth and will be required to withdraw from all DAT courses with labs.

.Following directions

- a) Completing homework assignments correctly and turn in on time (at the beginning of class) _____
- b) Came to lab prepared, meaning, has proper attire, set-up, and watched corresponding videos on Canvas and posted one comment and one question for each 50 pts _____

2. Cooperation

- a) Works well with other assigned student and in DAT 111/122 w/ dental office students, staff and Dr. _____
- b) Accepts assignments without complaint and/or when asked the first time _____
- c) Respects others and their personal/ academic properties _____
- d) Volunteers time and work when needed without specific instructions _____

3. Self-discipline

- a) Attends lecture, lab, and off campus assignments accordingly _____
- c) Accepts negative feedback and comments in order to improve work (does not argue or try to make excuses for behavior) _____
- d) Arrives on time for class and/or lab and stays until class/lab is dismissed _____
- e) Makes appropriate choices for decision- making, such as, when in doubt, asking instructors rather than other students _____
- f) Does not have c communication device, on body, or out during class or lab (if out during exam, test, or skill = immediate 'F' Includes clinicals) _____

4. Safety is indicated during class and lab

- a) Uses and stores instruments correctly (free of debris, bagged as instructed) _____
- b) Follows PPE requirements as stated in the department and OSHA policies _____
- c) Follows uniform, hair and jewelry policy as stated in the program policy manual _____
- d) Identifies and follows emergency procedures per the FSCC protocol listed in the department policy manual _____
- e) Provides patient (mannequin) protection according to procedure and uses ALARA for x-ray images _____
- f) Uses proper aseptic techniques, such as handwashing, cross-contamination (asepsis as described in policy manual) _____

5. Proper Appearance and personal hygiene

- a) Uniform free of wrinkles and odors _____
- b) Practices good oral and personal hygiene as stated in the department policy manual (nails, hair, smoke-odor, body odor, perfume, halitosis) _____
- c) Dresses modestly for lab/clinical re:generic scrubs or uniform (wears bra/underwear or undergarments and covers chest appropriately) _____
- d) Does not chew gum during lab/clinicals _____
- e) Follows tattoo and piercing policy as stated in program policy manual _____

6. Professional conduct

- a) Shows honesty and respect for others _____
- b) Does not speak to other students while instructor is speaking (waits until afterward) _____
- c) Does not horse-play or use loud voices during class or lab _____
- d) Refrains from using slang, abusive or obscene language during class or lab _____
- e) Refrains from rudeness to instructors/staff, other students or patients (includes freely stating personal opinions of) _____
- f) Refrains from talking about other students and instructors to other students or instructors unless having a valid complaint (handled in private) _____
- g) Utilizes professional language and terminology _____
- h) Uses lab and class time for dental assisting relevant conversations _____
- i) Restocks items or places them back in order after class or lab (including but not limited to assigned mobile carts) _____
- j) Refrains from the destruction of instructional materials, whether in the classroom or lab _____
- k) Communicates with instructor and clinical site re: tardiness or absence prior to 8:00 am (must speak to a person) _____
- l) Obtained the clinical office phone number and gave clinical office contact number for communication _____

Discipline Action: Discipline and possible immediate dismissal from program :

- 1. Theft or destruction of any property while at CACC campus or clinical assignment _____

- 2. Conviction of a felony _____
- 3. Conviction of a misdemeanor _____
- 4. Assault and battery _____
- 5. Possessing, selling or impairment of any illegal drug or possession of a firearm _____
- 6. Immoral, indecent or illegal conduct at CACC or clinical assignment _____
- 7. Insubordination or unethical conduct towards the instructor or clinical site employees _____
- 8. Student has received four coaching and feedback forms in one semester. _____

X STUDENTS SIGNATURE _____ INSTR _____

Besides class point deduction based on Professional Conduct Expectations, the student may be terminated from the Dental Assisting Program or not allowed to progress for the following reasons:

- 1. unsatisfactory scholastic achievement
- 2. unprofessional conduct in lab or clinical site (as noted in handbook)
- 3. critical incident (as noted in handbook)
- 4. physical and/or emotional illness
- 5. breach of confidentiality/ *HIPPAA*
- 6. current alcohol and/or drug substance abuse
- 7. non-compliance to OSHA regulations (Policies and Procedures)
- 8. non-compliance of Standard/Universal Precautions
- 9. non-compliance of Agencies Policies and Procedures
- 10. failure to notify director/instructor of clinical absences/*tardiness or early departure* as previously stated or excessive absence or tardiness
- 11. failure to follow uniform code(*including but not limited to PPE/jewelry*) or any policy in this manual
- 12. disruptive behavior in the classroom, pre-clinical or clinical setting
- 13. insubordination to school faculty, whether in class or to assigned clinical instructors
- 14. failure to complete and pass a drug urinalysis or background check
- 15. four professional conduct “coaching and feedback forms” in any one semester (they do not have to be for the same thing)

An exception to this would be if a student has placed a patient or the agency in grave physical harm. In this situation the Allied Health department has the option to review the case and allow re-admittance upon agreement of the department review committee.

*All college policies in regard to disciplinary violations and action also apply.

UNIFORM/PERSONAL REQUIREMENTS

The student will wear a uniform according to Coastal Alabama State Community College regulations during all pre-clinical and clinic sessions. Shoes and lab uniforms will need to be purchased before the first day of Pre-Clinical lab and/or Dental Materials lab.

Uniforms for labs Light gray scrub jackets with light grey tops and pants are required for all classes. A student can purchase your light gray scrubs at any retailer.

Only black shoes may be worn to lab; no cloth, suede, sandals or open-toe, clogs or open weave shoes are permitted. Shoes must be fluid resistant and if blood spilled on shoe not be able to enter. Black cotton socks should be worn with shoes in order to reduce odor. Decorative socks are not allowed. Compression knee-high socks are recommended.

Uniforms for clinical internship (spring and summer)

Clinical scrubs must be purchased from The Scrub Shop in Daphne. The shop will come to class during midterms for personal fitting and selection. The scrubs for clinicals are a dark gray and will be shown to you at that time. Please do not try to purchase them ahead of the scheduled fitting.

All **undergarments** should be concealed and worn; this includes bras and underwear, at least.

All **uniforms** are to be clean, free from wrinkles, obvious tears, patches or odors (*due to the close proximity with the patient this includes strong food odors, such as onions etc., or cigarette/cigar smoke*).

Hair must be worn in a conservative (*hair coloring of a natural nature/no purple, pink, blue, etc.*), off-the-face style that will not interfere with aseptic conditions or provide a safety hazard, all stray hair that may obscure vision during patient treatment must be secured with hairspray, barrettes, hair pins or ponytail holders. If a ponytail or braid swings about or is positioned toward the side/front of the face or the front of the shoulders it is not allowed.

False eyelashes are not permitted; they may interfere with the proper use of eyewear. (Waterproof mascara and eyelash glues make your eyelash follicles more prone to eye infections too)

Tattoos should not be visible during clinical and pre-clinical sessions. They may be covered or concealed with a **tattoo concealer**. The concealer can be ordered from Amazon or purchased locally.

Fingernails must be kept short and clean (approx. ¼ in). According to infection control standards nail polish may not be worn because chipped nail polish harbors bacteria. No artificial or gel polish are allowed.

Due to allergies, **no colognes or perfumes** are to be worn. (*This includes fragranced hand sanitizers and lotions*)

No **jewelry** may be worn during clinical sessions at Coastal Alabama Dental Clinic other than earrings. No bracelets with the exception of a medical emergency bracelet. If a watch is worn it must have no cloth or leather areas. Watches must be covered by gloves or jacket cuffs during all assistant procedures. No hoops or dangling earrings are allowed. Only one set of earrings may be worn. Nose, facial, and tongue rings **are not allowed** and are considered professionally inappropriate. All rings must be removed with the exception of a single band with no protruding stone. If an office's jewelry code *allows less* jewelry than previously described then the students will observe the jewelry code of that particular office. **Gold facial crowns** are considered ornamental and are not allowed. If the student is offered admission to the program all gold must be removed prior to clinical assignment in the spring.

Oral care must be a personal priority. All students are to schedule an oral exam and prophylaxis with their dentist and have all decay restored/removed prior to patient care.

PPE, masks, gloves, protective eyewear and lab jackets are to be worn during all clinical sessions. The uniform lab jacket is required and is to be fully snapped chairside. If a student should outgrow their uniform or jacket they must be replaced as soon as possible with a proper fitting set. If a clinical site provides a particular lab jacket a name tag identifying the intern as a CA student must be worn.

Protective wear (gowns, etc.) is to be worn during all procedures where blood borne pathogens may be encountered. *Tee shirts worn under scrubs must be covered by the lab jacket during chairside and spatter procedures*) Utility gloves must be worn in sterilization area *and during operatory disinfection*). Contaminated PPE must be left and laundered at the clinical site. If this is not possible consult the clinical director/instructor for directions.

***Deviations from these regulations may result in a student being sent home from a pre-clinical, dental materials, or clinical lab site and point deduction as stated in the professional conduct criteria sheet. It is the student's responsibility to arrive at class, lab, or clinical sites, prepared.**

GENERAL POLICIES

Due to a conflict of interest in the learning process and being able to consistently mandate the ADA accredited dental assisting program standards, no student shall be employed in a dental office setting during their enrollment in the dental assisting program.

An example is that Standard 2-17 through 2-19. These policies are in addition to those cited in OSHA and clinical agencies.

Attendance at all classes, laboratories, and clinics is required. Absences will be treated according to the Dental Assisting Program and Coastal Alabama State Community College policies as stated above:

ATTENDANCE POLICY:

Class attendance is regarded as an obligation as well as a privilege. There is also a high correlation between the number of absences and the final grade. Although an occasional absence may be unavoidable, it in no way excuses a student from meeting the requirements of the course. Participation in an institution-sponsored activity is not regarded as an absence. All students are still responsible for preparing all assignments for the next class and for completing work missed. Attendance significantly affects a student's progress in meeting course requirements.

A student is encouraged to attend all class meetings for classes in which he/she is registered. Absences will be recorded from the first day the class meets.

The course grade is awarded based upon the student's performance in meeting the course requirements as stated in the course syllabus and materials. Class participation is a factor in meeting course objectives; consequently, class participation affects the course grade.

There will be no make up for internship *within* the regular internship period *unless the doctor has taken off and the student does not wish to use a doctor day*. An exception is when a **student has made prior arrangements** with the director, following the program policies. The student may be given up to the number of weeks, if possible to arrange, allowed by the college into a new semester to complete course requirements. (Refer to college policy) Under this circumstance, if the student fails to do so, the student's grade will be changed from an I to an F and render the student unable to meet the requirements of the program. *Midterm and final exam make-up must be approved by the Vice President of Instructional Affairs.*

1. Any use of alcohol and/or drug substances that have mind-altering properties is prohibited prior to class, campus lab, and/or clinical lab and is prohibited on the college campus.
2. Eating, drinking and smoking are permitted in designated areas only.
3. *All cell phones, cell communications (wrist wear) and pagers must be removed from your body, put away **on silent or off** and not used during class or clinical internship (includes text messaging). Please give your emergency contacts the school or dental office phone number in order to contact you, **if there should be an emergency. Please let your clinical site know that you have given their number as a contact for the daycare, elderly care, spouse, etc. and that it is for emergency use only. It is important to give your clinical site your cell phone number as well. There are times when the doctor or staff may need to communicate with you about their office hours.***
4. Cardiopulmonary Resuscitation (CPR) certification is required before the student's provision of patient care. If a student is currently certified in CPR proof of type required must be provided. CPR must be renewed if expires before program exit.
5. All written work must have the student's name and mailbox # on it. Homework and any written work must be handed in at the beginning of class. The journal pages (For DAT 111 and DAT122) **of each days experience** during weekly internship must be, typed and doubled spaced in size 12 font in Canvas. If a student does not turn in the required paperwork at the **beginning of class they will be given a 0 for the grade and receive a professional infraction.**
6. Stethoscope earpieces should be cleaned after each use.
7. Gloves are not to be exchanged or reused.
8. Needles and syringes should be disposed of properly.

9. Students must stand outside X-ray room and/or at least 6 ft. away to expose X-rays.
10. Equipment should remain in the designated area.
11. No equipment or supplies is to be removed from the lab for use at home or at the extended clinical site. The clinic's supplies for front office and/or dental care, (such as computer paper, pens, clips, markers, toothbrushes, floss, etc.) are for instructional purposes for this program only and for the community and are not to be taken for personal use.
12. The depletion of, or need for, supplies should be reported to the instructor.
13. Students should ask for assistance they are if unsure of equipment usage.
14. The campus lab may be used, only if supervised and with permission, to practice skills.
15. Following the use of the campus lab, the student is responsible for leaving the area clean, neat, and orderly.
16. Visitors (including children) are NOT allowed to accompany student to class, to lab, or for skills check-off.
- 17. Signing the acknowledgement of receipt of this policy manual grants permission for release of reference information to the Allied Department Chair and the Dean. Reference information includes health history, immunization documentation, and emotional or physical circumstances that may directly affect a student's clinical performance at a clinical site.**
18. Students are responsible for reading notices and assignments placed in designated areas.
19. Students are expected to utilize the COURSE OUTLINES, when available, and Policy Manual, for reference, throughout the program.
20. Students are expected to evaluate courses and instructors as required by the college.
21. The faculty and staff of the Dental Assisting Department of Coastal Alabama State Community College are not responsible for any loss or damage to student's personal items. Student's work and personal items must be stored in the lockers in the restroom.
22. A student must notify her Coastal Alabama State College instructor when she suspects that she is pregnant. The student will need to provide the program administrator with a clearance form from the OBGYN releasing the student to practice dental assisting and the skills there of. This information will assist the faculty in assignments for the student in the extended clinical lab. (See the Radiology Policies of the State of Alabama for additional declaration policies)
23. Students involved in any potentially harmful incident during class, campus lab, or clinical lab must notify the instructor prior to the end of the class or lab. An incident report must be written according to the college policy. Qualified expenses for injuries sustained or illnesses contracted by the student during clinical lab, reported accordingly to the director/instructor, will be covered by the insurance provided by the college for the program.

STUDENTS WITH DISABILITIES

Students with a disability that may require special materials, services, or assistance, should request this with Dr. Brenda Kennedy at the beginning of the semester. If a student does not request accommodations under the American with Disabilities Act (of 1990), then none can be made. In order to perform the required competencies and to function in the role of dental assisting, each student must be able to meet the essential functions with or without reasonable accommodations. Any student requiring accommodations must meet with Dr. Brenda Kennedy, Dean of Student Development. Dr. Kennedy may be reached at (251) 580-2180. At any point during the program that a student fails to meet the essential functions, the student must withdraw from the program until such time that the functions can be met.

Emergency situation (campus laboratory)

The following steps are to be followed for an emergency situation that might arise in the campus lab:

- (a) Assess the situation or injury
- (b) Provide first aid for the injury
- (c) Notify Dean of Student Services
- (d) Take the injured party to the emergency room (Revised to call 911 for ambulance)

A first Aid kit is available in the laboratory. As instructors we are unable to distribute the contents, however, you are welcome to help yourselves.

DENTAL ASSISTING EXTENDED CLINICAL LAB

Clinical sites used in the Coastal Alabama Dental Assisting Program include Coastal Alabama State Dental Clinic (for dental images only) and various private dental offices and clinics located in the school's service area.

The Dental Assisting clinical instructor will orient students to the clinical agency in which the clinical lab is held prior to having students provide dental care. This orientation will include, but will not be limited to:

- a. Fire and disaster policies and procedures
- b. Infection Control policies and procedures
- c. Policies and procedures related to compliance with OSHA regulations on blood borne pathogens.

Students must abide by all policies and procedures of the assigned clinical lab facility.

Failure to abide by policies and procedures related to the OSHA regulations on blood borne pathogens may result in dismissal from the Dental Assisting Program.

All students must familiarize themselves with and follow the policies and procedures of the agency in which they are assigned for clinical lab that pertain to fire and disaster.

Coastal Alabama State Dental Assisting Program is not responsible for any injury, exposure to blood borne pathogens, or illness of a student that is incurred during the extended clinical lab experience. Any qualified expense for injuries sustained or illnesses contracted by the student during clinical lab will be considered by the insurance provided by the college for the program. The student must notify the instructor and the dental facility of any harmful or potentially harmful incident prior to the end of the clinical lab, and an incident report must be written. Failure to report exposure to blood or other potentially infectious materials could result in dismissal from the Dental Assisting Program.

Students are expected to abide by the following policies in the extended clinical lab:

- a. Students must not exchange money or gifts with employees or patients during the extended clinical lab experience and must not receive remuneration for services rendered.
- b. Student must not exchange addresses or phone numbers with patients in an extended clinical lab experience.
- c. Students may not leave the assigned extended clinical lab area, outside of the student's assigned hours, without the permission of the person in charge. (The program director or assigned clinical Instructor and the Doctor)
- d. Students are expected to maintain confidentiality in regard to patient information and knowledge acquired during extended clinical lab. Students are required to follow HIPAA guidelines of privacy. Students are required to provide care to the patient (s) to whom they are assigned.
- e. Students are responsible for their own meals, transportation and related expenses to and from an assigned extended clinical lab facility.

EXTENDED CLINICAL LABORATORY: ***refers to clinical internship only**

*As a requirement of The American Dental Association Accreditation Board each student must attend at least 300 clinical hours. With this taken into consideration, each student in extended clinical lab will be allowed two leave days in the spring and two leave days in the summer. As a reward, each student that does not use leave day by the end of the spring or summer semester will be credited each day NOT take toward their semester clinical days

Under no circumstance can a student alter their assigned internship schedule to accommodate personal business (unless using leave time) or a job (Not acceptable to use leave time). Each student is allowed **two leave days in the Spring semester and three leave days for the Summer semester. Leave days must be made up one for one. They can be only butted up against one another unless for an illness and require a physician's, NP's or PA's excuse.** A leave day applies to clinicals only. It consists of and includes days sick, the doctor being out of the office you being out of the office for an emergency as defined in this manual.

If a student goes over the allotted days and there are no days left in the semester for make-up, the student will not meet the criteria for clinical hours and will receive an "F" in the course. If the student goes over due to the doctor's absence the program director and the student will discuss additional options.

It is highly encouraged that you **save** the **allotted leave days**. It is not uncommon for a dentist to take vacation and you, the student, may have to use your allotted days to accommodate his/her schedule change.

If you should have to file a doctor day, for clarification, a doctor day is **when the doctor is out of the office it is considered a leave day**, it must be taken in no less than ½ day increment. (Applies at any time, if the doctor is in less than 8 hours that day). There is no limit to the number of doctor days taken, however if you must go over the total allotted days, each semester they will have to be made up one-for-one

****All leave days or Dr. days, must be filed, on the appropriate form with the program director each week with the student's tally sheet at the beginning of class. If any absence is not filed on the appropriate form, from the back of this policy manual, the student will receive a corrective measure form notifying the student of the lack of supporting documentation. On the third lack of supportive documentation, the student it will documented that the student has not taken corrective measures and receive an "I" for the final clinical grade. (will default to an "F" for a final grade). No late documentations will be accepted as valid. All days other than the allotted number of leave days are exceeded they will be made up day-for-day at the semester end. If the allotted number of leave days is exceeds the semester end the student will also not meet the criteria for completing the coursework***

and will receive an “F” for the course. Doctor’s absence, extended injuries, illnesses or grave injuries will be reviewed and handled on a case-by-case basis.

CLINICAL TARDINESS

A student is expected to arrive at a clinical site at least 15 minutes early. If you are tardy, you must contact the assigned clinical instructor. Each tardy warrants a professional misconduct infraction. **If you are more than 15 minutes late you will be required to take ½ day of leave.**

****Remember you must maintain a “C” or better in all major required courses, including the general studies courses required for the certificate or AAS.***

Breakdown

The below number of days are the maximum allowance for each semester. All leave days must be made up.

Spring = A student can only miss a maximum of 2 days. The days cannot be butted against a holiday or each other unless documentation of an illness from a physician, NP or PA, is provided. Missed days must be made up. If a student misses more than 2 days and does not make them up, the absences will be considered excessive and the student will receive an “F” for the course. *(There are only two days at the end of the semester set aside for make-up)

Summer = A student can only miss a maximum of 3 days. The days cannot be butted against a holiday or each other unless documentation of an illness from a physician, NP or PA, is provided. Missed days must be made up. If a student misses more than 3 days absences will be considered excessive and the student will receive an “F” for the course.

Doctor Days = are considered leave days, to be taken in no less than ½ day increments. For example if the doctor leaves the office early and you have not been there 8 hours, you must take at least a ½ of leave. If the doctor has been in the office at least 8 hours and leaves early you will not be required to file leave. Missed ½ days and full days must be made up. (Supportive documentation of the doctor’s absence is required) (not to be taken consecutively or butted against school holidays in no less than ½ day increments unless documented by the doctor aka dentist) Doctor leave days are able to be made up if they go beyond 2 days. When a student see that the office will be out more than 2 leave days the student needs to discuss it with the assigning instructor so that make-up can be arranged.

****Students must notify the director/instructor and the clinical site supervisor by 8:00 or before an absence or tardiness of any type. You must speak to a person at the clinical site and not a voicemail. Instructors must be notified in Canvas.***

ACADEMIC CODE: The academic code as stated in the Student Handbook will apply in this class.

STUDENTS MAY RECEIVE INFORMATION, IN PERSON, FROM THE INSTRUCTOR ON THEIR PERFORMANCE AND PROGRESS IN BOTH LECTURE AND LAB CLASSES DURING SCHEDULED OFFICE HOURS.

****PLEASE REFER TO YOUR POLICY MANUAL AND COURSE SYLLABI FOR FURTHER CLARIFICATION OF THE PROGRAMS POLICIES AND PROCEDURES.***

ADDITIONAL CEL PHONE AND OFFICE PHONE/COMPUTER ETIQUETTE

A student in internship must leave their cell phone put away, such as in the student's purse or vehicle. If it is necessary that the student have their cell phone on their body, but it must be approved by the clinical supervisor Ms. Ellison, and/or the internship supervisor. Only in the case of an emergency or an extenuating situation may cell phone use be approved. **There is to be no text messaging on a cell phone during office hours.** If you are to use an office's computer system for any reason, you must first ask permission and let them know the reason for the use. **It is inappropriate to "surf the web" on an office computer, however if you gain permission to do so for class assignments rather than recreation, the office manager will most likely approve the usage.**

It is very important that you, as a student and a professional colleague, make sure that your family members and friends respect your position with telephone use. **It is strongly recommended that if you have a child in daycare that you let the clinical instructor and internship supervisor know that you have given the office phone number to them in case of emergency or illness. You must give your cell phone number to your clinical site and make sure that they have yours as well. They may have to get in touch with you about a change in office hours and you may need to contact them in your absence.**

OFFICE HOURS AND LUNCH HOUR

During internship, student shall observe the regular office hours and lunch time, of the office they are assigned to. One exception will be if night hours are involved in a dental office. Students will then observe the hours that are assigned by the Instructor. The doctors have been informed that a student is not to leave early for a night class unless the student has presented documentation signed by the director allowing them to do so. With the availability of on-line courses this may not be necessary.

PART-TIME JOBS/CHANGES IN SCHEDULES

Students are allowed to work, OUTSIDE THE FIELD OF DENTISTRY, as long as it does not interfere with internship/clinical hours. It is unacceptable for a student to ask off from a clinical office to report to a job or social function. Internship days are normally, Monday and Tuesday in the Spring and Monday, Tuesday and Wednesday during the Summer. Days or hours may be altered in order to get the number of clinical hours necessary.

COMPLIANCE WITH OSHA RULES AND REGULATIONS

RELATED TO BLOODBORNE PATHOGENS

Dental Assisting students providing care to patients in the extended clinical lab are at increased risk of exposure to various blood borne pathogens.

The Occupational Safety and Health Administration (OSHA) have set up rules and regulations aimed at controlling the spread of blood borne pathogens. In an effort to comply with these regulations, the Dental Assisting Department at Coastal Alabama State Community College has developed an Exposure Control Plan and taken the following measures to reduce the risk of infection by blood borne pathogens.

1. All Dental Assisting students will be provided with a copy of the OSHA Rules and Regulations. A copy of these regulations will also be on reserve in the Coastal Alabama State College Library.
2. All students will be provided access to the Exposure Control Plan for the Dental Assisting Department of Coastal Alabama State Community College. A copy of this plan will be on reserve in the Coastal Alabama State Community College Library.
3. All students will participate annually in an OSHA Education Class prior to assisting on patients in the Coastal Alabama State Dental Clinic. This class will be scheduled during the student's regularly scheduled class time. During the class the students may ask questions. All students will be required to sign a form indicating that they have attended the OSHA class and will assume responsibility for understanding the material provided prior to attending the first extended clinical lab each school year. This form should be submitted to the Director in the Dental Assisting Department. Clinical lab absences due to failure to attend the OSHA Education Class at the scheduled time or failure to sign the attendance form are unexcused.
4. After completing the OSHA Education Class, DAT 100, students will be required to do the following:

Must sign verification of attending the class and the understanding of the OSHA guidelines and standards. Successfully passing DAT 100 suffices due to the emphasis placed on Safety Standards and Infection Control.

Students agreeing to receive the vaccination series before program entry must Complete the series within a six (6) months designated time frame or sign a REFUSAL OF HEPATITIS B vaccination form in order to continue in the extended clinical lab. Absence from clinical lab due to failure to sign one of the previous vaccination/immunity will be unexcused. Once the Hepatitis B vaccine has been completed the refusal form will be replaced with supporting documentation of completion. Students are responsible for getting the vaccination from their private physician and for covering the cost of the vaccinations.

Verification of all vaccinations/immunity must be provided to the Director of Dental Assisting. Vaccination status of all students will be maintained on file by the Director of Dental Assisting.

5. Students will be oriented by the Coastal Alabama State College dental assisting faculty to the policies and procedures of the Coastal Alabama State Dental Clinic prior to their first patient care assignment. All students must familiarize themselves with and follow those policies and procedures for clinical labs that pertain to infection control and compliance with OSHA regulations related to blood borne pathogens. Any incident must be recorded in writing by the clinical lab instructor and signed by both the instructor and the student. The report will be filed in the student's permanent record and a copy submitted by the instructor as soon as possible to the Division Chairperson and OSHA Compliance Officer of Coastal Alabama State Community College. A critical incident involving failure to follow procedure aimed at controlling the spread of blood borne pathogens may result in dismissal from the program.
6. Students will be presented theory and demonstrations of the appropriate personal protective equipment to use, the correct way to use the equipment and the correct procedure to employ when removing the equipment. Students must perform a return demonstration that is satisfactory according to critical requirements prior to attending their first extended clinical lab in the Dental Assisting Program.
7. Students will be presented theory and demonstration in principles of medical asepsis and must perform a return demonstration that is satisfactory according to critical lab experience requirements in the Dental Assisting Program.
8. Students will receive theory and demonstration of correct handwashing technique and must perform a return demonstration that is satisfactory according to critical requirements prior to attending the first extended clinical lab in the dental assisting program.
9. Absenteeism from extended clinical sites will be handled according to the college and program attendance policy stated previously in this manual. All cases will be discussed on a case-by-case basis, in private, with the director.
10. The following personal hygiene and/or work practices in the extended clinical lab will be observed at all times.
11. Standard precautions as recommended or defined by the Centers for Disease Control and/or the Occupational Safety and Health Administration (OSHA) must be observed in all circumstances in order to prevent contact with blood and other potentially infectious materials. (See definition of terms page.)
 - A. Specimens of blood or other potentially infectious material should be handled according to the policies of the agency in which the student is assigned to clinical lab.
 - B. Any equipment that should become contaminated with blood or other infectious materials should be reported to the person in charge of the facility to which the student is

assigned, and the agency's policies should be followed in handling the contaminated equipment.

- C. Students should handle, decontaminate, and/or dispose of contaminated personal protective equipment according to the policies of the agency to which they are assigned for clinical lab.
- D. Any uniform or other garments that become contaminated by blood or other potentially infectious materials should be removed immediately, or as soon as feasible, and handled according to the policies of OSHA and the agency to which the student is assigned for clinical lab.
- E. Gloves should be worn when it can be reasonably anticipated that the student may have hand contact with blood, other potentially infectious materials, mucous membranes, and/or non-intact skin, contaminated items, or surfaces. Gloves must be changed after contact with each patient. Any glove that becomes torn should be replaced immediately, or as soon as is feasible. Disposal of the gloves following use should follow the policies of the agency to which the student is assigned for clinical lab.

*No gloves are to be worn in a non-operative area. To clarify this, no gloves are to be worn in the business office, check-in/out area, or the reception room. If the clinical sites requirements are more rigid than this, adhere to them.

- F. Students should wash or sanitize their hands immediately, or as soon as possible, after removal of gloves or other personal protective equipment and after hand contact with blood or other potentially infectious materials. Ethanol sprays are acceptable when pertinent and available.
- G. Students should wash hands and any other skin with soap and water, or flush mucous membranes with water, immediately, or as soon as feasible, following contact of such body areas with blood or other potentially infectious materials. Ethanol sprays and hand sanitizers are acceptable when pertinent and available.
- H. All personal protective equipment should be removed immediately upon ceasing to provide care to the patient, or as soon as possible if contaminated, and placed in an appropriately designated area or container for storage, washing, decontamination, or disposal according to the policies of the agency to which the student is assigned. The sequence for putting on facial protection is: mask, glasses, washing hands, then gloves. The sequence for removing facial protection is: gloves, masks, glasses. (When you remove your glasses or mask before removing your gloves you are cross-contaminating with your soiled gloves). Never wear a contaminated mask under your chin!
- I. The handling and disposal of contaminated sharps should be carried out according to OSHA and the policies of the agency to which the student is assigned for clinical lab. No contaminated needles are to be bent, broken, or sheared following use. Recapping can **only** be done while using a recapping device, cotton pliers or hemostat. If a needle is bent and is unable to be recapped then the needle should be removed with the cotton pliers or

hemostat and then the uncapped needle should be dropped into the sharps. All contaminated needles that are to be reloaded must remain uncapped. If the dentist prefers the needle to be re-capped then the cap must be replaced with a cotton pliers or hemostat before transfer and the cap removed with the same before re-transfer. The sharp end of the needle should be pointed away from you when re-capping. No contaminated needle should be transferred back to the doctor holding with you holding the needle end. The student may hold their hand over the top of the barrel **only** when transferring back an uncapped, reloaded, contaminated syringe. If the dentist prefers, and you have re-capped using the above guidelines, you can place the reloaded syringe on the counter-top or tray for the dentist to retrieve him/herself. (A demonstration will be provided)

- J. Students are prohibited from eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses (personal) in immediate patient care areas or other areas where there is a potential for blood or potentially infectious material exposure, this includes pre-clinical lab.
- K. All procedures involving blood or other potentially infectious materials should be performed in such a manner as to minimize splashing, spraying and aerosolization of these substances.
- L. Where there is potential for exposure to blood and or other potentially infectious materials, students will be required to use appropriate personal protective equipment. This “appropriate” equipment will not permit blood or other potentially infectious materials to pass through to reach work/street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of the time the equipment is to be used. The equipment may include but is not limited to, gloves, utility gloves, gowns, eye protectors, masks or shields.

The type and characteristics of the protective clothing will depend upon the task and degree of exposure anticipated. OSHA and the policies of the agency to which the student is assigned for clinical lab should be followed in regard to protective apparel to be worn in various situations.

- M. Masks in combination **with** eye protection devices, such as goggles or glasses with solid side shields, or chin length face shields should be worn whenever splashed, sprays, splatters or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated. Glasses must fit well enough as to not be adjusted with contaminated gloves during the procedure. Hair should be up and secured as to not be touched during the procedure as well.
- N. Contaminated work surfaces should be decontaminated according to OSHA and the policies of the agency to which the student is assigned for clinical lab.
- O. Broken glassware should not be picked up directly with hands but should be cleaned up using mechanical means such as brush, dust pan, tongs, or forceps.

- P. Regulated waste materials should be handled and disposed of according to OSHA and the policies of the agency to which the student is assigned for clinical lab. All containers for regulated waste should be closable, puncture resistant, leak-proof on sides and bottom, and labeled or color-coded.
- Q. Laundry should be managed according to OSHA and the policies of the agency to which the student is assigned for clinical lab. Contaminated laundry should be handled as little as possible with a minimum of agitation. Contaminated laundry should be bagged or containerized at the location where it is used and should not be sorted or rinsed in the location of use. Contaminated laundry should be placed and transported in bags or containers labeled or color-coded according to the policies of the agency. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry should be placed and transported in bags or containers, which prevent soak through and/or leakage of fluids to the exterior.
- R. Items that contain blood or other potentially infectious material or are contaminated by blood or potentially infectious materials are referred to as BIOHAZARDS. Students should recognize the Biohazard label as being fluorescent orange or orange-red with lettering or symbols in a contrasting color. They should recognize that red bags or red containers might be substituted for labels. Students should handle any material labeled as a Biohazard according to OSHA and the policies of the agency to which they are assigned for clinical lab.
- S. Students should treat all blood and body fluids as if known to be infectious or blood borne pathogens.
- T. All laboratory specimens of body substances are considered to be potentially infectious and should be handled according to OSHA and the policies of the agency to which the student is assigned for clinical lab.

INFECTION CONTROL POLICY
Coastal Alabama State Community College
Revised 2018

Hepatitis B Vaccine*
Comprehensive Medical History and Patient Examination
Antiseptic hand wash*
Disposable face mask*
Protective eyewear*
Disposable latex gloves*
Fluid shield jacket*
Rubber dam
Sharps disposal system*
Sterilize handpieces
Ultrasonic cleaner
Instrument packaging
Heat sterilizer
Sterilization monitoring
Surface cleaner*
Surface disinfectant*
Surface covers
Medical waste disposal system*

* Mandatory according to OSHA standards

Infection Control - A Checklist

Immunization

Health care workers should have appropriate immunizations such as that for Hepatitis B virus, measles, mumps, etc.

Before Patient Treatment

Obtain a thorough medical history, vitals and update health history at each visit.
Disinfect prostheses and appliances received from the laboratory
Place disposable coverings to prevent contamination of surfaces, or disinfect surfaces after treatment.

During Patient Treatment

Treat all patients as potentially infectious and strive to minimize airborne pathogens

Use protective attire and barrier techniques when contact with body fluids or mucous membranes is
Wear gloves-students and operator will double glove when a patient is known to carry
an infectious disease
Wear mask on all patients
Wear protective eyewear and fluid shield masks with all patients - even student patients
Change mask if becomes wet during a procedure and use a new mask on each patient
Wear uniforms, laboratory coats, or fluid shield gowns
Open intra-orally contaminated image receptor packets in the appropriate area using disposable
gloves without touching the films
Minimize the formation of droplets, spatters and aerosols
Use a rubber dam to isolate the tooth and field when appropriate
Use a high volume evacuation to reduce aerosols
Protect hands
Wash hands before gloving and after gloves are removed or use approved hand sanitizers
Change gloves between each patient
Discard gloves that are torn, cut, or punctured
Avoid hand injuries
Avoid injury with sharp instruments and needles
Handle sharp items carefully
Do not bend or break disposable needles
Cappers are to hold the needles, and a cap is not to be placed back upon a needle unless a
Capper, cotton pliers or hemostat is used. (See J of OSHA rules and compliance)
All needles will be placed in containers used for treatment of hazardous waste
Place sharp items in appropriate containers (sharps container)

After Patient Treatment

Remove **GEM** and immediately wash hands or if no visible debris is present, sanitize hands.
Dismiss patient and return to operatory. **MEG** with nitrile utility gloves, remove sharps **with device** and
place in sharps container.
Invert headrest barrier and hang on headrest. Remove all disposables and place in headrest barrier and
discard.
Wipe tips of instruments with visible debris, run handpieces at unit(if no handpiece maintenance device
is in sterilization area) and air/water tips and place all to be sterilized (critical and semi-critical) on
treatment tray or in cassette.
Transport to sterilization area. (Two pair of nitrile gloves for each student are necessary. One is to be
left in the operatory and one in sterilization area). *Note: Sometimes the doctor does not want you to
walk to sterilization with utility gloves on so you may have to remove them for tray/cassette transport
and grab the tray with two clean paper towels or a single uncontaminated patient glove to transport.
Leave tray in sterilization and return to room for disinfecting.
With the student already wearing **ME** the student will need to don utility **Gloves**.
The student wipes all items (semi critical such as, handpiece hoses, cradles, attachments, HVE valve and
hoses, saliva ejector valve and hoses, a/w syringe and hoses and patient light handles) that were
contaminated with saliva first and discards wipes. This step is to remove debris (saliva and blood).
The student then wipes the non critical items such as the patient/Dr. chairs and countertops and all
items that did not go in the patient's mouth during procedure that are to be returned to the mobile cart
or unit and drops them in the drawers with the wipe still in hand.

If the procedure was an extraction or involved a lot of blood being suctioned the suction should be run with the appropriate solution. If not the solution would only be run at the end of the day. When finished, remove utility gloves, sanitize hands and return to sterilization.

Monitor the autoclave with biological monitors

Clean handpieces, dental units, and ultrasonic scalers

Flush handpieces, dental units, ultrasonic scalers, and air/water syringes between patients

Clean and sterilize air/water syringes and ultrasonic scalers if possible; otherwise, disinfect them

Handle sharp instruments with caution

Place disposable needles, scalpels, and other sharp items intact into a puncture-resistant container before disposal

Decontaminate environmental surfaces

Wipe work surfaces with absorbent toweling to remove debris, and dispose of this toweling appropriately Wipe-wipe or Spray-Wipe-Spray

Disinfect with a suitable chemical disinfectant

Change protective coverings on light handles, x-ray unit head, and other items

Decontaminate supplies and materials

Rinse and disinfect impressions, bite registrations, and appliances that are to be sent to the laboratory or that is to be handled or poured up in the dental clinic

Communicate infection control program to the dental laboratory

Dispense a small amount of pumice in a disposable container for individual use on each case and discard any excess pumice

Remove contaminated wastes appropriately

Pour blood, suctioned fluids, and other liquid waste into the drain connected to a sanitary sewer system

Place solid waste contaminated with blood or saliva in sealed, sturdy impervious hazardous bags; dispose according to local government regulations

Remove gloves and wash or sanitize hands

Medical Waste

The medical waste of Coastal Alabama State Dental Clinic will be disposed of under OSHA guidelines.

POLICY FOR INDIVIDUALS WHO ARE HIV+ or HbeAg+

Coastal Alabama State Community College has an obligation to maintain standards of health care and professionalism that are consistent with the public's expectations of the health professions.

1. All dental personnel (faculty, staff, & students) are ethically obligated to provide patient care with compassion and respect for human dignity.
2. No dental personnel may ethically refuse to treat a patient solely because the patient is at risk of contracting, or has, an infectious disease, such as human immunodeficiency virus (HIV) acquired immunodeficiency syndrome (AIDS), hepatitis B infection. These patients must not be subjected to discrimination.
3. Dental personnel are ethically obligated to respect the rights of privacy and confidentiality of patients with infectious diseases.
4. Coastal Alabama State Community College is ethically obligated to protect the privacy and confidentiality of a patient, faculty member, student, or staff member who has tested positive for an infectious disease. Dental personnel who pose a risk of transmitting an infectious agent must consult with appropriate health-care professionals to determine whether continuing to provide professional services represents a material risk to the patient. If a dental faculty, student, or staff member learns that continuing to provide professional services represents a material risk to patients, that person should so inform the chief administrative officer.

The chief administrative officer should take steps consistent with the advice of appropriate health-care professionals and with current federal, state, and/or local guidelines to ensure that such individuals not engage in any professional activity that would create a risk of transmission of the infection to others. In addition, the chief administrative officer should consider facilitating appropriate counseling and follow-up care, and should consider establishing retaining and/or counseling programs for the faculty, staff and students who do not continue to perform to patient care procedures. Institutional guidelines and policies in this area should be made available to current and prospective students, staff, and faculty.

5. Chief administrative officers must establish and enforce written pre-clinical, clinical, and laboratory protocols to ensure adequate asepsis, infection and hazard control, and hazardous-waste disposal. These protocols should be consistent with current federal, state, and/or local guidelines, and must be provided to all faculty, students, and appropriate support staff. To protect faculty, students, staff, and patients from the possibility of cross-contamination and infection, asepsis protocols must include policy requiring the availability and use of gloves, masks, and protective eyewear by faculty, staff, and students in both pre-clinical and clinical situations.
6. Chief administrative officers must facilitate the availability of testing of faculty, staff, and students for those infectious diseases presenting a documented risk to dental personnel and

patients. Also, in accordance with Centers for Disease Control and Prevention (CDC) guidelines, all students should:

- a. demonstrate proof of immunity
- b. be immunized or prove immunity against the hepatitis B, MMR, and Varicella virus as part of their preparation for clinical training

Chief administrative officers should strongly encourage appropriate faculty, staff, and students to be immunized against not only hepatitis B, but also other infectious disease such as mumps, measles, and rubella, and varicella using standard medical practices. In addition, pre-matriculation and annual testing for tuberculosis should be required.

NOTE: This policy is based on AADS Policy Statement III (Delivery of CARE), B (Infectious Diseases), 1994.

Suggested Hand Washing Technique

1. Remove all jewelry and check the surfaces of the hands for hangnails, small cuts, abrasions, and sores.
2. Clean fingernails with a plastic or wooden stick.
3. Scrub hands, nails, and forearms with a liquid germicidal agent and sterile sponge for two minutes, and rinse well with cool lukewarm tap water for 10 seconds.
4. Lather hands and forearms with the cleaning agent by rubbing for 10 seconds.
5. Repeat lathering and rinsing procedures.
6. Dry hands first, then forearms with clean paper towels, and use the paper towels to turn off the hand controlled faucets.

Between Non-surgical Patients

1. Vigorously lather hands and forearms with a liquid soap and water by rubbing for fifteen seconds, and rinse with cool lukewarm water for fifteen seconds. (Approved hand sanitizers are acceptable, in the absence of visible debris, if available).
2. Repeat lathering and rinsing procedures two times.
3. Dry hands first, then forearms with clean paper towels, and use the paper towels to turn off the hand- controlled faucets.

Before Surgery

1. Remove all jewelry and clean fingernails with a clean plastic or wooden stick.

2. Scrub nails, hands, and forearms with a germicidal agent and a sterile sponge for a total of five to seven minutes, using multiple scrub and rinse cycles. (Check new hospital guidelines for surgical scrub technique. Some facilities now use a minimal scrub policy with the use of the newer surgical scrub products.)
3. Rinse hands and forearms with cool, lukewarm tap water, starting with the fingers and keeping the hands above the level of the elbows. Let the water drip from their elbows, not the hands.
4. Dry with sterile towels.
5. Put on sterile gloves by inserting hands into the gloves held around the wrist by assistant wearing sterile gloves.
6. Check the gloves for defects.

Tips on Surface Disinfection

1. Surfaces that are difficult to disinfect, such as chair buttons, control buttons on the air/water syringe, switches on the unit, light handles, hoses, and handpiece and air/water syringe holders, should be covered with plastic wrap, aluminum foil, or other material that is impervious to water. Replace with fresh covers between each patient. It takes less time to replace a cover than to disinfect the uncovered surface between patients. Barriers and stick-on protective covers are available to wrap these items in the Coastal Alabama State Dental Clinic.
2. Disinfecting electrical switches on the chair or unit may damage or cause a short in the switch. Cover them with barriers or stick-on protective covers.
3. Choose an EPA-registered, ADA-accepted surface disinfectant, and use this agent for both the cleaning step and the disinfecting step for uncovered surfaces. Using a water based agent (iodophors or combination synthetic phenolics) with both cleaning and disinfecting properties provides some protection during the cleaning step, helps sanitize any debris splattered by the cleaning procedure, and helps keep the number of different products that need to be ordered at a minimum.
4. The primary difference between surface cleaners and disinfectants used in hospitals and surgery suites versus those used in dentistry is the capability of achieving a hydrophilic virus kill (Rotavirus, Poliovirus). Surface disinfectants used in dentistry must achieve this broader virus kill in order to meet ADA specifications.
5. Follow the manufacturer's directions on the disinfectant product label.
6. Water, rather than alcohol, must be used to dilute those agents requiring dilution before use.
7. Use heavy, puncture-resistant nitrile rubber utility gloves in sterilization to reduce chances of direct contamination of the hands.
8. Use protective eyeglasses to protect the eyes from splashes or splatter created when mixing solutions or cleaning surfaces with a brush. The eyeglasses should be cleaned and disinfected

after use. Ultrasonics are the preferred method over scrubbing instruments, as it reduces risk of a critical incidence.

9. Use a mask when cleaning an item with a bristle brush to prevent inhalation or direct mucous membrane contamination from splatter. Also use a mask when mixing materials that pose a respiratory problem. (Listed on the MSDS sheets)
10. Paper towels, rather than more expensive gauze sponges, are appropriate for surface cleaning. Disinfecting wipes may also be used, if available.
11. The time required for operatory clean up between patients can be shortened if extra handpieces are cleaned and disinfected or heat sterilized in advance for a quick interchange with the contaminated handpiece. Heat sterilization of handpieces between patients is necessary.

OSHA for X-ray Equipment and Darkrooms

Use protective covering plastic bags and disinfectant solutions to prevent contamination of x-ray equipment.

X-ray heads and unit controls should be covered with the plastic bags provided or disinfected after use. Once the patient is dismissed from the x-ray room, the bags should be discarded and new ones replaced.

If protective barriers are not used, all surfaces must be sprayed, wiped, sprayed again, or wiped with disinfectant wipes and allowed to set for manufactures recommended times.

Intra-orally used image receptors should be handled in a manner to prevent transmission of infection. Pre-barriered PSP plates should be placed in and “unexposed cup”.

The PSP transfer box should be open and placed on a clean area of the counter surface before exposing any dental images.

After exposing images and placing them in an “exposed cup”, wipe each outer package with a tissue while wearing MEG. As each is wiped, open the outer packet without touching the inner plate.

Drop the inner plate into the opened transfer box and discard the protective barrier on a paper towel. (The image receptor should be dropped out of the packets into the PSP transfer case without contaminating the case)

The contaminated protective barriers should be accumulated on a disposable towel.

Once finished, discard the contaminated barriers on the paper towel, remove gloves and close the transfer box. Sanitize hands.

Gloves removed and transfer case closed without wearing contaminated gloves. The films can then be processed without exposing processing equipment to microorganisms from the patient.

To be on the safe side, countertops in the processing should be wiped with the disinfectant solution.

Suction and Air Compressor

When the oral evacuator (suction) is in use, usually only one of the switches needs to be turned on. At the end of each day, one gallon solution is to be run through each suction hose to disinfect it. The suction switches are should be turned off at the end of the day. The suction and air compressor switches have lights behind them, which are lit up if they are on. Both switches must be off before leaving the building.

HANDPIECE LUBRICATION AND STERILIZATION

****HANDPIECES ARE TO BE STERILIZED ONLY IN THE STATUM UNIT.**

***NEVER SUBMERGE ANY HANDPIECE IN A CHEMICAL DISINFECTANT, ULTRASONIC CLEANER, OR COLD STERILIZATION UNIT.**

High-speed handpieces

100,000 to 800, 000 rpm - sprays water

430,000 rpm (fiberoptic) - sprays water

Manufacturer instructions for handpiece maintenance overrides all other

Wear puncture resistant gloves when preparing all handpieces.

Use the handpiece maintenance unit in sterilization. Directions will be provided during the sterilization lesson of the program.

Place the handpiece in sterilization bag in the Statim sterilization unit. Remove handpiece immediately after the sterilization cycle. **NEVER ALLOW THE HIGH SPEED HANDPIECES TO DRY IN THE STATIM® STERILIZATION UNIT.** Dispose of the bag in the regular trash can. Be careful as it will be hot. Allow it to cool naturally. Once attached to the unit. It may be run 10-15 seconds to eliminate any warm water.

Slow -speed handpieces

6,000 to 10,000 rpm-can be gear driven (pulley) or air driven

Our slow speed handpieces are Star Titan® II handpieces and should be disconnected from the swivel and tubing. Disconnect the angle attachment and the adapter from the motor. (This would be the prophylaxis angle, contra-angle, etc.). Clean the handpiece and attachments thoroughly with 2x2 gauze saturated with alcohol. Dry thoroughly, place a drop of Titan oil into the bottom of the handpiece; place the handpiece in a sterilization bag and insert into the Statim sterilization unit. If the motor says "no lubrication needed" do not lubricate it. **SLOW SPEED HANDPIECES SHOULD BE LEFT IN THE STATUM FOR THE ENTIRE STERILIZATION AND DRYING CYCLES.**

Upon removal from the Statim®, lubricate the motor to the angle adapter by placing one drop of Titan oil in the lube hole next to the top drive gear. Straight nosecone attachments need lubrication only in the top hole. Place one drop of Titan oil at every gear visible on the slow-handpiece system.

Torque Multiplier

Disconnect the torque multiplier from the motor, and clean all exterior surfaces using 2x2 gauze **saturated** with alcohol. Insert the torque multiplier into the handpiece immediately after the handpiece has come out of the Statim. The torque multiplier is then ready for use on the next patient.

Contra-angle

Remove the bur from the contra-angle and clean the entire surface with alcohol. Place the contra-angle into a sterilization bag, and run through the sterilization and drying process of the Statim unit. Upon removal from the Statim, unscrew the bottom of the contra-angle to expose the gears and place a small portion of the lubrication product, the contra-angle is then ready for use on the next patient.

ULTIMATELY, ALL HANDPIECES SHOULD BE CLEANED AND MAINTAINED ACCORDING TO THE MANUFACTURERS INSTRUCTIONS.

Procedure for Operatory Disinfection and Sterilization

Upon dismissal of the patient, the student disposes of the patient treatment gloves worn during the treatment phase, washes or sanitizes hands, write-up chart and dismisses the patient.

Upon returning to the treatment room, the student sanitizes hands places on new treatment gloves, removes and inverts the headrest cover. The student removes all disposable items, placing them in the inverted headrest cover and discards them in the trash. The student removes treatment gloves, sanitizes hands and dons utility gloves.

The student removes sharps and anesthetic cartridge and place in Sharps container always using cotton pliers, hemostats or needle recapping device. Make sure to remove sharp burs from handpieces as to avoid a sharps injury too! Gather handpieces and non-disposable tips to take to sterilization, placing them on treatment tray.

Option #1 You may transport your treatment tray to sterilization with patient gloves and a carrying tray with uncontaminated patient gloves, remove them, sanitize hands and don utility gloves if you are going to process your instruments right away.

Option #2 You may transport your treatment tray to sterilization with your utility gloves, leave your tray in sterilization to process later, return to the treatment room and begin wipe down of room.

If plastic wraps are not used, the chair, light, unit, and unit controls are sprayed- wiped- sprayed or wiped-wiped and, and allowed to sit according to the manufactures time before wiping. Antiseptic wipes can be used when available. With antiseptic wipes the initial wipe is for debris and the second wipe for disinfection. Utility gloves must be worn during the wipe down and disinfection. Remember everything that was touched (touch surfaces) must be disinfected.

- The tray can be taken to sterilization as long as it can remain in a holding area and be processed upon return.

After the room has been disinfected and upon returning to sterilization.....

The student can take all instruments from the contaminated tray, place them in a perforated cassette or ponytail wrap, and place them in the ultrasonic cleaner for three minutes. If you used a pre-set cassette it can simply be placed in the ultrasonic cleaner for 3 minutes. When the ultrasonic is complete, remove the cassette and rinse all instruments well. Dry thoroughly. Wrap the cassettes in the autoclave wrap or package in appropriate sized pouch, seal or tape securely. Label the pouch or wrap, using a Sharpie®, with the date, the student's initials and the type of set-up, autoclave used. Walk the cassette or pouch to the autoclave and without touching the door or handle with the contaminated gloves (using elbow) place the pack or cassette on its side for sterilization. Return to processing area disinfecting the counter, wash or spray and remove utility gloves without touching the outside, (except for the cuffs) then sanitize or wash hands. If the autoclave is full and ready to run, fill the chamber, close the door and run the instruments from a (warm start) for thirty minutes at 250°/30 pounds of pressure. Once the sterilization cycle has been completed and the instruments are dry, the wrapped cassette is placed in the cabinet designated for sterile instruments until the next use.

*If the instruments were on a plastic tray you will have to consider the removal of the barrier after you bundle and bag the instruments. The contaminated instrument tray must have the outer barrier removed, without touching the tray, and be placed on the "dirty" (left side) of the Statim® or autoclave for final processing. They can remain stacked or wiped with disinfecting wipes and returned to the storage racks in clean area at any time.

Handpieces, and unwrapped instrumentation must be run in the Statim®.

If the procedure was a surgical procedure, **no surgical instruments are to be placed in a cassette or tray and be autoclaved.** All surgical instruments are to be wrapped individually in autoclave bags, or bundled in sterilization paper and taped prior to sterilizing and are to be placed in the appropriate surgical drawers immediately after sterilization. No surgical instruments are to be hand scrubbed. If visible debris is present the instruments need to remain in a holding tank with the proper enzymatic cleaner before placing in the ultrasonic.

Tongs are in a disinfectant solution to maintain sterility and are to be used to remove and place instruments in the surgical drawers to prevent cross-contamination.

Items such as dappen dishes are not autoclavable and they are to be placed in the ultrasonic cleaner for three minutes, rinsed, dried and placed in a disinfection solution for thirty minutes.

Root canal files and reamers are to be washed, rinsed, placed in the ultrasonic cleaner for three minutes, rinsed thoroughly, and placed in autoclave bags for sterilization in the autoclave.

Burs become dulled during the process of autoclaving. They should be washed, rinsed, placed in the ultrasonic cleaner for three minutes, rinsed thoroughly, placed in an autoclave bag, and sterilized in the autoclave. Stainless steel burs can be autoclaved and disposable burs are to be used and discarded in the Sharps container.

The plastic x-ray holders (snap-a-rays) and Rinn instruments are autoclavable and should be placed in the ultrasonic cleaner for three minutes, rinsed, dried put in autoclave bags, and autoclaved for thirty minutes in the Midmark Autoclave only!

Needle cappers are autoclavable. They should be placed in the ultrasonic cleaner for three minutes, rinsed thoroughly, dried and autoclaved.

All used saliva ejectors, disposable suction tips, rubber cups, unused 2x2 gauze, and unused cotton rolls on tray set-ups should be discarded. If disposable prophylaxis angles are used, they also should be discarded. All unused paper points are to be discarded when cleaning a root canal tray set-up.

Air/water syringe tips should be autoclaved. They should be placed in the cassette with tray set-up instruments. If being sterilized individually, the tip should be placed in the ultrasonic cleaner for three minutes, rinsed thoroughly, dried and then placed in an autoclave bag and autoclaved for thirty minutes.

The plastic dishes and brushes used in the acid etch technique during composite restorations are not autoclavable, they are to be discarded in the trash. Removable brush tips are removed and discarded, the handle is to be placed, for three minutes, in the ultrasonic cleaner, rinsed, and placed in the disinfection solution for thirty minutes. Patient napkin chains should be placed in the ultrasonic cleaner for three minutes, rinsed and dried and placed in an autoclave bag. They are to be autoclaved for thirty minutes.

Autoclave

Each week, a biological indicator test must be run with instruments in each of the two autoclaves and the one Statim®. Number the indicator by the number of the autoclave unit it will be placed in. (autoclave #1 has indicator #1 etc.) Place the indicator in the middle of the load of instruments and autoclave as usual. Retrieve the indicator from the test pack, wait for it to cool, and activate by squeezing or "popping" the indicator. Place the indicator in the incubator with an activated non-sterilized indicator. Examine the sterilized indicator at regular intervals such as 12, 24, 48 hours for any color change. A change to yellow (a positive result) indicates bacterial growth. No color change from purple indicates an adequate sterilization cycle, which is a negative result.

All results (plus or minus), date, and time must be placed in the indicator log.

Solutions for Infection Control

1. Sani-wipes are used in the clinic for hard surface disinfecting because it is EPA registered, bactericidal, virucidal, fungicidal, and tuberculocidal. Items that cannot be autoclaved can be placed in the solution for thirty minutes to achieve disinfection.
The clinic uses an ultrasonic cleaning solution which has to be diluted in the ultrasonic cleaner. All chairs are disinfected as well as the, units, x-ray machines, etc. with a wiping solution (Sani-Wipes®) because it does not discolor and has a pleasant odor.
2. Sodium Hypochlorite (Bleach) - Sodium hypochlorite is used full strength to disinfect canals during endodontic treatment. Sodium hypochlorite may also be used to disinfect certain types of dental impressions. When used to disinfect impressions, the sodium hypochlorite is diluted

with 1 part bleach to 10 parts water (is written as 1:10). The solution must be discarded at the end of the day and re-mixed. The solution must remain on the impression for a minimum of ten minutes for complete disinfection.

Items to be barriered

1. Dental Chair -back, arms, headrest and controls
2. Light handles and buttons
3. X-ray heads, tubes, and x-ray control units
4. Dental units, unit controls, tops of dental units
5. Handpieces and tubing, air/water syringe controls and tubing, oral evacuation and saliva ejector hoses (optional)
6. Chair switches

Disinfection of Dental Impressions

In the laboratory classes, all impressions taken by students will be disinfected prior to pouring.

All metal trays are to have the excess alginate cleaned out of the tray, placed in the Coe tray cleaning solution to remove the alginate, washed in soap and water, rinsed thoroughly, placed in the ultrasonic cleaner for a period of three minutes, rinsed thoroughly, placed in autoclave bags, and autoclaved for thirty minutes. Tongs should be used to place and remove the sterile trays in the appropriate drawers.

Impression materials differ in long term stability and are affected by exposure to moisture. Caution must be exercised in selecting a disinfection method to avoid distortion of the impression.

Rubber impressions are relatively stable; alginate impressions must be handled more carefully.

Both immersion and spraying have been recommended for all types of impressions.

Immersion assures coverage of all surfaces.

Sprayed disinfectants pool, and all surfaces may not be adequately exposed.

Impressions should be disinfected for the time recommended by the manufacturer of the particular product.

If the impression is sprayed, it should be held in a closed container such as a sealed bag, for the recommended exposure time of the disinfectant. A label should be on the bag listing the student's name, date, type of disinfectant, and length of time disinfected.

Gloves should be worn during the handling of any impression.

Thorough rinsing of impressions is recommended both before and after disinfection. Rinsing before disinfecting is necessary to remove saliva and blood, which may prevent exposure of the impression surface to the disinfectant. This initial rinsing also significantly reduces the number of microorganisms.

Rinsing after treatment removes residual disinfectant, which may affect the surface of a stone or plaster model once it is poured.

Acceptable Disinfectant, Methods, and Time for Dental Impressions

Alginate- Rinse the impression, submerge the impression for sixty seconds in a 1:100 sodium hypochlorite, 5.25% (bleach) or 1:213 iodophor solution, placed in a sealed bag for a period of ten minutes, and rinse before pouring.

Rubber Base and Silicone Rubber- Immerse in any ADA accepted disinfectant solution for 10 minutes.

Polyether - Spray with a 1:100 sodium hypochlorite 5.25% (bleach) or chlorine dioxide solution and place in a sealed bag for ten minutes; rinse before pouring.

ZOE - Immerse for 10 minutes in a 1:213 iodophor, a 2% glutaraldehyde solution, or a glutaraldehyde with phenolic buffer, diluted 1:16.

Reversible Hydrocolloid - Immerse for ten minutes in a solution of 1:213 iodophor, a 1:100 sodium hypochlorite 5.25% (bleach), or a glutaraldehyde with phenolic buffer, diluted 1:16.

Impression Compound - Immerse for ten minutes in a solution of 1:213 iodophor, a 1:100 solution of sodium hypochlorite, 5.25% (bleach), glutaraldehyde with phenolic buffer, diluted 1:16.

COASTAL ALABAMA STATE COMMUNITY COLLEGE
Policies and Guidelines on Ionizing Radiation

Ionizing radiation is used in the dental assisting program to obtain dental images on patients for diagnostic purposes. The following criteria will be used by students and faculty during radiology (on campus and clinical).

1. Students will successfully take dental images on manikins in the campus lab before exposing dental images on patients in the clinical lab.
2. As dental images are requested for diagnostic purposes by the dentist, students will be scheduled to expose, process and mount the dental images under the supervision of the instructors in charge. The dental images will be delivered to the requesting dentist for diagnosis. After diagnosis, the dental images will be evaluated by the student and instructor.
3. All patients will be draped (for their protection) with the correct lead apron and thyroid collar prior to x-ray exposure.
4. All students, faculty and staff will stand out of the direction of the primary beam and behind the lead lined wall/door/shield or 6 feet away from the primary beam.
5. Students will be allowed four retakes on an adult patient with the assistance of the instructor.
6. Sealed Kodak film or phosphor plates will be provided to the clinical area for use by the dental assisting students.
7. Any problems that should arise concerning the equipment should be brought to the attention of the instructor immediately. The instructor will record X-ray equipment problems on campus. Problems in extra-mural clinical sites will follow the procedures for the clinical site.
8. X-ray film will be stored in the refrigerator in the clinic room to extend the shelf life of the film. An instructor will give students their retake x-ray film.
9. Exposed dental images will be handled according to the criteria in Appendix B of the Radiology Course Syllabus and processed correctly.
10. Processed dental images will be mounted according to the criteria in Appendix C of the Radiology Course Syllabus. After mounting, the student and the instructor will evaluate x-rays or technician for retakes using the following criteria:
 - a. The entire tooth/teeth is/are present for the selected area
 - b. The film has the proper density and contrast
 - c. The film has proper vertical and horizontal angulation
 - d. The film does not have cone-cuts that affect the diagnosis of the

- e. radiograph
The film is processed correctly.

Evaluate the darkroom for light leaks and arrange proper illumination for the processing of dental images.

The dental assisting radiological instruction is reviewed and revised yearly by the Dental Assisting Instructors and the Director of Dental Assisting.

Standards for acceptable dental images will be discussed during lecture class and applied in both the campus and clinical sites.

**RADIOLOGY COURSE POLICIES AND PROCEDURES
STUDENT RADIATION INFORMATION/WAIVER**

In consideration of my acceptance as a student at the Coastal Alabama State Community College Dental Assisting Program, and in recognition of the possible danger to which I may voluntarily subject myself as a result of exposing dental images on manikin or patients, I hereby agree to observe all radiation safety standards that have been presented in radiology classes. Should I choose to utilize additional protection, I have been informed of the location of such protection.

Rule 420-3-26. 10(3) From the State of Alabama Public Health Department states that, rules regarding a "Declared Pregnant Women" be provided for female workers so the they can act responsibly is they should become pregnant while employed. The licensee/registrant should provide training on this for each new employee and then provide refresher training periodically thereafter for all female employees who may be affected by this.

Rules about "Declared Pregnant Women" will be addressed in the following pages

Signed this ____ day of _____, 20 ____.

Student Signature

INSTRUCTION TO WORKERS

Article 420-3-26.10(3)

The following paragraphs apply to the Standards for a “Declared Pregnant Woman.”

420-3-26-.03(3)(t)

(t) “Declared pregnant woman” means a woman who has voluntarily informed the licensee, in writing, of her pregnancy and the estimated date of conception. The declaration remains in effect until the declared pregnant woman withdraws the declaration in writing or is no longer pregnant.

420-3-26-03(13)

(13) Dose Equivalent to an Embryo/Fetus

- a) The licensee or registrant shall ensure that the dose equivalent to an embryo/fetus during the entire pregnancy, due to occupational exposure of a declared pregnant woman, does not exceed 5 mSv (0.5 rem). See 420-3-26-03(46) for recordkeeping requirements.
- b) The licensee or registrant shall make efforts to avoid substantial variation above uniform monthly exposure rate to declared pregnant woman so as to satisfy the limit 420-3-26-.03(13)(a).
- c) The dose equivalent to an embryo/fetus shall be taken as a sum of:
 1. The deep dose equivalent to the declared pregnant woman: and
 2. The dose equivalent to the embryo/fetus from radionuclides in the embryo/fetus and radionuclides in the declared pregnant woman.

(d) If by the time the woman declares pregnancy to the licensee or registrant, the dose equivalent to the embryo/fetus has exceeded 4.5mSv (0.45rem), the licensee or registrant shall be deemed to be in compliance with the 420-3-26-.03(13)(a) if the additional dose to the embryo/fetus does not exceed 0.5 mSv (0.05 rem) during the remainder of the pregnancy.

Article 420-3-26.03(18)(a)3

- a) Each licensee or registrant shall monitor occupational exposure to radiation and shall supply and require the use of individual monitoring devices by:
 1. Adults likely to receive, in 1 year from sources external to the body, a dose in excess of 10 percent of the limits in 420-3-26-.03(6)(a); and

3. Declared pregnant women likely to receive during the entire pregnancy, from radiation sources external to the body, a deep dose equivalent in excess of 0.1 rem

b) The licensee or registrant shall ensure that instruments and equipment used for quantitative radiation measurements, for example, dose rate and effluent monitoring, are calibrated at intervals not to exceed 12 months for the radiation measured.

c) All personnel dosimeters, except for direct and indirect reading pocket ionization chambers and those dosimeters used to measure the dose to any extremity, that require processing to determine the radiation dose and that are used by licensees and registrants to comply with 420-3-26-.03(6), with other applicable provisions of these, or with conditions specified in a license or registration shall be processed and evaluated by dosimetry processor:

1. Holding current personnel dosimetry accreditation from the National Voluntary Laboratory Accreditation Program (NVLAP) of the National Institute of Standards and Technology: and

2. Approved in this accreditation process for the type of radiation or radiations included in the NVLAP program that most closely approximates the type of radiation or radiations for which the individual wearing the dosimeter is monitored.

d) The licensee or registrant shall ensure that adequate precautions are taken to prevent a deceptive exposure of an individual monitoring device.

(18) Conditions Requiring Individual Monitoring of External and Internal Occupational Dose.

3. Declared pregnant women likely to receive during the entire pregnancy, from radiation sources external to the body, a deep dose equivalent in excess of 0.1 rem.

Article 420-3-26-.03(46)(d)

d) The licensee or registrant shall maintain the records of dose to an embryo/fetus with the records of dose to the declared pregnant woman. The declaration of pregnancy, including the estimated date of conception, shall also be kept on file, but may be maintained separately from the dose records.

- Ionizing radiation is used in the dental assisting program to obtain dental images on patients for diagnostic purposes. The following criteria will be used by students and faculty during radiology (on campus and clinical).
- Students will successfully place, expose, and process three complete sets of dental images on mannequin, (two DXXTR and one Petey) prior to exposure and processing two complete sets on live patients in the pre-clinical radiology lab session. This must be done and passed with a satisfactory score of 82 on each set before taking and exposing any dental images on a live patient in clinical setting (internship) in the Summer Semester.

Spring Semester

During the Spring Semester, each student will place, expose, and process:

- Three complete sets of bitewing dental images 2 adult and one child mannequin (two using bite-wing tab technique and one by use of Rinn Instruments, may be included in the FMS)
- Five single periapical dental images (one molar, one premolar, one cuspid, one max/mand anterior, and one film of choice – can be used in the FMS series of dental images.
- Two FMS of dental images on DXXTR and one FMS on Petey – (One DXXTR using BAI technique, one DXXTR using Paralleling, and one Petey using snap-a-ray, bw tab, and occlusal technique). Students must achieve a score of 82 and self-evaluate all dental images prior to turning into the instructor. If the student does not achieve a score of 82 on DXXTR the student is given the opportunity to take (5) retakes to achieve that score, however, the highest score will be an 82.
- If a student does not pass any one DXXTR FMS with 5 retakes, a student is allowed to retake an entire set of FMS but must pass with 0 retakes and receive a score not higher than an 82.* In order to pass a student must study and learn from the errors noted on the self/instructor evaluation form. The FMS must be scheduled with the program director.
- Expose and process one panoramic radiograph
- Expose and process one set of occlusal dental images on DXTRR.
- Duplicate one set of bw's (may be done with computer on photo paper)
- Students will be allowed up to 3 retakes on PETEY FMS.
- After successful completion of DXXTR and Petey FMSs, students are to take two passing sets on live patients, (see below description of varying patients) with a passing grade of 85.

- On live patients, only four retakes will be allowed on adult FMS and two retakes on a child fourteen years or younger.
- If after the retakes the score is still not passing, no more dental images will be allowed on the patient and a new patient must be procured for a passing grade.
- All dental images must be primarily used for diagnostic purposes and not solely for instruction.
- Dental images will be randomly checked in the summer to monitor the student's consistency.

RADIOGRAPHIC SURVEYS ON LIVE PATIENTS

- Patients selected for full-mouth series of radiographs in Radiology must not have had a full-mouth series within the last FIVE years. X-rays will be for diagnostic purposes only, not to meet the Radiology Course requirements.
- Two FMS with paralleling technique. Only if it deems necessary should the BAI technique be used. Tabs or the Rinn instrument can be used for bw exposure.
- Patients may be an adult with a full dentition, a child patient with mixed dentition, or partially edentulous patient with four or more missing teeth.
- Patients must be fourteen years of age to qualify for adult dentition or have no more primary teeth present. (Unless they are missing permanent teeth and a deciduous teeth are retained) **Any child 19 years of age or under must have a notarized release form completed before any radiographs are exposed.**
- A child patient must be of mixed dentition and age 8 or above. The instructor in lab and the attending doctor must order the radiographs based on the patient's oral cavity size, therefore film for this set will be distributed on a case-by-case basis.
- A patient history and chart must be completed prior to taking the films
- An instructor (a licensed dentist) must give the student permission that the patient is acceptable prior to the student exposing radiographs.
- The instructor's signature must appear on the patient chart as well as a notary on the college/patient consent form. Students will be responsible for writing up the chart and payment must be made prior to the patient leaving the clinic.
- Should a patient want a photographic copy of their FMS sent to a general dentist or periodontist, the patient must sign a patient request form and provide the appropriate mailing address. No electronic communications of images are available. Copies will be printed on photographic quality paper and the doctor will include, if needed, areas of concern.
- **No grade will be assigned unless the patient's chart, notes and health history are completed in entirety. This includes the radiology health history on the back. The**

health history must be signed by the patient or the guardian of the patient and must include the name of the dentist requesting the full mouth series of radiographs. Notes are to be written in the Eaglesoft notes using the SOAP technique found in auto notes. All retakes must be recorded in the notes.

- **PAYMENT**

- MUST BE MADE PRIOR TO DISTRIBUTION OF PSP PLATES/FILM.

- **FEES**

- THE FEE FOR A FMS IS \$30.00 FOR AN ADULT AND \$20.00 FOR A CHILD. STUDENTS ARE RESPONSIBLE FOR ALL FEES NOT PAID BY THE PATIENTS.

- **DISTRIBUTION OF PSP PLATES**

- STUDENTS ARE NOT TO GET THEIR OWN SENSOR PLATES. THEY ARE TO BE DISTRIBUTED, AFTER PAYMENT, BY YOUR CLINICAL INSTRUCTOR.

- **RETAKES**

- STUDENTS MUST COME TO THE CLINICAL INSTRUCTORS TO REQUEST RETAKES OF PATIENTS.

- **NOTE**

- RADIOGRAPHS THAT ARE NON-DIAGNOSTIC DUE TO A MALFUNCTION OF THE PROCESSING EQUIPMENT DO NOT REQUIRE PAYMENT, HOWEVER, ANOTHER PATIENT MUST BE ENCUMBERED.

APPENDICES

DENTAL ASSISTING SKILLS OSHA CATEGORY I

Employees in this category perform tasks that require protective equipment to be worn.

- I. Assist at operative procedures (including but not limited to)
 - a. Amalgam
 - b. Composite
 - c. Crown and Bridge
 - d. Oral Surgery
 - e. Periodontal Surgery
 - f. Endodontics
 - g. Orthodontics

- II. Clean Instruments
 - a. Scrub
 - b. Clean
 - c. Sterilize

- III. Dispose of Infectious Waste

- IV. Prepare Operatory
 - a. Clean Operatory
 - b. Disinfect Operatory

- V. X-rays
 - a. Expose Dental images
 - b. Develop Dental images

- VI. Dental Impressions
 - a. Take Dental Impressions
 - b. Handle Dental Impressions

- VII. Cardiopulmonary Resuscitation

**Coastal Alabama State Community College
Dental Assisting Department**

Hepatitis B Information Sheet

Type B Hepatitis

Type B hepatitis is an infection of the liver caused by the hepatitis B virus (HBV). Infective blood or body fluids transmit the hepatitis B virus. Contaminated needles can introduce infective blood or body fluids by an apparent or unnoticed contact with infectious secretions from skin lesions or mucosal surfaces or through sexual contact.

Hepatitis B is the most commonly reported type of hepatitis in the United States. It is an unpredictable disease with a variety of presentations and outcomes. It is estimated that 60-75% of people who are infected do not become ill. In this circumstance prior infection can only be detected by presence of antibody in the blood. Acute symptomatic hepatitis B infection may result in serious liver injury, which may incapacitate a person for weeks to months. Approximately 6-10% of persons with type B hepatitis become carriers of the virus, and death occurs in 1-2% of patients either as a result of acute liver failure or complications. Hepatitis B virus also has a role in the development of cirrhosis and liver cancer. There is no effective treatment for hepatitis B infection or disease.

Hepatitis B Vaccine

The recombinant hepatitis vaccine is a genetically designed vaccine derived from yeast (not plasma). It is indicated for active immunization against infection caused by all known subtypes of hepatitis B virus. It will not prevent hepatitis caused by other agents, such as hepatitis A virus, non-A, hepatitis viruses, or other viruses known to infect the liver. Full immunization requires 3 intra-muscular doses of vaccine given over a six-month period. In an adult, the vaccine should be administered in the deltoid muscle of the arm. The vaccine has been found to be effective in producing hepatitis B antibodies at protective levels in more than 90% of healthy individuals who received the recommended three doses of the vaccine in the deltoid muscle of the arm. The duration of immunity is unknown at this time. A small percentage of healthy persons do not respond to the vaccine and do not develop immunity to HBV. Antibody status can be determined by blood testing. Hepatitis B has a long incubation period. HBV vaccination may not prevent HBV infection in individuals who have an unrecognized HBV infection at the time of vaccine administration.

Possible Vaccine Side Effects

The observed incidence of side effects is very low. Injection site reactions consist principally of tenderness and redness. The most frequent systemic complaints include, but are not limited to, fatigue/weakness, headache, and fever. It is not possible to contract hepatitis B from the vaccine since the vaccine is produced synthetically and not from human blood.

Why we require the Hepatitis B Vaccine

The Alabama Department of Public Health and the Centers Disease Control (CDC) recommend vaccination for persons of all ages that are or will be at increased risk of infection with HBV.

Health care workers who have direct clinical patient contact or handle potentially infective materials or items are considered to have an increased risk for contracting hepatitis B.

Contraindication

Vaccination is contraindicated for pregnant or nursing women and for anyone with hypersensitivity to yeast or any component of the vaccine. Persons experiencing hypersensitivity reactions after an injection of the vaccine should not receive further injections.

Student Vaccination

All students entering the Dental Assisting Program at Coastal Alabama State Community College **are required** to have begun the Hepatitis B immunization or to provide proof of previous Hepatitis B vaccination with documentation or of a test proving immunity. If a student is pregnant or unable to receive the vaccine for any health reasons proof must be provided and a refusal waiver must be signed and placed in the student's file.

Students should contact their physicians and arrange for vaccine administration. Students are responsible for the full cost of the vaccine and its administration.

Verification from the student's physician of administration of each of the three- (3) vaccine doses should be provided to the Dental Assisting Director.

Hepatitis B Vaccination Form

I have read the hepatitis B virus and vaccination information provided by Coastal Alabama State Community College. I understand and accept the responsibility of beginning, before program entry, and completing the series of vaccination. I agree to receive the complete series of immunizations according to the following schedule:

- 1st dose of vaccine
- 2nd dose of vaccine one month later
- 3rd dose of vaccine six months after the initial dose

I agree to hold Coastal Alabama State Community College and any and all of its agents, officials, or employees harmless from any injury, complication of side effect caused by the administration of said vaccine. I understand that if I do not complete the series or am physically unable to take the series I must provide documentation to support denial and I must sign a declination form to be placed in my file.

Student's Signature _____ Date _____

Student's Social Security Number _____

OSHA CLASSIFICATION:

- Category I
- Category II
- Category III (Category III does not require HBV vaccination)

Student Immunization Record of Dates

Immunization No. 1 _____

Immunization No. 2 _____

Immunization No. 3 _____

Declination signed _____

**Coastal Alabama State Community College
Dental Assisting Program
OSHA Class Attendance Verification Form**

Name

Student Number

My signature on this form indicates that I have attended an education class on the OSHA Regulations on Blood borne Pathogens that was presented by the faculty of the Dental Assisting Department of Coastal Alabama State Community College and completed the course on **DAT 100**. Topics covered in this class included:

1. An explanation of the OSHA regulations on blood borne pathogens.
2. A general explanation of the epidemiology and symptoms of blood borne diseases.
3. An explanation of the modes of transmission of blood borne pathogens.
4. An explanation of the Coastal Alabama State Community College Dental Assisting Department's Exposure Control Plan.
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
6. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
7. Information on the types, proper uses, location, removal, handling, decontamination, and disposal of personal protective equipment.
8. An explanation for the basis for selection of personal protective equipment.
9. Information on the hepatitis B vaccine, including information on its efficacy, safety, methods of administration, and the benefits of being vaccinated. It is my responsibility to get the vaccination from my private physician.
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
11. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that should be done.
12. Information on the post-exposure evaluation and follow-up and that it is my responsibility to see my private physician for this follow-up.
13. An explanation of the signs and labels and/or color-coding required by the OSHA regulations.
14. Notification that as a student I am not considered to be an "employee" of Coastal Alabama State Community College or a dental office and, therefore, not entitled to free vaccination or post-exposure evaluation and follow-up.

I was given an opportunity to ask and have my questions answered by the person presenting the class. In addition, I received a copy of the following:

1. Coastal Alabama State Community College Exposure Control Plan.
2. OSHA Regulations on Blood borne Pathogens and information on sterilization and disinfection to decrease my risk of infection by blood borne pathogens.

I have received and been directed to read the Policy Manual for Dental Assisting/Rules and Regulations of the Dental Assisting Program, paying particular attention to the section on Extended Clinical Lab and Compliance with particular attention to the section on Extended Clinical Lab and Compliance with the OSHA Regulations related to Blood borne Pathogens and the Exposure Control Plan.

I accept the responsibility for understanding and utilizing the information and procedures to decrease my risk of infection by blood borne pathogens.

Student Signature

Date

Witness

I did _____ or did not _____ pass the DANB Infection Control Exam

**Coastal Alabama State Community College
Dental Assisting Department
Faculty/Student Exposure Incident Report**

Name

Student Number

Date of Incident

Time of Incident

Location of Incident (Specify the Clinical Agency, Area): _____

Potentially Infectious Materials Involved: Blood _____ Other (specify): _____

Type of Exposure: Needle-stick _____ To Which Body Part: _____

Contact of Bare Skin With Blood/Other: (Describe the part of the body exposed, the condition of the skin, amount of potentially infectious material: _____

Contact of Mucous Membranes Eyes/or Mouth with Blood/Other: (Describe the part of the body exposed and the amount of potentially infectious material) _____

Describe Any Injuries Suffered in the Event: _____

Name of Other Persons Exposed or Injured: _____

Personal Protective Equipment Being Used At the Time of Exposure: _____

Witness to the Exposure Incident: _____

Briefly Describe the Exposure Incident: (Work being performed, cause of the incident, estimate of duration of exposure): _____

Actions Taken: (Persons involved, decontamination, clean-up, reporting, etc.): _____

Recommendations for Avoiding Repetition: _____

Source of Exposure Known: Yes _____ No _____

Was Blood Testing Done on the Exposure Source? Yes _____ No _____

If No, Why Not: _____

Name and Address of The Physician I Plan To See for Follow-up:

Were You Told To Keep The Name Of The Source Confidential By Your Clinical Lab Instructor? Yes _____ No _____

Student's Signature

Date

Clinical Lab Instructor's Signature

Date

**Coastal Alabama State Community College
Dental Assisting Department
Student/Faculty Exposure Follow-up Verification Form**

Name _____

Student Number _____

has been seen by me in relation to his/her exposure on _____
Date

to blood or other potentially infectious materials. I received the following items

pertaining to this patient:

- OSHA Blood borne Pathogens Rules and Regulations
- Description of exposed student/faculty member's duties
- Copy of the Exposure Incident Report
- Source patient information form(on file at CA or the clinical site)
- Results of blood tests from source individual if available
- Copy of documentation on student/faculty member's Hepatitis B vaccination Status
- Copy of the student/faculty member's completed Student Health Examination Form
- Exposure Follow-up Verification Form

Physician's Name

Physician's Signature

Physician's Address

Date

Coastal Alabama State Community College
Dental Assisting Department
Post-Exposure Procedure

Exposure to blood borne pathogens is considered to have occurred if blood or other potentially infectious materials or items/surfaces contaminated with blood or other potentially infectious materials come in contact with a student's eyes, mouth, other mucous membranes, or non-intact skin or if mucous membranes or skin is pierced by items contaminated by blood or other infectious materials through such events as needle sticks, human bites, cuts, or abrasions.

In the event that a student is exposed to blood borne pathogens, the following procedures should be followed.

1. Immediately or as soon as feasible, the skin areas should be washed thoroughly with soap and water and/or the mucous membranes, eyes, and/or mouth should be flushed with water. Any contaminated clothing should be removed. Any emergency care needed will be given by the clinical agency at the student's expense and then filed on the Health/Accident Policy sponsored by the college.
2. As soon as feasible, the incident should be reported to the Dental Assisting Director.
3. A Coastal Alabama State Community College Exposure Incident Report form should be filled out by the student, and signed by the student and the clinical lab instructor. This report should be submitted as soon as feasible to Mr. Jim FitzGerald, OSHA Compliance Officer of Coastal Alabama State Community College. A copy of this report will be filed in the student's permanent record and a copy will be given to the student.
4. The policies and procedures of the agency in which the student is assigned for clinical lab should be followed by the student with the assistance of the designated infection control person in charge and the clinical lab instructor. These procedures will include the exposed student's filling out an incident report for the clinical agency.
5. The person in charge will make arrangements to gain consent and test for the source individual's blood if the source is known. The student may be responsible for the expense of the blood testing of the source individual.
6. Results of the source individual's blood testing will be made available to the exposed student. The student will be informed that he/she is prohibited by law from disclosing the identity of the source individual.
7. The exposed student will be referred to his/her private physician for follow-up care. This follow-up care will be at the student's expense and should be filed on the

Health/Accident Policy provided by the college. The student will be provided with the following information for his/her physician by the Director of Dental Assisting:

- a. Information on the student's HBV vaccination status
- b. A copy of the OSHA Regulations Pertaining to Blood borne Pathogens
- c. A copy of the Coastal Alabama State Community College Exposure Incident Report which includes documentation of the route(s) of exposure and circumstances under which exposure occurred.
- d. A description of the student's duties as they relate to the exposure incident.
- e. A copy of the student's completed Student Health Examination Form.
- f. Results of the source individual's blood testing if available.
- g. Copies of the forms to file on the Health/Accident Policy provided by the college.
8. It is the student's responsibility to get follow-up care from his/her private physician following an exposure incident and to pay for the cost of that care. It is the student's responsibility that the forms to file on the Health/Accident Policy provided by the college are completed by the physician. Verification that follow-up care has been done (Exposure Follow-up Verification Form) must be provided to Mr. Jim FitzGerald, OSHA Compliance Officer of Coastal Alabama State Community College.

**Coastal Alabama State Community College
Dental Assisting Department
Student/Faculty Post Exposure Follow-up Check List**

Name _____

Social Security Number _____

Activity	Yes	No	Completion Date
Incident report completed and filed; copy of report given to the student.			
Blood testing results of source; individual given to the student.			
Consent for blood testing not given by the source, the student was notified.			
The source is unknown.			

The student was referred to _____ (private physician) for follow-up with the following documentation given to the student for the physician:

_____ OSHA Blood borne Pathogens Rules and Regulations

_____ Description of the exposed student's duties

_____ Copy of the Exposure Incident Report

_____ Results of blood tests from the source individual (if available)

_____ Copy of documentation on the student's Hepatitis B vaccination status

_____ Copy of the student's completed Student Health Examination Form

_____ Exposure Follow-up Verification Form

The Exposure Follow-up Verification was completed on _____ .
Date

Signature-Program Administrator

VALUES DEFINING PROFESSIONALISM IN DENTAL EDUCATION

The Task Force identified and developed the following six values-based statements defining professionalism in dental education:

Competence	Acquiring and maintaining the high level of special knowledge, technical ability and professional behavior necessary for the practice of dentistry and for effective functioning in the dental education environment.
Fairness	Demonstrating consistency and even-handedness in dealings with others.
Integrity	Being honest and demonstrating congruence between one's values, words, and actions.
Responsibility	Being accountable for one's actions and recognizing and acting upon the special obligations to others that one assumes in joining a profession.
Respect	Honoring the worth of others.
Service-mindedness	Acting for the benefit of others, particularly for the good of those the profession serves, and approaching those served with compassion.

A discussion of each of these values follows and includes a more full definition of each value and a description of the behaviors that enactment of the value requires and to which all members of the dental education community can aspire.

In developing the ADEA Statement on Professionalism, the Task Force sought to align the Statement with existing codes of ethics and conduct within the allied, pre-doctoral and post-doctoral dental communities. To illustrate the continuity of these values between the dental education community and the practicing community, the discussion of each value includes a reference to the ethical principles espoused by the American Dental Association (*ADA Principles of Ethics and Code of Professional Conduct*) and the American Student Dental Association (ASDA Student Code of Ethics), and the values expressed in the American Dental Hygienists' Association (*ADHA Code of Ethics for Dental Hygienists*).

Finally, examples of how the value applies to different constituencies within the dental education community are provided.

DETAILED DEFINITIONS OF THE SIX VALUES

Competence: acquiring and maintaining the high level of special knowledge, technical ability and professional behavior necessary for the practice of dentistry and for effective functioning in the dental education environment.

Expanded Definition: Encompasses the concept of knowing dentistry – having acquired the unique knowledge, skills, and abilities required for effective practice of dentistry; encompasses the concept of knowledge about how people learn, skills for effective pedagogy – including developing curriculum and assessments; also encompasses the knowledge of ethical principles and professional values (2); life-long commitment to maintain skills and knowledge; modeling appropriate values as both an educator and dental professional; developing ability to communicate effectively with patients, peers, colleagues, and other professionals; recognizing the limits of one's own knowledge and skills – knowing when to refer; recognizing and acting upon the need for collaboration with peers, colleagues, allied professionals, and other health professionals; includes recognizing the need for new knowledge - supporting biomedical, behavioral, clinical, and educational research, and engaging in evidence-based practice.

Alignment with:

- ADA Principles of Ethics: beneficence and nonmaleficence
- ADHA Code for Dental Hygienists: beneficence and nonmaleficence
- ASDA Student Code of Ethics: nonmaleficence and beneficence

Examples:

1. For students: Learning dentistry is a top priority. Develop the habits and practices of lifelong learning, including self-assessment skills; Accept and respond to fair negative feedback about your performance – recognize when you need to learn; Learn and practice effective communication skills; Know the limits of your knowledge and skills and practice within them; Learn when and how to refer.
2. For faculty: Engage in lifelong learning and evaluate and enhance your abilities in this area; Model continuous professional development, in dentistry and pedagogy. Model effective interactions with patients, colleagues, and students: Accept and respond to fair negative feedback about your performance – recognize when you need to learn; Know the limits of your skills and practice within them; Model how and when to refer; Acknowledge and act on the need for collaboration.
3. For researchers: Generate new knowledge; Engage in lifelong learning and evaluate and enhance your abilities in this area; Model continuous professional development. Model effective interactions with patients, colleagues, and students: Accept and respond to fair negative feedback about your performance – recognize when you need to learn.
4. For institutions/administrators: Set high standards; Learn and practice effective self-assessment skills; Accept and respond to fair negative feedback – recognize the need for institutional learning and address it; Acknowledge and act on the need for collaboration. Support the learning needs of all members of the institution and encourage them to pursue lifelong learning.

Fairness: demonstrating consistency and even-handedness in dealings with others.

Expanded Definition: Encompasses considerations of how to best distribute benefits and burdens; to each an equal share, to each according to need, to each according to effort, to each according to contribution, to each according to merit (4) are some of the possible considerations; encompasses evenhandedness and consistency; includes setting process standards, striving for just consideration for all parties, ensuring consistency in application of process (following the rules) while recognizing that different outcomes are possible, transparency of process, calibration; consistent, reliable, and unbiased evaluation systems; commitment to work for access to oral healthcare services for underserved populations.

Alignment with:

- ADA Principles of Ethics: justice, beneficence, nonmaleficence
- ADHA Code for Dental Hygienists: justice and fairness, beneficence, nonmaleficence
- ASDA Student Code of Ethics: justice, nonmaleficence and beneficence

Examples:

1. For students: Follow institutional rules and regulations; Promote equal access to learning materials for all students and equal access to care for the public.
2. For faculty: Use appropriate assessment and evaluation methods for students; View situations from multiple perspectives, especially those that require evaluation; Provide balanced feedback to students, colleagues, and the institution; Use evidence-based practices; Promote equal access to oral health care.
3. For researchers: Set high standards for the conduct of research and use unbiased processes to assess research outcomes; Generate the data to support evidence-based practice and education.
4. For administrators/institutions: Set high standards and ensure fair, unbiased assessment and evaluation processes for all members of the institution including applicants to educational programs; Insure that institutional policies and procedures are unbiased and applied consistently; Insure transparency of process.

Integrity: being honest and demonstrating congruence between one's values, words, and actions.

Expanded definition: concept of wholeness and unity (1); congruence between word and deed; representing one's knowledge, skills, abilities, and accomplishments honestly and truthfully; devotion to honesty and truthfulness, keeping one's word, meeting commitments; dedication to finding truth, including honesty with oneself; willingness to lead an examined life; willingness to engage in self-assessment and self-reflection; willingness to acknowledge mistakes; commitment to developing moral insight (1) and moral reasoning skills; recognizing when words, actions or intentions are in conflict with one's values and conscience (3) and the willingness to take corrective action; dedication and commitment to excellence – requires more than just meeting minimum standards – making a continual conscientious effort to exceed ordinary expectations (2); encompasses fortitude, the willingness to suffer personal discomfort/inconvenience/harm for the sake of a moral good (1).

Alignment with:

- ADA Principles of Ethics: beneficence, nonmaleficence, and veracity
- ADHA Code for Dental Hygienists: beneficence, nonmaleficence, and veracity
- ASDA Student Code of Ethics: nonmaleficence and beneficence, dental student conduct

Examples:

1. For students: Strive for personal excellence. Take examinations honestly. Make entries in patient's records honestly.
2. For faculty: Strive for personal excellence in teaching as well as in practice and/or research. Represent your knowledge honestly.
3. For researchers: Strive for personal excellence. Report research outcomes honestly.
4. For administrators/institutions: Strive for personal and institutional excellence. Use appropriate outcomes measures and acknowledge openly when improvements need to be made. Ensure institutional systems and structures are honest, open, respectful, and don't create undo conflicts

Responsibility: being accountable for one's actions and recognizing and acting upon the special obligations to others that one assumes in joining a profession.

Expanded Definition: Encompasses the concepts of obligation, duties, and accountability; requires an appreciation of the fiduciary relationship (a special relationship of trust) between dentists and patients and the profession and society. Accountability requires fulfilling the implied contract governing the patient-dentist relationship as well as the profession's relationship to society (2). It includes standard setting and management of conflicts of interest/commitment (2) as well as meeting one's commitments and being dependable. It requires striking a morally defensible balance between self-interest (1) and the interest of those who place their trust in us, our patients and society. It requires keeping one's skills and knowledge current and a commitment to lifelong learning. It requires embracing and engaging in self-regulation of the profession, including peer review and protecting from harm those who place their trust in us.

Alignment with:

- ADA Principles of Ethics: beneficence and nonmaleficence
- ADHA Code for Dental Hygienists: beneficence and nonmaleficence
- ASDA Student Code of Ethics: nonmaleficence and beneficence

Examples:

1. For students: Meet commitments. Complete assignments on time. Make your learning in dental school a top priority. Acknowledge and correct errors. Report misconduct and participate in peer review.
2. For faculty: Continuously improve as a teacher. Stay current. Set high standards. Show up on time and be available to students when assigned to teach. Meet commitments. Acknowledge and correct errors. Report and manage conflicts of interest/commitment. Ensure that all patient care provided is in the best interest of the patient. Ensure that patient care provided is appropriate and complete. Protect students, patients, and society from harm. Report misconduct and participate in peer review.
3. For researchers: Know and practice the rules and regulations for the responsible conduct of research. Stay current. Meet commitments. Report and manage conflicts of interest/commitment. Report scientific misconduct and participate in peer review.
4. For administrators/institutions: Continuously improve as administrators. Use appropriate institutional outcomes assessments and continuously improve institutional systems and processes. Acknowledge and correct errors. Report misconduct and support institutional peer review systems.

Respect: honoring the worth of others.

Expanded Definition: Encompasses acknowledgment of the autonomy and worth of the individual human being and his/her belief and value system (2); personal commitment to honor the rights and choices of individuals regarding themselves and their oral healthcare; for patients requires confidentiality, privacy, and informed consent (2) – derives from our fiduciary relationship with patients; also accorded to colleagues in dentistry and other health professions, students and other learners, institutions, systems, and processes (2). Includes valuing the contributions of others, interprofessional respect (other healthcare providers) and intraprofessional respect (allied healthcare providers); acknowledging the different ways students learn and appreciating developmental levels/differences among learners; includes temperance – maintaining vigilance about protecting persons from inappropriate over- or undertreatment and/or abandonment (1) - and tolerance.

Alignment with:

- ADA Principles of Ethics: autonomy, beneficence and nonmaleficence
- ADHA Code for Dental Hygienists: individual autonomy and respect for human beings, beneficence and nonmaleficence
- ASDA Student Code of Ethics: patient autonomy and nonmaleficence and beneficence

Examples:

1. For students: Develop a nuanced understanding of the rights and values of patients; Protect patients from harm; Support patient autonomy; Be mindful of patients' time and ensure timeliness in the continuity of patient care; Keep confidences; Accept and embrace cultural diversity; Learn cross-cultural communication skills; Accept and embrace differences; Acknowledge and support the contributions of peers and faculty.
2. For faculty: Model valuing others and their rights – particularly those of patients; Protect patients from harm; Support patient autonomy; Accept and embrace diversity and difference; Model effective cross-cultural communication skills; Acknowledge and support the work and contribution of colleagues; Accept, understand and address the developmental needs of learners.
3. For researchers: Protect human research subjects from harm; Protect patient autonomy; Accept, understand and address the developmental needs of learners; Acknowledge and support the work and contributions of colleagues.
4. For administrators/institutions: Recognize and support the rights and values of all members of the institution; Acknowledge the value of all members of the institution; Accept and embrace cultural diversity and individual difference; model effective cross-cultural communication skills; Support patient autonomy, protect patients from harm and safeguard privacy; Protect vulnerable populations; Create and sustain healthy learning environments; Insure fair institutional processes.

Service-mindedness: acting for the benefit of others, particularly for the good of those the profession serves, and approaching those served with compassion.

Expanded Definition: encompasses beneficence: the obligation to benefit others or to seek their good (3) as well as the primacy of the needs of the patient and/or society - those who place their trust in us; patient needs, not self-interest, should guide the actions of dentists; also includes compassion and empathy; providing compassionate care requires a sincere concern for and interest in humanity and a strong desire to relieve the suffering of others (1); empathic care requires the ability to understand and appreciate another person's perspectives without losing sight of one's professional role and responsibilities (1). Compassion and empathy also extend to one's peers and co-workers. The expectation that dentists serve patients and society is based on the autonomy granted to the profession by society. The orientation to service also extends to one's peers and to the profession. Commitment of dentists to serve the profession is required in order for the profession to maintain its autonomy. The orientation to service also extends to encouraging and helping others learn, including patients, peers, and/or students. Dental schools are also expected to serve the oral health needs of society, not only by educating dentists, but also by being collaborators in solutions to problems of access to care.

Alignment with:

- ADA Principles of Ethics: beneficence and justice
- ADHA Code for Dental Hygienists: beneficence, justice and fairness
- ASDA Student Code of Ethics: nonmaleficence and beneficence and justice

Examples:

1. For students: Contribute to and support the learning needs of peers and the dental profession; Recognize and act on the primacy of the well-being and the oral health needs of patients and/or society in all actions; Provide compassionate care; Support the values of the profession; Volunteer to work for the benefit of patients, society, colleagues and the profession to improve the oral health of the public.
2. For faculty: Model a sincere concern for students, patients, peers and humanity in your interactions with all; Volunteer to work for the benefit of patients, society, colleagues and the profession to improve the oral health of the public; Model recognition of the primacy of the needs of the patient and/or society in the oral health care setting and at the same time, support the learning needs of students; Contribute to and support the knowledge base of the profession to improve the oral health of the public.
3. For researchers: Generate new knowledge to improve the oral health of the public; Contribute to and support the learning needs of students, colleagues and the dental profession. Model the values of and serve to the dental profession and to relevant scientific/research associations; Volunteer to serve the public and the profession and engage in peer review.
4. Administrators/institutions: Recognize and act on opportunities to provide oral health care for underserved populations; Encourage and support all members of the institution in their service activities; Provide leadership in modeling service to the profession and the public.

APPENDIX ONE: ADEA CODE OF PROFESSIONALISM IN DENTAL EDUCATION TASK FORCE MEMBERSHIP

Task Force Chair

Dr. Richard Buchanan, Dean, University of Buffalo School of Dental Medicine

Representing the Council of Allied Program Directors

Dr. Susan Duley, Associate Professor of Dental Hygiene, Clayton State University

Representing the Corporate Council

Mr. Daniel Perkins, President, AEGIS Communications

Representing the Council of Deans

Dr. Cecile A. Feldman, Dean, University of Medicine and Dentistry of New Jersey

Representing the Council of Faculties

Dr. Kenneth R. Etzel, Associate Dean, University of Pittsburgh School of Dental Medicine

Representing the Council of Hospitals and Advanced Education Programs

Dr. Todd Thierer, University of Rochester Eastman, Department of Dentistry

Representing the Council of Sections

Dr. Judy Skelton, Associate Professor, University of Kentucky, Division of Dental Public Health

Representing the Council of Students

Mr. Matthew MacGinnis, dental student, University of Southern California

Representing ADA's Council on Dental Education and Licensure

Dr. Frank Maggio, American Dental Association

Representing the ADA's Council on Ethics, Bylaws and Judicial Affairs
Dr. David Boden, American Dental Association

Representing the Commission on Dental Accreditation
Dr. James R. Cole II

Representing the American Dental Student Association
Mr. Michael Meru, dental student, University of Southern California

At-Large Representatives
Dr. Marilyn Lantz, Associate Dean, University of Michigan School of Dentistry
Dr. Kathy Roth, ADA Immediate Past President

References:

1. Rule, JT, and Bebeau, MJ. 2005. Dentists Who Care: Inspiring Stories of Professional Commitment. Quintessence Publishing Co, Inc. Chicago, pp. 171-172.
2. Stern, DT. 2006. Measuring Medical Professionalism. Oxford University Press. New York, pp. 15 – 32.
3. American College of Dentists. Ethics – Core Values & Aspirational Code of Ethics (<http://www.acd.org/acdethics1.htm>).
4. Beauchamp, TL, and Childress, JF. 1989. Principles of Biomedical Ethics, 3rd Edition, Oxford University Press, New York.

Filing Complaints with the Commission on Dental Accreditation

B. Complaints

The program is responsible for developing and implementing a procedure demonstrating that students are notified, at least annually, of the opportunity and the procedures to file complaints with the Commission. Additionally, the program must maintain a record of student complaints related to the Commission's accreditation standards and/or policy received since the Commission's last comprehensive review of the program. Please review the entire policy of "Complaints" in the Commission's Evaluation and Operational Policies and Procedures manual.

1. Please provide documentation and/or indicate what evidence will be available during the site visit to demonstrate compliance with the Commission's policy on "Complaints."

Response:

The students have the information for Complaints listed in the Dental Assisting Program Policy Manual.

V. COMPLAINTS

A. DEFINITION

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

B. PROGRAM REQUIREMENTS AND PROCEDURES

NOTICE OF OPPORTUNITY TO FILE COMPLAINTS: In accord with the U.S. Department of EOPP May 2012 - 84 - Education's Criteria and Procedures for Recognition of Accrediting Agencies, the Commission requires accredited programs to notify students of an opportunity 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. The notice, to be distributed at regular intervals, but at least annually, must include but is not necessarily limited to the following language:

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 the Commission's policy and procedure for submission of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago, IL 60611-2678 or by calling 1-800-621-8099 extension 4653. The accredited program must retain in its files information to document compliance with this policy so that it is available for review during the Commission's on-site reviews of the program.

REQUIRED RECORD OF COMPLAINTS: The program must maintain a record of student complaints related to the Commission's accreditation standards and/or policy received since the Commission's last comprehensive review of the program.

At the time of a program's regularly scheduled on-site evaluation, visiting committees evaluate the program's compliance with the Commission's policy on the Required Record of Complaints. The team reviews the areas during the site visit and include findings in the draft site visit report and note at the final conference.

Reaffirmed: 8/10, 7/09, 7/08, 7/07, 7/04, 7/01, 7/96; Revised: 8/02, 1/9; CODA: 01/94:6 4

C. COMMISSION LOG OF COMPLAINTS

A log is maintained of all complaints received by the Commission. A central log related to each complaint is maintained in an electronic data base. Detailed notes of each complaint and its disposition are also maintained in individual program files.

Revised: 8/10, 7/06, 7/02, 7/00, 7/96; CODA: 01/95:5

D. POLICY AND PROCEDURE REGARDING INVESTIGATION OF COMPLAINTS AGAINST EDUCATIONAL PROGRAMS

The following policy and procedures have been developed to handle the investigation of complaints about an accredited program, or a program which has a current application for initial accreditation pending, which may not be in substantial compliance with Commission standards or established accreditation policies. EOPP May 2012 - 85 -