The Dental Hygiene Program at the University of Southern Indiana is accredited by:

Commission on Dental Accreditation
American Dental Association
211 East Chicago Avenue
Chicago, IL 60611
800-621-8099

The Commission on Dental Accreditation will review complaints that relate to the Dental Hygiene 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 clients 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 Commissions’ policy and procedure for submission of complaints may be obtained by contacting the Commission.
University of Southern Indiana Dental Hygiene Program Handbook
TABLE OF CONTENTS

4 MISSION
5 COMPETENCIES
24 STUDENT ACTIVITIES INFORMATION
25 Student American Dental Hygienist’s Association
25 Class Officers
26 Professional Partnership Program
26 Sigma Phi Alpha

27 DENTAL HYGIENE PROGRAM POLICIES
28 Academic Standing
29 Zachary Law Compliance
30 Drug Screening and Criminal Record Verification
31 Attendance
31 Dress and Personal Appearance
31 Inclement Weather
31 Student/Faculty Communication
31 Cell Telephones and Pagers
31 Exposure Incident Statement

32 COLLEGE OF NURSING AND HEALTH PROFESSIONS INFECTION CONTROL PROGRAM
39 Medical Evaluation, Immunizations, and Record Keeping
39 Engineering and Work Practice Controls
52 Methods of Reducing Potential for Exposure and Transmission/Clinic
56 Management of Sharps
59 Methods of Reducing Potential for Exposure and Transmission/Dental Materials Laboratory

61 DENTAL CLINICS INFECTION CONTROL PROGRAM
62 Management of Exposure Incident
62 Check List and Forms
60 Hazard Communication Program

68 EMERGENCY MANAGEMENT
69 Prevention of Emergencies
70 Portable Oxygen Instructions
71 Defibrillator Instructions
72 Treatment of Emergencies
75 Management of Broken Instrument Tip
76 Medical Referral Evaluation
77 Schematic of Dental Hygiene Facility

78 HIPAA: HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
79 Confidentiality Policy
80 Confidentiality Agreement
81 Health Information Privacy Policies and Procedures
87 Notice of Privacy Practices
90 Acknowledgement of Receipt of Notice of Privacy Practices
91 Consent for Use and Disclosure of Health Information
92 Consent for treatment of minor
93 Complaint
94 Standard Precautions and Clients Rights
Tobacco Use Assessment Form
Client Treatment Report
Care Plan
Progress Notes
Clinic Evaluation Form
Record Review
Radiography Evaluation Forms
Radiographic Report

PROCESS EVALUATION FORMS
Air Powder Polisher
Clinical Assistant
Extraoral/Intraoral Assessment
Flouride
Gracey Curets
Infection Control Procedures
Mouth Mirror and Explorer
Oral Health Education Procedures
Periodontal Probe
Polishing
Removable Appliance Care
Sealants
Sickle Scalers
Subgingival Irrigation
Ultrasonic Scaler
Universal Curets
Vital Signs

OSCES (Objectively Structured Clinical Examinations)
DTHY342 OSCE Samples
DTHY352 OSCE Samples
DTHY442 OSCE Samples
DTHY452 OSCE Samples

REQUIREMENT SUMMARY SPREAD SHEETS
MISSION
AND
COMPETENCIES
The University of Southern Indiana Dental Hygiene Program promotes excellence in its academic program, faculty, students, and graduates, and prepares graduates to be knowledgeable of the concepts and principles which are the foundation of dental hygiene practice and to be competent in the delivery of oral hygiene services. The faculty demonstrates leadership in dental hygiene education, research, practice, and community service and share expertise through practice, continuing education, research, consultation and public policy to improve the delivery of oral hygiene services and the oral health status of the community.

The Dental Hygiene Program curriculum is competency based. Successful completion of and graduation from the program indicates the graduate has acquired the knowledge and skills needed to perform the duties of a dental hygienist in an entry level position.

**The Mission of the Dental Hygiene Program is to:**

I. Provide dental hygiene education that meets professional standards established by the American Dental Association Commission on Dental Accreditation and the dental hygiene profession.

II. Educate dental hygienists to meet societal needs for health care.

III. Promote professional development of dental hygiene faculty and regional oral health care professionals.

IV. Provide support to the community through service activities and organizational involvement.

V. Provide a caring atmosphere in which dental hygiene students, faculty, and community health care professionals’ work together to optimize their personal and professional development.
<table>
<thead>
<tr>
<th>Core Competencies (C)</th>
<th>Course(s)</th>
<th>Faculty</th>
<th>Outcomes Assessment</th>
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<td>C.3 Graduates will utilize problem-solving strategies and critical thinking skills in the provision of comprehensive client care and client management.</td>
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Alumni Survey  
Employer Survey  
National Board Dental Hygiene Examination results  
Clinical Board Examination results
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<td>C.5 Graduates will assume responsibility for dental hygiene actions and care based on accepted scientific theories and research as well as the accepted standard of care.</td>
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<td>C.6 Graduates will pursue life-long learning and professional growth.</td>
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<td>C.7 Graduates will advance the profession through service activities and affiliations with professional organizations.</td>
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<td>C.8 Graduates will communicate effectively with individuals and groups from diverse populations.</td>
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<td>C.9 Graduates will provide care to all clients using an individualized approach that is empathetic and caring.</td>
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</tr>
<tr>
<td>DTHY422</td>
<td>Holt, clinic faculty</td>
<td>Care plan development and rationale, clinic observation</td>
<td></td>
</tr>
<tr>
<td>DTHY451</td>
<td>Wolf</td>
<td>Periodontal case clients</td>
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</tr>
<tr>
<td>Health Promotion and Disease Prevention Competencies – Community (HPC)</td>
<td>Course(s)</td>
<td>Faculty</td>
<td>Outcomes Assessment</td>
</tr>
<tr>
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<tr>
<td><strong>HPC- The dental hygienist should be able to initiate and assume responsibility for health promotion, health education and disease prevention activities for diverse populations.</strong></td>
<td>DTHY318</td>
<td>Maddox</td>
<td>Written Examinations</td>
</tr>
<tr>
<td></td>
<td>DTHY351</td>
<td>Wolf</td>
<td>Table clinic presentations</td>
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<tr>
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<td>DTHY405</td>
<td>Holt</td>
<td>Observation at extramural sites</td>
</tr>
<tr>
<td></td>
<td>DTHY412</td>
<td>Maddox</td>
<td>Service learning projects</td>
</tr>
<tr>
<td></td>
<td>DTHY422</td>
<td>Holt, clinic faculty</td>
<td>Care plan development and rationale, clinic observation</td>
</tr>
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<td>DTHY451</td>
<td>Wolf</td>
<td>Case client presentations</td>
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<td></td>
<td>DTHY457</td>
<td>Parsons</td>
<td>Written papers</td>
</tr>
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<td>Alumni survey</td>
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<tr>
<td><strong>HPC.2 Graduates will assess, plan, implement and evaluate community based oral health programs.</strong></td>
<td>DTHY412</td>
<td>Maddox</td>
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</tr>
<tr>
<td></td>
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<tr>
<td><strong>HPC.3 Graduates will identify community based services and resources that can assist in oral health promotion and disease prevention.</strong></td>
<td>DTHY352, 442, 452</td>
<td>Bartek, clinic faculty</td>
<td>Clinic observation and evaluation</td>
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<tr>
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<td>DTHY405</td>
<td>Holt</td>
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<tr>
<td></td>
<td>DTHY411</td>
<td>Maddox</td>
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<td>Maddox</td>
<td>Case studies</td>
</tr>
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<td></td>
<td>DTHY422</td>
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<td>DTHY451</td>
<td>Wolf</td>
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<td><strong>HPC.4 Graduates will demonstrate knowledge of the current oral health care delivery systems including factors which affect utilization.</strong></td>
<td>DTHY322</td>
<td>Holt</td>
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</tr>
<tr>
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<td>Written examinations</td>
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<tr>
<td></td>
<td>DTHY457</td>
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<td><strong>HPC.5 Graduates will provide oral health education in a variety of settings.</strong></td>
<td>DTHY352</td>
<td>Bartek</td>
<td>Reflection paper</td>
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<td>DTHY405</td>
<td>Holt</td>
<td>Community Screenings ?????</td>
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<td>Observation and evaluation at extramural sites</td>
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</table>
CCA - Graduates will systematically collect, analyze and record data on the general, oral and psychosocial health status of a variety of clients using methods consistent with medicolegal principles.

<table>
<thead>
<tr>
<th>Client Care – Assessment (CCA)</th>
<th>Course(s)</th>
<th>Faculty</th>
<th>Outcomes Assessment</th>
</tr>
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<tbody>
<tr>
<td>CCA.1 Graduates will select, obtain and interpret diagnostic information.</td>
<td>DTHY352, 442, 452</td>
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<td>Written examinations, laboratory evaluation, OSCE</td>
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<tr>
<td></td>
<td>DTHY308</td>
<td>Bastin, laboratory faculty</td>
<td>Written examinations, laboratory evaluation</td>
</tr>
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<td>Written examinations</td>
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<tr>
<td></td>
<td>DTHY314</td>
<td>Parsons</td>
<td>Written examinations</td>
</tr>
<tr>
<td></td>
<td>DTHY315</td>
<td>Parsons</td>
<td>Written examinations, time line, concept map</td>
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<tr>
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<td>DTHY322</td>
<td>Holt</td>
<td>Written examinations, care plan, case studies</td>
</tr>
<tr>
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<td>DTHY341</td>
<td>Wolf</td>
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<td>DTHY351</td>
<td>Wolf</td>
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<td>Holt</td>
<td>Written examinations, discussion board, case studies, observation at extramural site</td>
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<td>Care plan development and rationale, clinic observation</td>
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<td>Written examinations, laboratory evaluation and observation</td>
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<td>DTHY451</td>
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<td>Periodontal case client presentation</td>
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<td><strong>Client Care – Assessment (CCA)</strong></td>
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<td><strong>Faculty</strong></td>
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<tr>
<td>CCA.2 Graduates will recognize predisposing and etiologic risk factors that require intervention.</td>
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<tr>
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<td>Written examinations, laboratory observation and evaluation</td>
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<td>DTHY313</td>
<td>Holt</td>
<td>Written examinations</td>
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<td>DTHY314</td>
<td>Parsons</td>
<td>Written examinations</td>
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<tr>
<td>DTHY315</td>
<td>Parsons</td>
<td>Written examinations, time line, concept map</td>
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</tr>
<tr>
<td>DTHY322</td>
<td>Holt</td>
<td>Written examinations, care plan, systemic link pamphlet</td>
<td></td>
</tr>
<tr>
<td>DTHY341, 351, 441, 451</td>
<td>Wolf</td>
<td>Written examinations, periodontal case client, clinic case presentation, medical history assessment paper</td>
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<tr>
<td>DTHY342, 352, 442, 452</td>
<td>Bartek, clinic faculty</td>
<td>Clinic observation and evaluation</td>
<td></td>
</tr>
<tr>
<td>DTHY405</td>
<td>Holt</td>
<td>Written examinations, discussion board, case studies, observation at extramural site</td>
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</tr>
<tr>
<td>DTHY422</td>
<td>Holt, clinic faculty</td>
<td>Care plan development and rationale, clinic observation and evaluation</td>
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<tr>
<td>DTHY423</td>
<td>Holt, laboratory faculty</td>
<td>Written examinations, laboratory evaluation and observation</td>
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</table>

CCA.3 Graduates will obtain, review and update a complete medical, social, and dental history.

<table>
<thead>
<tr>
<th><strong>Course(s)</strong></th>
<th><strong>Faculty</strong></th>
<th><strong>Outcomes Assessment</strong></th>
</tr>
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<tbody>
<tr>
<td>DTHY303, 342, 351, 352, 442, 451, 452</td>
<td>Bartek, Wolf, clinic faculty</td>
<td>Written examinations, clinic evaluation, OSCE performance, periodontal case client</td>
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<tr>
<td>DTHY422</td>
<td>Holt, clinic faculty</td>
<td>Clinic observation</td>
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<tr>
<td>DTHY423</td>
<td>Holt, laboratory faculty</td>
<td>Laboratory observation and evaluation</td>
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Alumni survey

Employer survey
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<tr>
<th>Client Care – Assessment (CCA)</th>
<th>Course(s)</th>
<th>Faculty</th>
<th>Outcomes Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCA.4 Graduates will recognize health conditions and medications that impact client care.</td>
<td>DTHY341, 342, 351, 352, 441, 442, 451, 452</td>
<td>Bartek, Maddox, Wolf, clinic faculty</td>
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<td></td>
<td>DTHY303</td>
<td>Clinic faculty</td>
<td>Laboratory observation and evaluation</td>
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<td>DTHY313</td>
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<td>Written examinations</td>
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<td>DTHY318</td>
<td>Maddox</td>
<td>Written examinations, case studies</td>
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<td>DTHY322</td>
<td>Holt</td>
<td>Written examinations, care plan, systemic link pamphlet</td>
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<td>DTHY405</td>
<td>Holt</td>
<td>Written examinations, discussion board, case studies, observation at extramural site</td>
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<td>DTHY422</td>
<td>Holt, clinic faculty</td>
<td>Care plan development and rationale</td>
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<td>Employer survey</td>
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<tr>
<td>CCA.5 Graduates will perform a comprehensive examination using clinical, radiographic, periodontal, dental, and other appropriate data to assess the client’s needs.</td>
<td>DTHY303</td>
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<td>Written examinations, laboratory observation and evaluation</td>
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<tr>
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<td>DTHY308</td>
<td>Bastin, laboratory faculty</td>
<td>Written examinations, laboratory observation and evaluation</td>
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<td>Holt</td>
<td>Written examinations, care plan</td>
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<td>DTHY422</td>
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<td>Care plan development and rationale, clinic observation and evaluation</td>
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<td>Client Care – Diagnosis (CCD)</td>
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<td>Faculty</td>
<td>Outcomes Assessment</td>
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<td>CCD – Graduates will use decision making skills to reach conclusions about the client’s dental hygiene needs based on all available assessment data.</td>
<td>DTHY322</td>
<td>Holt</td>
<td>Written examinations, care plan</td>
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<td></td>
<td>DTHY341, 342, 351, 352, 441, 442, 451, 452</td>
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<td>Written examinations, clinic evaluation, periodontal case client presentation, OSCE</td>
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<td>DTHY422</td>
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<td>CCD.2 Graduates will obtain consultations as indicated.</td>
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<td>DTHY341, 342, 351, 352, 441, 442, 451, 452</td>
<td>Bartek, Maddox, Wolf, clinic faculty</td>
<td>Written examinations, clinic evaluation, observation and evaluation at extramural site, periodontal case client presentation, clinic case presentation, reflection paper</td>
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<td>Holt</td>
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<td>DTHY423</td>
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### Client Care – Planning (CCP)

<table>
<thead>
<tr>
<th>CCP.1 Graduates will consider client needs and significant findings that impact the development of a dental hygiene care plan.</th>
<th>Course(s)</th>
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<tbody>
<tr>
<td>DTHY318</td>
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<td>Written examinations, case studies, behavior modification project</td>
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<tr>
<td>DTHY322</td>
<td>Holt</td>
<td>Written examinations, care plan</td>
<td></td>
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<tr>
<td>DTHY341, 342, 351, 352, 441, 442, 451, 452</td>
<td>Bartek, Wolf, clinic faculty</td>
<td>Written examinations, clinic evaluation, periodontal case client, periodontal case presentation</td>
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</tr>
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<td>Holt</td>
<td>Written examinations, discussion board, case studies, observation at extramural site</td>
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<td>DTHY422</td>
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<td>Care plan development and rationale, clinic observation and evaluation</td>
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<td>DTHY423</td>
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<table>
<thead>
<tr>
<th>CCP.2 Graduates will establish and prioritize a planned sequence of care based on the dental hygiene diagnosis.</th>
<th>Course(s)</th>
<th>Faculty</th>
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<tbody>
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<td>DTHY422</td>
<td>Holt, clinic faculty</td>
<td>Care plan development and rationale, clinic observation and evaluation</td>
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<table>
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<tr>
<th>CCP.3 Graduates will establish a collaborative relationship with the client in the planning of care.</th>
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<td>Written examinations, discussion board, case studies, observation at extramural site</td>
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<tr>
<td>Client Care – Planning (CCP)</td>
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<td>Faculty</td>
<td>Outcomes Assessment</td>
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<td>DTHY422</td>
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<td>Care plan development and rationale, clinic</td>
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<td>DTHY423</td>
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<td>Written examinations, laboratory evaluation and</td>
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<thead>
<tr>
<th>Client Care – Implementation (CCI)</th>
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<tr>
<td>CCI.1 Graduates will assist in achieving oral health goals</td>
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<td>DTHY351, 352, 441, 442,</td>
<td>Bartek, Maddox, Wolf, clinic</td>
<td>Clinic evaluation, periodontal case client</td>
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<td>451, 452</td>
<td>faculty</td>
<td>presentation, observation and evaluation at</td>
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<td>extramural site</td>
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<td>DTHY405</td>
<td>Holt</td>
<td>Observation at extramural site</td>
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<td></td>
<td>DTHY412</td>
<td>Maddox</td>
<td>Observation at extramural site, service learning</td>
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<td>project</td>
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<td></td>
<td>DTHY422</td>
<td>Holt, clinic faculty</td>
<td>Care plan development and rationale, clinic</td>
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<td>observation</td>
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<tr>
<td>CCI.2 Graduates will perform dental hygiene interventions that</td>
<td>DTHY351, 352, 441, 442,</td>
<td>Bartek, Maddox, Wolf, clinic</td>
<td>Written examinations, clinic evaluation,</td>
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<td>eliminate and/or manage local etiologic factors to prevent</td>
<td>451, 452</td>
<td>faculty</td>
<td>periodontal case client presentation, clinic</td>
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<td>and control caries, periodontal disease and other oral</td>
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<td>case presentation, observation and evaluation at</td>
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<td>conditions.</td>
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<td>extramural site</td>
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<td>DTHY412</td>
<td>Maddox</td>
<td>Observation at extramural site, service learning</td>
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<td>DTHY422</td>
<td>Holt, clinic faculty</td>
<td>Clinic observation and evaluation</td>
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|                                                                        |                          |                                  |                                                   |
|                                                                        |                          |                                  | National Board Dental Hygiene Examination results |
|                                                                        |                          |                                  | Clinical board examination results                |
|                                                                        |                          |                                  | Alumni survey                                     |
|                                                                        |                          |                                  | Employer survey                                    |</p>
<table>
<thead>
<tr>
<th>Client Care – Implementation (CCI)</th>
<th>Course(s)</th>
<th>Faculty</th>
<th>Outcomes Assessment</th>
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<tbody>
<tr>
<td>CCI.3 Graduates will control pain and anxiety during treatment through the use of accepted clinical and behavioral techniques.</td>
<td>DTHY303</td>
<td>Laboratory faculty</td>
<td>Laboratory observation and evaluation</td>
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<td>DTHY308</td>
<td>Bastin, laboratory faculty</td>
<td>Written examinations, laboratory observation and evaluation</td>
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<td>DTHY341, 342, 351, 352, 441, 442, 451, 452</td>
<td>Bartek, Maddox, Wolf, clinic faculty</td>
<td>Written examinations, clinic observation, periodontal case client presentation, observation and evaluation at extramural site</td>
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<td></td>
<td>DTHY422</td>
<td>Holt, clinic faculty</td>
<td>Clinic observation and evaluation</td>
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<td>DTHY423</td>
<td>Holt, laboratory faculty</td>
<td>Written examinations, laboratory evaluation and observation</td>
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<td>National Board Dental Hygiene Examination</td>
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<td>Alumni survey</td>
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<td>Employer survey</td>
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<tr>
<td>CCI.4 Graduates will develop and promote an individualized oral health care program.</td>
<td>DTHY351, 352, 442, 451, 452</td>
<td>Bartek, Wolf, clinic faculty</td>
<td>Clinic evaluation, periodontal case client presentation, clinic case presentation</td>
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<td></td>
<td>DTHY405</td>
<td>Holt</td>
<td>Observation at extramural site</td>
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<td>DTHY412</td>
<td>Maddox</td>
<td>Service learning project</td>
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<tr>
<td></td>
<td>DTHY422</td>
<td>Holt, clinic faculty</td>
<td>Care plan development and rationale, clinic observation</td>
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<tr>
<td>Client Care – Evaluation (CCE)</td>
<td>Course(s)</td>
<td>Faculty</td>
<td>Outcomes Assessment</td>
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</tbody>
</table>
| **CCE.1** Graduates will determine the outcome of dental hygiene interventions using appropriate assessment tools.  
**CCE.2** Graduates will evaluate the client’s satisfaction with the oral health care provided.  
**CCE.3** Graduates will provide subsequent treatment or referrals based on evaluation findings.  
**CCE.4** Graduates will develop and promote an individualized oral health care program. | DTHY322 | Holt | Written examinations |
|                             | DTHY351, 352, 442, 452 | Bartek, Wolf, clinic faculty | Clinic evaluation, periodontal case client presentation |
|                             | DTHY422 | Holt, clinic faculty | Written examinations, laboratory evaluation |
|                             | DTHY352, 442, 452, 422 | Wolf | Client survey |
|                             | DTHY351, 352, 441, 442, 451, 452 | Bartek, Maddox, Wolf, clinic faculty | Clinic evaluation, periodontal case client presentation, clinic case presentation, observation and evaluation at extramural site |
|                             | DTHY303 | Maddox, clinic faculty | Written examinations, discussion board, case studies, observation at extramural site |
|                             | DTHY313 | Holt | Written examinations |
|                             | DTHY322 | Holt | Case client |
|                             | DTHY405 | Holt | Written examinations, discussion board, case studies, observation at extramural site |
|                             | DTHY422 | Holt, clinic faculty | Clinic observation and evaluation |
|                             | DTHY322 | Holt | Written examinations |
|                             | DTHY351, 441, 451, 352, 442, 452 | Wolf, Maddox, clinic faculty | Clinic evaluation, periodontal case client presentation, clinic case presentation, observation and evaluation at extramural site |
|                             | DTHY405 | Holt | Observation at extramural site |
|                             | DTHY412 | Maddox | Service learning project |
|                             | DTHY422 | Holt, clinic faculty | Clinic observation and evaluation |
CCE.5 Graduates will manage client care in a manner that prevents an emergency and provide support measures to manage medical emergencies.

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Faculty</th>
<th>Assessment</th>
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<tbody>
<tr>
<td>DTHY303</td>
<td>Maddox, clinic faculty</td>
<td>Written examinations, laboratory observation and evaluation</td>
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<td>DTHY308</td>
<td>Bastin, laboratory faculty</td>
<td>Laboratory observation and evaluation</td>
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<td>DTHY323</td>
<td>Holt</td>
<td>Written examinations</td>
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<td>DTHY341, 342, 351, 352, 441, 442, 451, 452</td>
<td>Bartek, Maddox, Wolf, clinic faculty</td>
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<td>DTHY422</td>
<td>Holt, clinic faculty</td>
<td>Clinic observation and evaluation</td>
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<tr>
<td>DTHY423</td>
<td>Holt, laboratory faculty</td>
<td>Written examinations, laboratory evaluation and observation</td>
</tr>
</tbody>
</table>

- CPR certification
- Alumni survey
- Employer survey
STUDENT ACTIVITIES
INFORMATION

AMERICAN DENTAL HYGIENISTS’ ASSOCIATION

All dental hygiene students are encouraged to join the American Dental Hygienists’ Association (ADHA) as a student member. The purpose of ADHA and active membership is to provide a link for students to the professional organization. It is also hoped that by being active in ADHA during their education, the students will continue as vital members of the American Dental Hygienists' Association (ADHA) following graduation.
The students will hold a monthly meeting with the date and time established by the President and the faculty Advisor. All members are encouraged to attend. There is an annual dues fee that includes a subscription to *JDH* and *Access*, publications which pertain to the profession.

At the September meeting, the membership will elect officers for the current school year. The officers include: President, President-Elect, Secretary, Treasurer, and Historian. President-Elect serves as an assistant to the President and becomes President the following year. Therefore, the President-Elect must be a first year student. An officer may be re-elected to the same office the subsequent year (with the exception of the President-Elect). It is essential that the officers/committee chairmen accept responsibility for the office/committee they hold and carry out its duties to the best of their ability. Refer to the By-laws for a detailed description of the duties of each officer and committee.

The activities of the group are determined by the membership under the direction of the Faculty Advisor. A liaison from the local professional association--Ohio Valley Dental Hygienists' Association (OVDHA)--may be present at meetings and will provide guidance as needed. Activities include:

- The President and one other student attending the Annual Session of the Indiana Dental Hygienists' Association in Indianapolis, Indiana. Attending this meeting and participating in continuing education courses and legislative sessions of the IDHA House of Delegates and reporting back to the association members will assist the student organization in gaining valuable knowledge of the profession.
- Attending OVDHA monthly meetings and becoming active in their community service and fund raising projects. Participating in the Community First Health Fair in conjunction with OVDHA to provide oral cancer screenings.
- Participating in a philanthropic activity which is initiated by the group.
- Sponsoring a scholarship.
- Participating in fund raising projects to defray the costs of organizational activities.

A goal of the student members is to annually provide financial support for members attending the IDHA Annual Session.

All members are encouraged to actively support their association by attending meetings, supporting activities, and providing valuable input into the operation of the association. The American Dental Hygiene Association, including the the strength of its student members, will be as successful as its membership makes it.

**CONSTITUTION OF THE AMERICAN DENTAL HYGIENISTS' ASSOCIATION**

**STUDENT MEMBERS at UNIVERSITY OF SOUTHERN INDIANA**

**ARTICLE I - NAME**

The name of this organization shall be "American Dental Hygienists' Association/Student Members at University of Southern Indiana."

**ARTICLE II - OBJECTIVES**

The purpose of this Association shall be: to cultivate, promote, and sustain the art and science of dental hygiene; to represent and safeguard the common interest of the members of the dental hygiene profession; to contribute toward the health of the public; and to provide a means of communication between all members.
ARTICLE III - MEMBERSHIP

The Membership of this Association shall consist of an unlimited number of undergraduate Dental Hygiene students who are attending University of Southern Indiana.

ARTICLE IV - OFFICERS

The elective officers of this Association shall be a President, President-Elect, Secretary, Treasurer, and Historian whose election and duties shall be established in Chapter I Sections II, III, and IV of the By-Laws. An advisor will be appointed by the President of the Ohio Valley Dental Hygienists' Association to serve as a liaison between the two organizations. The appointment and duties shall be established in Sections II, III, and IV of the By-Laws.

ARTICLE V - MEETINGS

Regular meetings shall be held monthly from September to April of each year. The annual meeting shall be held in April of each year. In the event that all business is not finished, a special meeting may be held.

ARTICLE VI - DUES

The annual dues of this Association shall be 50.00 dollars. 45.00 of this amount shall be forwarded for membership in the ADHA. The remaining 5.00 dollars will be deposited in the treasury of this Association.

ARTICLE VII - AMENDMENTS

The Constitution may be amended at any scheduled meeting by a 2/3 affirmative vote of those voting, provided that the proposed amendment was submitted in writing at a previous meeting.

BY - LAWS

CHAPTER I - OFFICERS

SECTION I - QUALIFICATION

During the term of office the President must be a senior student. The President-Elect must be a junior student. The Secretary, Treasurer, and Historian may be a junior student.

SECTION II - NOMINATIONS AND ELECTIONS

The officers shall be elected by ballot at the September meeting of the Association. Nominations may be accepted or rejected by nominees. They will then be elected by secret ballot by the general assembly consisting of all attending members. The advisor from the Ohio Valley Dental Hygienists' Association will be appointed by the President of OVDHA.

SECTION III - TENURE OF OFFICE

The officers and advisor shall serve a term of nine months from September to May. The President-Elect will be responsible for working in unison with the outgoing officers from April to May in order to provide for an effective transition.

SECTION IV - DUTIES

A.  PRESIDENT:  The duties of the President shall be:
1) to preside at all meetings
2) to call special meetings
3) to perform such other duties as may be expected of the President or may be provided in these By-laws
4) to present an annual report of the activities of the office at the termination of each year
5) to appoint chairmen of all committees

B. **PRESIDENT-ELECT:** The duties of the President-Elect shall be:
   1) to preside at all meetings in the absence of the President
   2) in the event that the President’s term of office is terminated, the President-Elect is automatically nominated for President
   3) to be the program chairman
   4) to present an annual report of the activities of the office at the termination of each year

C. **SECRETARY:** The duties of the Secretary shall be:
   1) to record accurate minutes of each meeting
   2) to maintain an official register of all members
   3) to be responsible for all correspondence
   4) to tally the nominations for officers
   5) to present an annual report of the activities of the office at the termination of each year

D. **TREASURER:** The duties of the Treasurer shall be:
   1) to maintain accurate records of the financial status of the Chapter
   2) to endorse each expenditure of the Chapter
   3) to present an annual report of the activities of the office at the termination of each year

F. **HISTORIAN:** The duties of the Historian shall be:
   1) to provide memorabilia of the year in some fashion
   2) to maintain contact with other schools to facilitate compiling appropriate information on state related functions
   3) to submit an annual report of the activities of the office at the termination of each year
G. **ADVISOR:** The duties of the Advisor shall be:

1) to act as a liaison between the active Ohio Valley Dental Hygienists’ Association Component and ADHAS
2) to report important information to the ADHA brought up at the Ohio Valley Component meeting
3) in case of the President’s absence, the liaison may call an emergency meeting
4) must be present at all meetings
5) to present an annual report of the activities of the advisor at the termination of each year

**CHAPTER II - MEETINGS**

**SECTION I - REGULAR MEETINGS**

Meetings held as stated in Article V

**SECTION II - SPECIAL MEETINGS**

The President may call emergency meetings with sufficient notice to members.

**SECTION III - ORDER OF BUSINESS**

Unless changed by 2/3’s affirmative vote, the order of business at each meeting shall be:

A. call to order
B. reading of minutes
C. Treasurer’s report
D. reports from committees
E. old business
F. new business
G. program
H. adjournment

**SECTION IV - CODE OF ETHICS**

Whenever applicable, the Code of Ethics of the Association shall be the same as adopted by the ADHA

**CHAPTER III - ACTIVITIES**

The objectives of some activities shall be:

A. participation in the annual IDHA meeting
B. to send a representative to the District V meeting and help fund the trip through Association dues and fund raising activities
C. participation in a philanthropic activity
D. Participation in an educational field trip **every other year** beginning with the first trip spring 2010

**CHAPTER IV - COMMITTEES**

A. **Constitution and By-Laws Committee**
   1) have copies made to be distributed to all members
   2) review the Constitution and By-Laws annually to see that they coincide with changing trends and include all amendments made during that year
   3) submit an annual report of the activities of the committee at the termination of each year

B. **Wellness Committee**
1) arrange social functions (i.e., Thanksgiving feast, Christmas party, etc.)
2) organize wellness activity for members to participate in
4) submit an annual report of the activities of the committee at the termination of each year

C. Orientation Committee
1) write to each incoming student
2) aid in welcoming each incoming student and assist with the organization of the Dental Hygiene Program orientation
3) submit an annual report of the activities of the committee at the termination of each year

D. Fund Raising Committee
1) organize fund raising projects
2) if necessary, work with the Program Committee in order to organize fund raising projects
3) submit an annual report of the activities of the committee at the termination of each year

E. Publications Committee
1) to submit requested articles to the Indiana Dental Hygienists' Association Newsletter, ADHA District V Student Newsletter, etc.
2) submit an annual report of the activities of the committee at the termination of each year

F. Philanthropic Committee
1) organize philanthropic activities
2) submit an annual report of the activities of the committee at the termination of each year

CHAPTER V - AMENDMENTS

These By-laws may be amended at any scheduled meeting by a 2/3 affirmative vote of those voting provided that the proposed amendment was submitted in writing at a previous meeting.

CHAPTER VI - PARLIAMENTARY AUTHORITY

The rules contained in Roberts Rules of Order shall govern all meetings of this Association in all cases to which they are applicable and in which they are not inconsistent with these By-Laws.

CLASS OFFICERS

Each class may elect officers, within a reasonable amount of time following the beginning of the Fall Semester, to represent its class. These can consist of: President, Vice President, Secretary/Treasurer, and Historian. Any other positions the class deems necessary may be included.

The officers should exhibit leadership qualities and assume responsibility for the duties of the office that is held. The class may choose to have regular meetings and conduct fund raising activities. Class fund raisers are recommended to defray the costs of activities the class may choose to participate in. For example, classes "surprise" each other with Halloween treats, Christmas gifts, etc., and the junior students acknowledge the senior students' participation in the National Board Dental Hygiene Examination.
It is the responsibility of the officers to guide the class in varying endeavors and exhibit good judgment in decision-making.

**Professional Partners**

A Mentor Program has been established to facilitate communication between junior and senior students. Each senior student will serve as a mentor for a student in the junior class. Initially the mentor will assist the junior student in becoming acclimated to the University and the Dental Hygiene Program. As the year progresses, the mentor will serve as a valuable resource person who will share expertise in the areas of client selection, scheduling procedures, and course information. The relationship between the junior student and the mentor can prove to be a mutually supportive one.

**SIGMA PHI ALPHA**

Sigma Phi Alpha is the national honor society of the dental hygiene profession. Membership in Sigma Phi Alpha is comprised of dental hygiene educators and graduates with high scholastic achievement. The purpose of Sigma Phi Alpha is to promote, recognize, and honor scholarship, service, and character among students and graduates of dental hygiene.

Two graduating students are selected each year for induction into the University of Southern Indiana Beta Beta Xi Chapter of Sigma Phi Alpha. The top two academically ranked students are chosen for this honor. In addition, the Beta Beta Xi Chapter sponsors a scholarship for a continuing dental hygiene student. The student must demonstrate leadership and exemplary character, have a 3.0 GPA, have financial need as documented by the USI Student Financial Assistance Office, and complete the application which includes a two hundred word essay. The inductees and the scholarship recipient are recognized at the College of Nursing and Health Professions' Honors Day ceremony held during the Spring Semester.
DENTAL HYGIENE PROGRAM POLICIES
ACADEMIC STANDING

A primary responsibility of the dental hygiene student is mastery of the required curriculum. A grade of “C” or better must be achieved in all courses to be applied to the dental hygiene degree. If a grade below “C” is earned in any course required for the major, the student will be placed on academic probation. The retention in the Program of a student who is placed on academic probation will be evaluated by the Dental Hygiene Program Director in consultation with the Dean of the College of Nursing and Health Professions and the dental hygiene faculty, with the final determination of status to be made by the Program Director. If a student earns a grade of below a “C” in any course required for the major but is allowed to remain in the Program, the student must repeat the course for credit in order to be eligible for graduation. If a grade below “C” is earned in a course that teaches the application of clinical procedures, the student will not be allowed to enter clinic courses until the course is successfully completed. A student with other deficiencies may be allowed to continue in the course sequence, making up deficiencies at a later time, but prior to graduation. All courses in the pre-dental hygiene and dental hygiene curriculum, with the exception of DTHY342, DTHY352, DTHY442, and DTHY452, must be taken for a letter grade only.

Academic dishonesty is not acceptable. Academic dishonesty includes, but is not limited to, shortcutting, omitting, or falsifying clinic procedures or records, using notes or markings, signals, wandering eyes, or other methods to obtain answers from a source not permitted during examination time or from another person. Submitting papers or projects that have been plagiarized or are not the student’s original work also constitutes academic dishonesty.

It is up to the Dental Hygiene Program Director in consultation with the Dean of the College of Nursing and Health Professions and the course professor to determine what action will be taken in the case a student is academically dishonest. In some instances, immediate dismissal from the Program will be warranted, such as if the health and/or safety of a client has been compromised.

It is Program policy that the student be placed on Program probation for the first incident of academic dishonesty. Probation is a trial period in which a student’s fitness for continuation in the Dental Hygiene Program is evaluated. Specifically, it is the status of a student who has demonstrated unacceptable behavior but who has been granted an opportunity to remain in the Program and prove that the unacceptable behavior is not indigenous to the student. The second incident of academic dishonesty will result in permanent dismissal from the Dental Hygiene Program.

The stringency of this policy is understandable when applied in the context of an educational program preparing individuals for a health career where the safety and well being of the public are largely dependent upon the knowledge and ethical responsibility of the health care personnel. Evidence of unethical behavior, such as cheating, precludes the faculty’s ability to determine if a prospective graduate is knowledgeable and ethical, since both the level of knowledge and the degree of ethics are both unknown values in such a situation.

Faculty are available to counsel students who have questions regarding the appropriateness of their conduct.
University of Southern Indiana  
College of Nursing and Health Professions  
Zachary Law Compliance Policy

To comply with the state and federal regulations, potential and current students and faculty of selected programs in the College of Nursing and Health Professions will be required to have a criminal records check relating to sexual and violent offenses against children.

The programs to which this policy applies in the College of Nursing and Health Professions are:

1. Dental Assisting  
2. Dental Hygiene  
3. Nursing  
4. Occupational Therapy Assisting  
5. Occupational Therapy  
6. Radiologic Technology and Imaging Sciences  
7. Respiratory Therapy  

In accordance with the state of Indiana’s revisions of Zachary’s law made in January of 2003, the College of Nursing and Health Professions will verify if the student or faculty member is registered with his or her state registry for convicted sexual and violent offenders against children, and will continue to do so at least annually for as long as the student remains in the program. Due to varying state applications nationwide, it is possible that some out-of-state students will be required to provide certified documentation of a criminal background check conducted by the student’s respective state as related to sexual offenses against children. This process will also continue annually for as long as the student or faculty member remains in a selected program.

Should the student’s name appear in the Indiana Registry or his or her respective state’s registry, the student will be denied admission/progression in the College of Nursing and Health Professions selected program. Current students shall be dismissed from the College of Nursing and Health Professions selected programs. If the listing is the result of an error, it will become the student’s responsibility to correct the error before admission/progression in the College of Nursing and Health Profession program will be permitted.

Should a faculty’s name appear in the Indiana Registry or his or her respective state’s registry, the faculty will be denied employment in the College of Nursing and Health Professions. Current faculty shall be dismissed from employment in the College of Nursing and Health Professions. If the listing is the result of an error, it will become the faculty’s responsibility to correct the error before employment in the College of Nursing and Health Profession program will be permitted.

The College of Nursing and Health Professions will notify current students of the required criminal background check in one or more of the following ways:

1. Information will be provided during an on-campus class session  
2. List-serves, distribution lists and Blackboard course announcements.  
3. Program Web-Pages  
4. Student Handbooks  

The College of Nursing and Health Profession’s will notify prospective students of the required criminal background check in one or more of the following ways:

1. Program recruitment and information materials  
2. Advising sessions as appropriate  
3. Program Web-Pages
The College of Nursing and Health Profession’s will notify prospective faculty of the required criminal background check in one or more of the following ways.

1. Written and/or oral communication with faculty candidates prior to offer of employment

The College of Nursing and Health Profession’s procedure for criminal background checks is as follows:

1. Every prospective student, faculty member, or current student in a selected program will be informed of the school’s policy to perform a background check pertaining to convictions for sexual and violent offenses against children.
2. For as long as a student or faculty member remains in a selected College program, his or her status will be verified annually with the said state registry.
3. The Program Director of the selected College programs will be responsible for verifying each student and faculty’s status with his or her state’s sexual and violent offender registry and maintaining appropriate documentation.
4. The Dean of the College of Nursing and Health Professions will be responsible for verify the status of all Program Directors.
5. Criminal Check reports will be contained in the student/faculty’s health data file.
6. Should a student or faculty member appear in a state registry, he or she will be either denied access if a new student to select College of Nursing and Health Professions, or be dismissed from the select program if a current student.
7. If the listing with the state registry is an error, it is the student’s responsibility to correct the error, and admittance to the select programs in the College of Nursing and Health Professions will be denied until the student’s removal or confirmation of removal can be officially documented.

University of Southern Indiana
College of Nursing and Health Professions
Drug Screening and Criminal Record Verification

Due to federal requirements placed on organizations providing health care, we now require that each individual admitted to the Dental Hygiene Program comply with the following policies. Admission is contingent upon our office receiving satisfactory documentation of the items listed below.

It is the student’s responsibility to obtain drug screening results and criminal record check. Submission of documentation to the Dental Hygiene Program office is required prior to beginning dental hygiene courses. Failure to do so, even with negative results, will cancel your enrollment in dental hygiene courses.

**Drug Screening:**
All students must have on file results of drug screen testing for the following five drug groups: opiates, active ingredient in marijuana, barbiturates, amphetamines, and cocaine. All five drug groups must be tested. Satisfactory drug screening is a negative result for all five groups or a statement from a certified testing center that explains the results (Some prescription drugs may cause a positive result in one of the five groups. If the physician from the certified center writes a statement to that effect, the result will be accepted as satisfactory). If the drug screen comes back positive for any one of the five drug categories, the student will not be allowed to begin the Dental Hygiene Program.

**Criminal Record Check:**
All students must have a completed criminal record check on file with the graduate nursing program office. Certain criminal convictions do prohibit individuals from sitting for licensure examinations and therefore will be grounds for dismissal from the Program. If a conviction appears on the criminal record check, students will be asked to confer with the Dental Hygiene Program Director for follow up information and action. To obtain information on completing the criminal record check, contact your local law enforcement agency or search your state police website.

For further information regarding this policy, contact the College of Nursing and Health Professions at (812)-464-1702.
ATTENDANCE

• The student must attend all classes and laboratories. Failure to attend may adversely affect the student’s ability to complete the Program. Guests, including children, are not permitted in any classes, laboratories, or clinics unless serving as a client.
• If a class or laboratory is missed it is the student’s responsibility to obtain the course material from a classmate.
  • Each course professor may establish attendance policy effective for their course. Refer to individual course syllabi for policies related to each course.

*Note: Any student who wants to be considered as a recipient for a scholarship based in any part upon financial need must file a FAF with the Office of Financial Assistance.

DRESS AND PERSONAL APPEARANCE

• Appropriate attire and professional behavior is expected in all educational settings.

INCLEMENT WEATHER POLICY

• The 6:00 a.m. local news channels will make announcements regarding University delays or closings.
• Lecture classes and laboratories will be held according to the announced schedule.
• If there is a one hour delay, clinic will be in session beginning at 9:00 a.m.
• If there is a two hour delay, there will be no morning clinic clients. Students are responsible for notifying their clients of the cancellation. The clinic will be in session beginning at 10:00 a.m. for requirements such as DXTTR.
• Degree Completion Students are to report according to the University’s announced schedule.
• In all cases, students should use their best judgment when weather is a factor. Safety for the student and client must be considered.
• Students having special circumstances, such as living in a different time zone or traveling significant distance, should contact faculty for information.

STUDENT/FACULTY COMMUNICATION

• Student/faculty communication is supported by email and correspondence in mailboxes. The USI-provided address will be used as the student’s email address.
• Students are responsible for regularly monitoring their communications. Students should check email and mailboxes daily.
• Communications placed in mailboxes are private and must not be accessed by others.
• Students may place correspondence in faculty mailboxes. Full-time faculty mailboxes are located adjacent to each faculty office. Part-time faculty mailboxes are located in the clinic business office.

ELECTRONIC DEVICES

• Cell phones, Pagers, iPods, recording devices, etc. must be turned off during class and clinic. iPods or other methods of listening to music to assist in reducing client anxiety during clinic must be used with the ear piece option.

EXPOSURE INCIDENTS

• It is highly recommended that students have insurance coverage in the event of an exposure incident. The student is responsible for payment of exposure incidents incurred. Proof of coverage should be available during all clinical rotations and the student should have a clear understanding of facilities accepting said insurance.
COLLEGE OF NURSING
AND HEALTH
PROFESSIONS

INFECTION CONTROL
POLICY

REVISED January, 2011
Introduction

Protecting health professions students from exposures to pathogenic microorganisms is a critical component of the clinical education environment. Clinical situations present the possibility for contact with blood, body fluid, or biological agents which pose infectious disease risk, particularly risk associated with the hepatitis B virus, hepatitis C virus, the human immunodeficiency virus, and tuberculosis.

Medical histories and examinations cannot identify all clients infected with pathogens. Therefore, the concept of **STANDARD PRECAUTIONS** is to be practiced with all clients during treatment and post-treatment procedures. Standard precautions encompass the standard of care designed to protect health care providers and clients from pathogens that may be spread by blood or any other body fluid, excretion, or secretion. Clients must be protected from disease transmission which can occur via contaminated hands, instruments, and other items. Use of appropriate infection control procedures will minimize this risk of transmission.

Guidelines for reducing risk of disease transmission have been issued by many health related organizations. The *Bloodborne Pathogens Standard* issued through the Federal Occupational Safety and Health Administration along with recommendations from the Centers for Disease Control and Prevention, (CDC), provide the basis for the University of Southern Indiana College of Nursing and Health Professions *Infection Control Policy* developed by the College of Nursing and Health Professions Infection Control and HIPAA Committee.

The policies and procedures contained in the *Infection Control Policy* are designed to prevent transmission of pathogens and must be adhered to by all students and faculty in the College of Nursing and Health Professions when participating in clinical education experiences where the potential for contact with blood or other potentially infectious materials (OPIM) exists. These experiences include clinical practice on peers. The goal of the *Infection Control Policy* is to provide procedures and guidelines to be used by students to prevent transmission of infectious diseases while participating in clinical/laboratory activities while enrolled as a student in the College of Nursing and Health Professions.

Exposure to infectious diseases is an integral part of practicing as a health care professional. All students must recognize and accept this risk in order to complete their education and participate fully in their chosen career. Students may not refuse to care for a client solely because the client has an infectious disease or is at risk of contracting an infectious disease such as HIV, AIDS, HBV, HCV, or TB. **PROFESSIONAL STANDARDS OF INDIVIDUAL DISCIPLINES MAY NECESSITATE EXCEPTIONS TO THE PRECEDING STATEMENT.**

All information regarding a client's medical status is considered confidential and shall be used for treatment purposes only. No information about the client's medical status will be disclosed or reported without the client's express written consent, except in those cases as stipulated by law.

The curriculum of each program in the College of Nursing and Health Professions includes information regarding the etiology, symptoms, and transmission of infectious diseases, as well as specific methods of preventing disease transmission to be utilized in various clinical sites. This information will be provided to the student prior to initiation of clinical experiences.

Information contained in the *Infection Control Policy* will be reviewed with students on an annual basis or more often if changes in content occur.

The College of Nursing and Health Professions Infection Control and HIPAA Committee will review the *Infection Control Policy* annually and will make revisions as additional information becomes available that impacts content. The Committee will also evaluate exposure incidents to determine the need for modification of the *Infection Control Policy* policies/procedures.
I. Medical Evaluation, Immunizations, and Record Keeping

A. All students admitted to a program in the College of Nursing and Health Professions are required to undergo comprehensive medical evaluation prior to enrolling in professional courses.

B. Vaccine Recommendations
   • Adapted from Immunization Coalition  www.immunize.org

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Recommendations in brief</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>Give 3-dose series (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2). Give IM. Obtain anti-HBs serologic testing 1–2 months after dose #3.</td>
</tr>
<tr>
<td>Influenza</td>
<td>Give 1 dose of influenza vaccine annually. Give inactivated injectable influenza vaccine intramuscularly or live attenuated influenza vaccine (LAIV) intranasally.</td>
</tr>
<tr>
<td>MMR</td>
<td>For healthcare personnel (HCP) born in 1957 or later without serologic evidence of immunity or prior vaccination, give 2 doses of MMR, 4 weeks apart. For HCP born prior to 1957, see below. Give SC.</td>
</tr>
<tr>
<td>Varicella (chickenpox)</td>
<td>For HCP who have no serologic proof of immunity, prior vaccination, or history of varicella disease, give 2 doses of varicella vaccine, 4 weeks apart. Give SC.</td>
</tr>
<tr>
<td>Tetanus, diphtheria, pertussis</td>
<td>Give all HCP a Td booster dose every 10 years, following the completion of the primary 3-dose series. Give a 1-time dose of Tdap to HCP of all ages with direct patient contact. Give IM.</td>
</tr>
<tr>
<td>Meningococcal</td>
<td>Give 1 dose to microbiologists who are routinely exposed to isolates of N. meningitidis. Give IM or SC.</td>
</tr>
</tbody>
</table>

Hepatitis B
Healthcare personnel (HCP) who perform tasks that may involve exposure to blood or body fluids should receive a 3-dose series of hepatitis B vaccine at 0-, 1-, and 6-month intervals. Test for hepatitis B surface antibody (anti-HBs) to document immunity 1–2 months after dose #3.

• If anti-HBs is at least 10 mIU/mL (positive), the patient is immune. No further serologic testing or vaccination is recommended.
• If anti-HBs is less than 10 mIU/mL (negative), the patient is unprotected from hepatitis B virus (HBV) infection; revaccinate with a 3-dose series. Retest anti-HBs 1–2 months after dose #3.
  – If anti-HBs is positive, the patient is immune. No further testing or vaccination is recommended.
  – If anti-HBs is negative after 6 doses of vaccine, patient is a non-responder.

For non-responders: HCP who are non-responders should be considered susceptible to HBV and should be counseled regarding precautions to prevent HBV infection and the need to obtain HBIG prophylaxis for any known or probable parenteral exposure to hepatitis B surface antigen (HBsAg)-positive blood.1 It is also possible that non-responders are persons who are HBsAg positive. Testing should be considered. HCP found to be HBsAg positive should be counseled and medically evaluated.

Note: Anti-HBs testing is not recommended routinely for previously vaccinated HCP who were not tested 1–2 months after their original vaccine series. These HCP should be tested for anti-HBs when they have an exposure to blood or body fluids. If found to be anti-HBs negative, the HCP should be treated as if susceptible.1

Influenza
All HCP, including students in these professions, and volunteers, should receive annual vaccination against influenza. Live attenuated influenza vaccine (LAIV) may only be given to non-pregnant healthy HCP age 49 years and younger. Inactivated injectable influenza vaccine (TIV) is preferred over LAIV for HCP who are in close contact with severely immunosuppressed persons (e.g., stem cell transplant patients) when patients require protective isolation.
Measles, Mumps, Rubella (MMR)
HCP who work in medical facilities should be immune to measles, mumps, and rubella.
• HCP born in 1957 or later can be considered immune to measles, mumps, or rubella only if they have
documentation of (a) laboratory confirmation of disease or immunity (HCP who have an
“indeterminate” or “equivocal” level of immunity upon testing should be considered nonimmune) or (b)
appropriate vaccination against measles, mumps, and rubella (i.e., 2 doses of live measles and mumps
vaccines given on or after the first birthday, separated by 28 days or more, and at least 1 dose of live
rubella vaccine).

Varicella
It is recommended that all HCP be immune to varicella. Evidence of immunity in HCP includes
documentation of 2 doses of varicella vaccine given at least 28 days apart, history of varicella or herpes
zoster based on physician diagnosis, laboratory evidence of immunity, or laboratory confirmation of
disease.

Tetanus/Diphtheria/Pertussis (Td/Tdap)
All adults who have completed a primary series of a tetanus/diphtheria-containing product (DTP, DTaP,
DT, Td) should receive Td boosters every 10 years. HCP of all ages with direct patient contact should be
given a 1-time dose of Tdap, with priority given to those having contact with infants younger than age 12
months.

References
www.immunize.org • www.vaccineinformation.org

C. All students and faculty who have client contact are required to be immunized or provide
documentation of laboratory confirmation of disease or immunity against varicella,
mumps, measles, rubella. All students and faculty who have client contact are required to
be immunized against tetanus, pertussis and diphtheria, and to receive annual influenza
immunization.

D. All HCPs should receive baseline TB screening upon admission into the College of
Nursing and Health Professions, using two-step TST or a single BAMT to test for
infection with *M. tuberculosis*.

After baseline testing for infection with *M. tuberculosis*, HCPs should receive TB
screening annually (i.e., symptom screen for all HCWs and testing for infection with *M.
tuberculosis* for HCPs with baseline negative test results).

HCPs with a baseline positive or newly positive test result for *M. tuberculosis* infection or
documentation of previous treatment for Latent Tuberculosis Infection (LTBI) or TB
disease should receive one chest radiograph result to exclude TB disease. Instead of
participating in serial testing, HCPs should receive a symptom screen annually. This
screen should be accomplished by educating the HCP about symptoms of TB disease
and instructing the HCP to report any such symptoms immediately to the occupational
health unit. Treatment for LTBI should be considered in accordance with CDC guidelines.

E. Record Keeping
1. All records related to a student's medical status will be maintained by the
   student's program administrator.
2. The records will be maintained separately from all other student records.
3. The records will be maintained in a secured and confidential manner and will not
   be disclosed or reported without the student's express written consent.
4. Student workers will not have access to student or faculty medical
   records.
II. HIV Positive, HBV, or HCV Chronic Carrier Students and Faculty

A. Students and faculty are encouraged to know their HIV, HbsAG, and anti-HCV status and report positive status to the Dean and the Infection Control and HIPAA Committee of the College of Nursing and Health Professions. Such individuals should consult with their health care provider to assess the risks of clinical practice to their health and to others. The health care provider should make written recommendations related to the student's education experience. The Dean and the Infection Control and HIPAA Committee will review each case individually and, if indicated, will recommend appropriate modifications of the clinical experiences.

B. All information regarding a student's medical status will be considered confidential and will not be disclosed or reported without the student's express written consent.

C. A student's HIV, HBV and/or HCV status will not determine a student's opportunity to be admitted or progress in a program. The HIV, HBV, and/or HCV status will be considered only as it relates to: (1) the student's ability to safely carry out the normal assignments associated with the course of study and (2) the student's long term health.

III. Tuberculosis Exposure/Conversion

A student or faculty who is exposed to tuberculosis or whose negative PPD test converts to positive, will be referred to the Vanderburgh County Public Health Department for evaluation.

IV. Exposure Potential

A. All students in the College of Nursing and Health Professions participating in clinical activities have the potential for skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials (contained in the following list) and will adhere to policies and procedures contained in the Infection Control Policy. Adherence is required without regard to the use of personal protective equipment.

B. Other Potentially Infectious Materials (OPIM)

- semen
- vaginal secretions
- cerebrospinal fluid
- synovial fluid
- pleural fluid
- pericardial fluid
- peritoneal fluid
- amniotic fluid
- breast milk
- saliva/sputum
- body fluids visibly contaminated with blood
- any unfixed tissue or organ (other than intact skin) from a human (living or dead)
- HIV containing cells or tissues cultures
- HIV, HBV, or HCV containing culture medium or other solutions
- blood, organs, or other tissues from experimental animals infected with HIV, HBV, or HCV

V. Percutaneous/Mucous Membrane Exposure to Blood or Other Potentially Infectious Materials (Exposure Incident)
A. Any percutaneous (needlestick, cut, human bite, splash to non-intact skin, etc.) or mucous membrane (splash to eye, lips, or mouth) exposure to blood, blood products, or other body fluids is to be reported **immediately**, (within 2 hours of the incident), by the student to the clinical instructor so that appropriate post-exposure procedures can be initiated. A delay in reporting/treatment of the incident may render recommended HIV post-exposure prophylaxis, (PEP), ineffective. If a delay occurs, (defined as later than 24-36 hours after the incident), it is advised that expert consultation for HIV/PEP be sought. **The clinical instructor will complete the agency incident report, the University Injury or Illness Report, and the College of Nursing and Health Professions Student Exposure Incident Report, and Acknowledgement of Refusal if applicable.** The completed college report and the university report will be submitted to the College of Nursing and Health Professions Infection Control and HIPAA Committee for review. The University report will be forwarded by the College of Nursing and Health Professions Infection Control and HIPAA Committee to appropriate University personnel. The clinical instructor will also notify the course coordinator and program administrator of the exposure incident.

B. After a percutaneous or mucous membrane exposure to blood or body fluids, the student is to follow CDC and clinical site policy for immediate post-exposure wound cleansing/infection prophylaxis such as cleansing the affected area with antimicrobial soap, irrigation of the eyes or mouth with large amounts of tap water or saline.

C. The source client, if known, should be tested serologically for evidence of HIV, HbsAg and anti-HCV. HIV consent must be obtained from the source client prior to testing.

D. **HIV/AIDS Procedure**
   1. If the source client is seronegative for HIV and has no clinical evidence or risk for HIV infection or AIDS, no further follow-up is indicated.
   2. If the source client is diagnosed with AIDS, is seropositive for HIV, or refuses to be tested, as soon as possible following the exposure, the student will be referred for baseline serologic testing for evidence of HIV. The student will also be referred to a designated faculty member for post-exposure counseling about the risk of infection, prevention of transmission of HIV during the follow-up period, and the need for appropriate follow-up medical care.
   3. The exposed student will have follow-up HIV testing at 6 weeks, 3 months, 6 months, and 12 months post-exposure.
## Provisional Public Health Service recommendations for chemoprophylaxis after exposure to HIV, by type of exposure and source material - 2001

### E. Hepatitis B Procedure

The following chart outlines the CDC recommendations for hepatitis B post-exposure prophylaxis following percutaneous exposure.

<table>
<thead>
<tr>
<th>EXPOSED PERSON</th>
<th>HBsAg POSITIVE</th>
<th>HBsAg NEGATIVE</th>
<th>UNKNOWN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unvaccinated</td>
<td>Administer HBIG* X 1 and HB vaccine</td>
<td>Initiate HB vaccine</td>
<td>Initiate HB vaccine</td>
</tr>
</tbody>
</table>

- **Previously vaccinated**
  - Known responder
    - Test exposed person for anti-HBs
      1. If inadequate, HB vaccine booster dose
      2. If adequate, no treatment
  - Known non-responder
    - HBIG X 2 or HBIG X 1 plus 1 dose HB vaccine
      No treatment
    - If known high risk source, may treat as if +
  - Response unknown
    - Test exposed person for anti-HBs
      1. If inadequate, HB booster
      2. If adequate, no treatment
      No treatment

* The Centers for Disease Control and Prevention recommend that HBIG, when indicated, be administered as soon as possible after exposure, and within 24 hours if possible.
F. Hepatitis C Procedure

The following chart outlines the CDC recommendations for hepatitis C post-exposure prophylaxis following percutaneous exposure.

<table>
<thead>
<tr>
<th>EXPOSED INDIVIDUAL</th>
<th>SOURCE CLIENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perform baseline testing for anti-HCV and alanine aminotransferase (ALT) activity</td>
<td>Perform testing for anti-HCV</td>
</tr>
<tr>
<td>Perform follow-up testing at 4-6 months for anti-HCV and ALT activity</td>
<td></td>
</tr>
</tbody>
</table>

For additional information related to management of exposure incidents refer to:

http://www.cdc.gov/oralhealth/InfectionControl/faq/bloodborne_exposures.htm

National Clinicians’ Post-exposure Prophylaxis Hotline
http://www.nccc.ucsf.edu/about_nccc/pepline/

Needlestick Reference
http://www.mercydurango.org/srvcsmedical/Needlestick%20Help%20Files.pdf

Immunization Action Coalition
www.immunize.org & www.vaccineinformation.org

VI. Methods of Reducing Potential for Exposure to Pathogens

A. STANDARD PRECAUTIONS
Standard precautions refer to the prevention of contact with blood, all body fluids, secretions, and excretions except sweat, and must be used with every client. Exposure of non-intact skin and mucous membranes to these fluids must be avoided. All body fluids shall be considered potentially infectious materials.

B. ENGINEERING AND WORK PRACTICE CONTROLS
Engineering and work practice controls shall be used to eliminate or minimize exposure to blood or OPIM. An example of an engineering control would include the use of safer medical devices, such as sharps with engineered sharps injury protection and needleless systems. Where potential exposure remains after institution of these controls, personal protective equipment shall also be used. The following engineering controls will be utilized:

1. Hand washing is a significant infection control measure which protects both the student and the client. Students will wash their hands before donning gloves and immediately or as soon as feasible after removal of gloves or other personal protective equipment. Students will wash hands and any other skin with soap and water or flush mucous membranes with water immediately or as soon as feasible following contact with blood or OPIM. No nail polish or artificial fingernails are allowed during clinical activities. Jewelry has the potential to harbor microorganisms. Refer to individual program handbooks for specific guidelines regarding wearing jewelry during clinical activities.

2. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in treatment areas or any other area where there is a reasonable likelihood of exposure to blood or OPIM.
3. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or OPIM are present.

4. All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

5. Mouth pipetting/suctioning of blood or OPIM is prohibited.

6. Sharps Management
   Sharps are items that can penetrate skin and include injection needles, scalpel blades, suture needles, irrigation cannulas, instruments, and broken glass. It is recommended that the clinician select the safest medical device and/or technique available to help reduce needlesticks and other sharps injuries. The use of needles should be avoided where safe and effective alternatives are available.
   - All disposable contaminated sharps shall be disposed of immediately or as soon as feasible in closable, puncture resistant, leak proof on sides and bottom, and labeled containers. The container must be maintained in an upright position and must not be overfilled.
   - Sharps disposal containers must be readily accessible and located in reasonable proximity to the use of sharps.
   - Containers containing disposable contaminated sharps are not to be opened, emptied, or cleaned manually or in any other manner which could create a risk of percutaneous injury.
   - Contaminated needles and other contaminated sharps shall not be bent, sheared, recapped or removed unless no alternative is feasible or is required by a specific procedure. If recapping is necessary, a one handed technique or mechanical recapping device must be used.
   - Reusable contaminated sharps shall be placed in leak proof, puncture resistant, labeled containers while waiting to be processed.
   - Sharps containers must be closed before they are moved.
   - HCP are not to reach by hand into containers of contaminated sharps.
   - Contaminated broken glass should be picked up using mechanical means such as a brush and dust pan, tongs, or forceps.
   - Whenever possible, sharps with engineered sharps injury protection or needleless systems should be used.

7. Specimens of blood or OPIM shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping. The container must be closed before being stored, transported, or shipped. If outside contamination of the primary container occurs, or if the specimen could puncture the primary container, the primary container shall be placed within a secondary container which prevents leakage, and/or resists puncture during handling, processing, storage, transport, or shipping.

8. Equipment Sterilization
   - Reusable heat stable instruments are to be sterilized by acceptable methods.
   - Heat sterilization equipment will be monitored for effectiveness and records will be maintained.

9. Equipment which may be contaminated with blood or OPIM shall be examined prior to servicing or shipping and shall be decontaminated as necessary. Equipment which has not been fully decontaminated must have a label attached with information about which parts remain contaminated.

C. PERSONAL PROTECTIVE WEAR
   1. Personal protective equipment such as gloves, gowns, laboratory coats, face masks, eye protection or face shields, resuscitation bags, pocket masks or other ventilation devices shall be used whenever there is the potential for exposure to blood or OPIM.
2. Personal protective equipment must not permit blood or OPIM to pass through to or reach the student's clothes, skin, eyes, mouth, or other mucous membranes.

3. All personal protective equipment must be removed prior to leaving the treatment area. When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

Gloves

Gloves shall be worn in the following situations:
- when it can be reasonably anticipated that hands may contact blood, OPIM, mucous membranes, or non-intact skin.
- when performing vascular access.
- when handling or touching contaminated items or surfaces.

Disposable gloves
- shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
- shall be replaced if excessive moisture develops beneath the glove.
- shall not be washed or decontaminated for re-use.
- if contaminated, must be covered by over gloves when handling non-contaminated items (e.g. client charts)

Utility gloves
- may be decontaminated for re-use if the integrity of the glove is not compromised.
- must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

Masks
- Masks shall be changed between clients.
- Masks shall be changed when excessive moisture develops beneath the surface.

Eye Protection
- goggles or glasses with solid side shields, or chin length face shields, shall be worn whenever splashes, spray, spatter, aerosols, or droplets of blood or OPIM may be generated and eye, nose or mouth contamination can be reasonably anticipated.

Protective Body Clothing
- Appropriate protective clothing such as gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in potential exposure situations.
- Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated.
- Protective body clothing must be changed when visibly contaminated with blood or OPIM or if they become torn or punctured.

D. HOUSEKEEPING
1. Equipment and Environmental and Working Surfaces
- Contaminated work surfaces shall be decontaminated after completion of procedures using a tuberculocidal chemical disinfectant having an Environmental Protection Agency (EPA) registration number. Decontamination must occur between clients, immediately or as soon as feasible when surfaces are contaminated, or after any spill of blood or OPIM.
- Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and surfaces are to be removed and replaced as soon as feasible when they
become contaminated. Protective coverings do not replace decontamination with tuberculocidal chemical disinfectant.

- Reusable bins, pails, cans, and similar receptacles are to be regularly inspected for contamination with blood or OPIM and decontaminated as needed.

E. INFECTIOUS WASTE MANAGEMENT

1. Infectious waste is defined as:
   - contaminated disposable sharps or contaminated objects that could potentially become contaminated sharps
   - infectious biological cultures, infectious associated biologicals, and infectious agent stock
   - pathological waste
   - blood and blood products in liquid and semi-liquid form
   - carcasses, body parts, blood and body fluids in liquid and semi-liquid form, and bedding of laboratory animals
   - other waste that has been intermingled with infectious waste

2. Infectious waste must be placed in labeled containers which are closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping.

3. Containers must be closed prior to moving/removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. If the outside of the container becomes contaminated it is to be placed in a second container which must have the same characteristics as the primary container.
Definitions of Terms/Abbreviations

AIDS
Acquired Immune Deficiency Syndrome
A disabling or life threatening illness caused by HIV (human immunodeficiency virus). It is the last stage on the long continuum of HIV infection and is characterized by opportunistic infections and/or cancers.

Anti-HBs - Hepatitis B Surface Antibody
The presence of anti-HBs (hepatitis B surface antibodies) in an individual's blood indicates immunity to hepatitis B disease. This is the test used to indicate that a person has had a serologic response to hepatitis B immunization and has developed antibodies to the infection.

Anti-HCV – Hepatitis C antibody virus
Indicates past or present infection with hepatitis C

CDC
Centers for Disease Control and Prevention
The branch of the U.S. Public Health Service whose primary responsibility is to propose, coordinate and evaluate changes in the surveillance of disease in the United States.

Delayed Report
Not reporting an exposure incident until 24 hours or more hours following the exposure.

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 an employee's duties.

HBIG  Hepatitis B Immune Globulin
A type of vaccine administered in the event of an exposure to hepatitis B disease. The administration of this preparation confers a temporary (passive) immunity or raises the person's resistance to hepatitis B disease.

HBsAg - Hepatitis B Surface Antigen
A surface antigen of the hepatitis B virus. Indicates potential infectivity.

HCP
Health Care Personnel

HIV - Human Immunodeficiency Virus
The organism that causes AIDS.

LTBI – Latent Tuberculosis Infection

OPIM - Other Potentially Infectious Materials
Materials other than human blood that carry the potential for transmitting pathogens.

Standard Precautions
Treating all clients as if they are infected with a transmissible disease.

Universal Precautions
Treating all clients as if they are infected with a transmissible bloodborne disease.
Management of Exposure Incidents

Any percutaneous (needle stick, cut, human bite, splash to non-intact skin, etc.) or mucous membrane (splash to eyes, lips, or mouth) exposure to blood, blood products, other body fluids, or air borne exposures must be reported immediately by the student to the clinical faculty so that appropriate post-exposure procedures can be initiated. The Public Health Services (PHS) recommends that treatment should be recommended to healthcare workers who experience occupational high-risk exposures. Please see the College of Nursing and Health Profession’s Infection Control Manual for further information.

Management of Exposure Incidents Checklist

For exposures other than air-borne exposures: The affected area was cleansed with antimicrobial soap. Water was run through glove if puncture was suspected. Eyes: The eyes were irrigated for one minute. Mouth: The mouth cleansed with tap water for fifteen minutes.

Injury or Illness Report completed.

Student Exposure Incident Report completed.

Clinical Facility’s Incident Report completed.

Exposed student provided a copy of the Student Exposure Incident Report and sent by clinical faculty for treatment. (Refer to clinical site policy for exposure incident treatment.) [For TB exposures, students will receive notice of exposure to suspected or active cases of TB through either the employee health department of the clinical facility where they were exposed or, in cases of active TB, through the county health department. Instructions for follow-up are provided by the notifying department.]

Source Patient Management: The source client, if known, should be serologically tested for evidence of HIV, HbsAg, and anti-HCV. Please circle one:

- Source patient known and tested
- Source patient known and refused testing
- Source patient unknown

The completed Injury or Illness Report, Student Exposure Incident Report and exposure check list returned to Clinical Coordinator within 24 hours or as soon as possible.

Clinical Coordinator signature_________________________ Date:___________

Postexposure management/counseling completed. Students have the right to be counseled about exposure by university faculty if desired. Please Circle One:

- Counseling completed
- Counseling denied

University Faculty Signature:_________________________________Date:___________
INSTRUCTIONS FOR COMPLETING THE INJURY OR ILLNESS REPORT

1. Completion of Forms

A. Employee and Student Worker injury or illness will be completed by security and or student health services if first aid or medical treatment is needed. If first aid or additional medical treatment is not needed, this form is completed by the department head or supervisor and forwarded to human resources. The form should be completed and returned to Human Resources within 24 hours of occurrence.

B. Student and Visitor (non-employee) injury or illness reports will always be completed by security and or Student Health Services.

C. Acknowledgement of refusal to seek management of exposure incident must be completed if the person in question refuses to seek management of exposure incident.

2. Timeliness of Reporting

Any accidents or injuries which are reported late, i.e., not within a few hours of the occurrence, should be reported directly to the department head or supervisor, whom will then be responsible for completing the entire injury or illness report. The form should then be sent to Human Resources within 24 hours of the occurrence.

3. Distribution of Field Injury or Illness Reports

A. Employee and Student Worker reports with sections A and B completed are to be sent (in whole) to Human Resources. Human Resources will then distribute copies to Security, Purchasing, Student Health Services, the Department Head or Supervisor, and the Vice President for business Affairs, while retaining a copy in Human Resources.

After the Department Head/Supervisor receives the report from Human Resources with sections A and B completed, the Department Head/Supervisor should review the injury/accident situation, complete section C on the report, and return it to human resources.

B. Student and Visitor reports retained in Student Health Services (if not Originating in this department, the report should be sent there.) Copies are distributed by Student Health Services to the Security and Purchasing departments.
ACKNOWLEDGEMENT OF REFUSAL TO SEEK MANAGEMENT OF EXPOSURE INCIDENT

Any percutaneous (needlestick, cut, human bite, splash to non-intact skin, etc.) or mucous membrane (splash to eye, lips, or mouth) exposure to blood, blood products, body fluids, or airborne pathogens is to be reported immediately by the student to the clinical faculty so that appropriate post-exposure procedures can be initiated. The Public Health Services, (PHS), recommends that treatment should be recommended to healthcare workers who experience occupational high-risk exposures. Please refer to the College of Nursing and Health Professions Infection Control Policy.

I understand that I have been advised to seek prompt management of an exposure incident. At this time, I am refusing referral to a healthcare professional for recommendation regarding the need for evaluation and the need for chemoprophylaxis.

Date of exposure incident: __________________________________________________________

Time of exposure incident: __________________________________________________________

Institution where incident took place: ________________________________________________

Summary of incident: ______________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Student Name: _________________________________________________________________

Student Signature: ________________________________ Date/Time: ______________________

Advising Faculty: ___________________________________________ Date: ________________
Exposed Student Information:
Student name: _______________________________________________ DOB: ________________
Date incident occurred: _________ Time incident occurred: ________ Time reported: _________
Has the student completed the hepatitis B vaccination series?  [ ] yes  [ ] no
If yes, dates of vaccination:  1st __________  2nd __________  3rd __________
Post-vaccination HBV antibody status, if known:  [ ] positive  [ ] negative  [ ] unknown
Date of last tetanus vaccination: ___________________________
Date of last tuberculin test: ___________________________

Exposure Incident Information:
Agency/site where incident occurred (include specific unit): ______________________________
Type of incident:
[ ] needle stick  [ ] instrument puncture  [ ] bur laceration
[ ] injury from other sharp object  [ ] blood/other body fluid splash or spray
[ ] human bite  [ ] other ___________________________
Area of body exposed: _____________________________________________________________
Type of body fluid/tissue/airborne pathogen exposed to: _______________________________
Describe incident in detail: ________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
What barriers were being used by the student when the incident occurred?
[ ] gloves  [ ] mask  [ ] eye wear  [ ] gown  [ ] other ________________________

Source Patient Information:
Review of source patient medical history:  [ ] yes  [ ] no
Verbally questioned regarding:
History of hepatitis B, hepatitis C, or HIV infection  [ ] yes  [ ] no
High risk history associated with these diseases  [ ] yes  [ ] no
Patient consents to be tested for HBV, HCV, and HIV  [ ] yes  [ ] no
Referred to (name of evaluating healthcare professional/facility): __________________________

Incident report completed by: _____________________________________________________
Student Signature:_____________________________________________________________
Date: ___________________________
Post-exposure management/counseling:

Date: ______________________________ Time: ____________
Comments:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Counselor signature: ____________________________________________________________

University Injury of Illness Report Completed:
Signature:  _______________________________________________________ Date __________
Clinical Instructor signature: ______________________________________________________
Date: ___________________________________

Student Acknowledgment:
I have reviewed and confirm the accuracy of the information contained in this report. I acknowledge that I have been referred for medical evaluation and the need to receive additional medical evaluation for the presence of HIV infection at 6 weeks, 3 months, 6 months, and 12 months following the occurrence of this exposure incident. I authorize the release of the information related to this exposure incident for treatment, payment activities, and healthcare operations according to the policies contained in the College of Nursing and Health Professions HIPAA documents.

Student Signature: _____________________________________________________________
Date: ___________________________________

TO BE COMPLETED BY THE COLLEGE OF NURSING AND HEALTH PROFESSIONS INFECTION CONTROL COMMITTEE

Corrective action needed: _______________________________________________________
_____________________________________________________________________________
Has this action been taken?  [ ] yes  [ ] no
Is further investigation needed?  [ ] yes  [ ] no
Comments:
_____________________________________________________________________________
_____________________________________________________________________________
_______________________________________________ Date _________________

Revised July 2005/May 2007/August2007
INJURY OR ILLNESS REPORT

☐ Employee
☐ Student Worker
☐ Student
☐ Visitor

□ Employee □ Student Worker □ Student □ Visitor

Date of Report ___/___/______
Time ________ □ a.m. □ p.m.

(See reverse side for instructions)

Name of Injured__________________________________ □ Male □ Female
Permanent Address

City______________________ State _______________ Zip Code ______________
Telephone Home (___)_____________ Work (___)___________ SSN_____________
Telephone Home (___)_____________ Work (___)___________

Statement of Injured Person or Witness
(If injured person or witness is unavailable, information is to be completed by individual completing report.)

Date of Accident ____/____/_____ Time ________ □ a.m. □ p.m.
Location of Accident ____________________________________________________________
Summarize how injury, illness, or exposure occurred ___________________________________
Kind of Injury ___________________________________________________________________
Part of Body Affected (Specific part of the body, i.e., left wrist, right leg)____________________
Describe any contributing factors or objects __________________________________________
Signature of injured person or witness ______________________________________________

To be Completed by first Aid Provider
Symptoms and complaints of the injured person _______________________________________
Describe the nature and extent of the injury __________________________________________
Treatment, recommendations, and referral ___________________________________________
Signature of First Aid Provider _____________________________________________________

To be Completed by Supervisor for Employee Injury/ Illness
(attach additional information if necessary.)
Evaluation of how accident occurred/ contributing factors ________________________________
Possible preventive actions _______________________________________________________

For Human Resources Only
Lost Time □ Yes □ No Number of days _____ Anticipated release ____________
Work Restrictions_______________________________________________________________
Medical Treatment______________________________________________________________

Employee and Student Worker reports to Human Resources Department
Student and Visitor Reports to Student Health Services
Must be completed within 24 hours of the accident
DENTAL CLINICS 
INFECTION CONTROL 
PROGRAM
The goal of infection control policies and procedures is to provide methods and guidelines to be used by faculty and students to prevent transmission of infectious diseases while participating in clinical/laboratory activities in the Dental Programs at the University of Southern Indiana.

Since it is impossible to detect all infectious disease risk clients, it is imperative that precautions designed to prevent transmission of pathogens be practiced with **ALL** clients during treatment and post-treatment procedures.

All students and faculty participating in client treatment activities are exposed to pathogens. To reduce exposure to and transmission of pathogens the procedures contained in this document and in the *University of Southern Indiana College of Nursing and Health Professions Infection Control Program* are to be utilized by all dentists, dental hygienists, dental assistants, dental hygiene students, and dental assisting students while participating in clinical and laboratory situations at the University of Southern Indiana. Due to the potential for infection transmission and in accordance with current Centers for Disease Control and Prevention recommendations, clients presenting with active tuberculosis infection or suspected of being infective will not be treated by students or faculty until medical verification that the client is not infective is provided. Clients presenting with chronic infectious disease, e.g. HIV infection, will be treated only after consultation with the client’s physician to determine the most appropriate approach to the client's care, e.g. deferral of care until the status of the immune system is at an appropriate level, need for antibiotic premedication, etc.

Any student obtaining a non satisfactory level in infection control during clinic sessions must meet with the clinic coordinator for review of adherence. A subsequent infraction will require counseling with the appropriate Dental Program Director, and faculty if deemed necessary; to evaluate the student's potential for progressing through the Dental Hygiene or Dental Assisting Program. Three or more infractions may result in dismissal from the Dental Hygiene or Dental Assisting Program.
Any percutaneous (needle stick, cut, human bite, splash to non-intact skin, etc.) or mucous membrane (splash to eye, lips, or mouth) exposure to blood, blood products, or other body fluids is to be reported immediately by the student to the clinical faculty so that appropriate post-exposure procedures can be initiated. The Public Health Services, (PHS), recommends that chemoprophylaxis should be recommended to healthcare workers who experience occupational high-risk exposures. The highest-risk exposures are deep injuries with a large hollow needle that previously had been in a source client’s blood vessel and blood containing high-titer HIV viremia, such as acute retroviral illness or end –stage AIDS. PHS also recommends that if chemoprophylaxis is indicated for the exposed individual that should be initiated promptly, preferably within 1 to 2 hours after exposure, thereby necessitating immediate management of the exposure incident. The healthcare provider to which an exposed individual is referred will make a recommendation regarding the need for chemoprophylaxis following evaluation of the incident, the source client, and the individual.

Protocol must be adhered in order to provide optimal care for the exposed individual. Complete Management of Exposure Incident Packets is located on the bookshelf in the clinic faculty office.

Methods of Reducing Potential for Exposure to and Transmission of Pathogens

I. Standard Precautions

Standard precautions refer to the prevention of contact with blood, all body fluids, secretions, and excretions except sweat, and must be used with every client. Exposure of non-intact skin and mucous membranes to these fluids must be avoided. All body fluids shall be considered potentially infectious materials.

II. Engineering and Work Practice Controls

Engineering and work practice controls must be used to eliminate or minimize exposure to and transmission of pathogens. Where potential exposure remains after institution of these controls, personal protective equipment must also be used. The following engineering controls must be utilized:

A. Hand Washing

1. Hand washing is mandatory:
   • before donning gloves
   • between clients.
   • after glove removal.
   • during treatment if an object is touched that might be contaminated by another client's blood or saliva or other environmental contamination (gloves must be disposed of prior to washing hands).
   • before leaving the treatment area.

2. Procedure:
   • Wet hands, wrists, and forearms under cool running water.
   • Dispense sufficient antimicrobial hand wash to cover hands, wrists, and forearms.
   • Rub the hand wash vigorously onto all areas of hands, wrists, and forearms, with particular emphasis on areas around nails and between fingers, for 20 seconds minimum before rinsing for 10 seconds under cool water.
   • Dry hands, wrists, then forearms thoroughly with paper towels.
   • Do not contact sink, cabinet, towel dispenser, etc. with hands or any other part of body.
B. Care of Instruments and Equipment

Decontamination of instruments and equipment is a two step process consisting of; (a) cleaning - to remove surface debris and (b) sterilization/disinfection - to eliminate/reduce pathogens from items.

1. Sterilization

Instruments that penetrate oral tissue or bone are termed critical items and must be sterilized in the autoclave. Instruments that come into contact with mucous membranes but do not penetrate tissues are termed semi-critical items and should be sterilized whenever possible. Semi-critical items that cannot be subjected to autoclaving will be disinfected by immersion in a disinfecting solution or surface disinfected. In addition to other personal protective equipment, utility gloves must be worn during all post-treatment activities in the sterilization room.

a. Inspection of instrument tips before the cassette is closed is imperative. Dried debris will not be removed in the thermal disinfectant process. Pre-clean any instrument tips in question with a brush while wearing utility gloves.

b. Preparation of Instruments and Instrument Sterilization Procedure

1) Cleaning Instruments Using the Thermal Disinfector – the disinfector should be run at the beginning of each clinic session and loaded at the end of each clinic session
- Pour detergent into the dispenser on the inside of the door and gently close the lid.
- Close door and press ON/OFF button.
- Push three sequence indicator lights. DISINFECTION 9 (VARIO 93 c-10 MIN_ DRY START
- Cycle will complete in approximately 60 minutes and the disinfected light on the left side of front panel will be on.
- Check REACTIVATION and NEUTRALIZING indicator lights. If one or both lights are on, contact the Clinic Coordinator.
- Immediately after the program finishes turn unit off and open door 4 inches for 15 minutes to complete the drying process.
- Check rinse-aid indicator and add more solution if indicator is not totally black. Rinse-aid indicator is located on inside of door on right side (black “bulls eye” circle).
- Wrap instruments for autoclaving.
- Do not thermal disinfect the following items:
  - Bur blocks/latch grip burs
  - Handpieces
  - Contra angles
  - Ultrasonic inserts
  - Anything aluminum

2) Sterilization
- Place indicator strip inside cassette. Wrap cassette in appropriate autoclave material and seal with indicator tape. The indicator tape will develop diagonal lines when subjected to sterilization temperatures. However, this indicator does not guarantee sterilization of the contents.
- Scrub the external surfaces of handpieces with a disinfectant towel. Dry and place in handpiece autoclave pouch.
• Fill autoclave reservoir to indicator line with distilled water.
• Turn function control to VENT. Depress OPEN DOOR button and lift door handle.
• Load chamber. Leave adequate space for steam to circulate. Do not allow pouches to touch sides of chamber.
• Turn function control to FILL. When water covers water level indicator, turn function control to STERILIZE.
• Close and latch door.
• Set timer for 20 minutes. Timing will automatically begin when pre-set temperature is reached.
• When buzzer sounds, turn function control to VENT.
• When OPEN DOOR light comes on, depress OPEN DOOR button and lift door handle. Open door 1”.
• Leave function control on VENT during drying time (45 minutes minimum).
• Prior to using instruments, inspect indicator tape to ensure processing has been completed. If indicator tape has not colored, the items must be re-sterilized.
• After confirming processing by appearance of indicator tape, inspect indicator strip inside package to ensure sterilization conditions have been reached. If indicator strip has not colored, the items must be re-sterilized.
• The autoclave effectiveness is monitored weekly utilizing the services of the Sterilization Monitoring Service at the Indiana University School of Dentistry. Cultures are processed using bacillus stearothermophilus to ensure that the autoclave is destroying all life forms.

c. Preparation of Dry Goods and Sterilization Procedure
1) Dry goods, (gauze, etc.), are to be wrapped in autoclave wrap, sealed completely with indicator tape, and dated. Process in autoclave. Do not allow autoclave wrap to touch the sides of the autoclave chamber.
2) Store sterile, unopened packages in designated areas for no longer than thirty days.

2. Disinfection by Immersion
Semi-critical items that cannot be processed in the autoclave are to be cleaned and disinfected by immersion if possible.
a. Instruments
• Process instruments in instrument washer.
• Immerse completely in an EPA registered, ADA accepted disinfecting solution for a minimum of ten hours (sterilization process if left for 10 hours).
• Remove items from solution using forceps and rinse thoroughly under hot water. Dry and place in designated location.
• Disinfecting solution must be changed according to the manufacturer’s directions. Date bottle when solution is mixed and discard unused solution within the time period specified by the manufacturer.

b. Prostheses and Appliances
• Rinse appliance with tap water upon removal.
• Place appliance in a ziploc bag, or cup if appliance is small, and cover with iodophor. Leave in bag for fifteen minutes.
3. Surface Disinfection
Semi-critical items that cannot be processed in the autoclave, disinfected by immersion, or covered, are to be cleaned and surface disinfected before and after client treatment.

a. Procedure
- Prepare phenylphenol solution in a ratio of 1 ounce of Omni II to 31 ounces of tap water.
- Wet entire surface to be disinfected with 1st soaked towel.
- Wipe solution vigorously from surface with same towel (cleaning process).
- Apply second application with 2nd towel and allow solution to remain in contact with surface for a minimum of ten minutes (disinfection process). This application can remain on the surface until dry.

b. Surfaces to be Disinfected
- all parts of dental unit that are not covered including exposed parts of hoses, air/water syringe handpiece, ultrasonic handpiece, rheostat, base, etc.
- instrument tray
- all parts of dental chair that are not covered including base, light arm, light, etc.
- Oregon cart
- pens and pencils
- clip board
- client and operator protective eye wear and face shields
- all parts of operator and assistant stools including base, adjustment levers, etc.
- counter tops, sinks, and cabinets
- radiology unit
  - all parts of radiology unit that are not covered, including lead apron and thyroid collar, head, and positioning indicating device
  - chair
  - darkroom counter tops
  - outer surface of processor

4. Surface Covering
The following items are to be covered with plastic bags or wrap prior to client treatment.
- chair back including chair adjustment switches
- unit hoses – air/water – small suction
- light handles
- instrument tray
• computer and mouse
• radiology exposure switch
• radiology control panel

5. Dental Unit Water and Vacuum System
• Flush water syringe and ultrasonic handpiece for three minutes at the beginning of each day. Flush water supply for 20 seconds between clients.
• Flush water supply to high speed handpiece for three minutes at the beginning of each day (Dental Assisting Clinic).
• Pass one gallon of vacuum cleanser through evacuation hoses at the end of each day. The hoses must be disinfected following client treatment, prior to attaching to cleanser container.

C. Management of Sharps
1. All post-treatment handling of sharps must be completed while wearing utility gloves.
2. Extreme caution must be taken to prevent percutaneous injury during the use and disposal of needles and cannulas. These items should not be bent or broken after use.
3. If recapping is necessary, (e.g. cannulas used with irrigation units) the "scoop" method must be used.
4. At completion of use all sharps must be placed in the sharps container.

D. Cross-Contamination
To reduce transmission of microorganisms from one surface to another, avoid any non-essential contact at all times.

E. High Volume Evacuation
High volume evacuation should be used whenever possible when using the ultrasonic scaler or the air powder polisher.

F. CPR Ventilation Devices
Disposable ventilation devices from the emergency equipment storage area should be used if possible when performing ventilation procedures.

G. Eating in Clinic Suite
No eating, drinking, gum chewing, smoking, applying cosmetics or lip balm, or handling contact lenses is allowed in the clinics, sterilization room, radiology rooms, dark room, viewing room, clinic faculty office, or storerooms

H. Infectious Waste
All disposable items visibly contaminated with blood must be placed in the designated biohazard container.

I. Contaminated Sharps
• All disposable contaminated sharps shall be disposed of immediately or as soon as feasible in closable, puncture resistant, leak proof on sides and bottom, and labeled containers. The container must be maintained in an upright position and must not be overfilled.
- The clinician must wear utility gloves while handling sharps post-treatment.
- Containers containing disposable contaminated sharps are not to be opened, emptied, or cleaned manually or in any other manner which could create a risk of percutaneous injury.
- Contaminated needles and other contaminated sharps shall not be bent, sheared, recapped or removed unless no alternative is feasible or is required by a specific procedure. If recapping is necessary, a one handed technique or mechanical recapping device must be used.
- Reusable contaminated sharps shall be placed in leak proof, puncture resistant, labeled containers while waiting to be processed.
- Sharps containers must be closed before they are moved.
- Students are not to reach by hand into containers of contaminated sharps.
- Contaminated broken glass should be picked up using mechanical means such as a brush and dust pan, tongs, or forceps.

J. Transport of Contaminated Materials

Transport of contaminated non-disposable items from extramural sites to the USI dental clinic is not recommended. Whenever possible, instruments should be decontaminated prior to leaving the extramural site. If contaminated instruments must be transported to the USI dental clinic, the instruments must be placed in a leak-proof, puncture resistant, and labeled container which will be provided to the student. The transport container must be decontaminated prior to using again.

III. Personal Protective Equipment

Personal protective equipment, (gloves, mask, eyewear, gown), must be worn anytime contact with potential pathogenic microorganisms is present. Personal protective equipment must not be worn in the business office, reception room, consultation room, storerooms, and areas outside the clinic suite.

A. Gloves
   1. Gloves must be worn any time contact with potential pathogenic microorganisms is present.
   2. Hands must be washed and gloves changed for each client.
   3. Gloves must be changed when punctured or if moisture develops beneath the surface of the glove.
   4. Do not wash gloves.
   5. Remove gloves and wash hands immediately following client treatment.
   6. When wearing contaminated gloves, overgloves must be worn when contacting non-contaminated items, (e.g. client charts).
   7. Utility gloves must be worn during all post-treatment procedures that involve potential contact with sharps. Utility gloves must be washed, dried, and wrapped and then processed in the autoclave after each use. Utility gloves must be replaced if cracked, peeling, punctured, torn, or if other signs of deterioration are evident.

B. Masks
   1. A mask must be worn during all client treatment and post-treatment procedures or when assisting with those procedures.
   2. A new mask must be worn with each client.
   3. A mask must be changed when excessive moisture develops beneath the surface. Excessive moisture causes the mask to lose its effectiveness.
   4. It is recommended that a mask be changed after 60 minutes of use to maximize filtering effectiveness.
C. **Eyewear**
   1. Protective eyewear with solid side shields must be worn during all client treatment and post-treatment procedures or when assisting with those procedures.
   2. Prescription glasses or protective safety glasses are acceptable if they have side shields.
   3. A chin length face shield may be substituted for eyewear.
   4. A chin length face shield must be worn when utilizing a handpiece, ultrasonic scaler, any polishing equipment, or when assisting in the use of those devices.

D. **Gowns**
   1. A gown must be worn over scrubs during all client treatment and post-treatment procedures or when assisting with those procedures.
   2. Gowns must be disposed of at the end of each clinic day.
   3. The same gown may be worn throughout the day unless it is visibly soiled.

E. **Hair Covering**
   1. A hair covering must be worn when utilizing the ultrasonic scaler or polishing devices, or when assisting in the use of those devices.
   2. A hair covering may be required during all treatment procedures if the hairstyle is not in compliance with stated policy.
   3. No ornamental hairpieces are to be worn.

IV. **Client Preparation/Protection**

A. **Client Screening**
   Proper screening of clients through a medical history may detect infectious disease conditions. Such detection will benefit the client by identifying needed medical care and allowing for proper dental care based upon the medical history. Such detection will also benefit dental personnel by identifying clients who present the risk of spreading an infectious disease while being treated. Clients presenting with active tuberculosis infection or suspected of being infective will not be treated by students or faculty until medical verification is provided that the client is not infective.

   All new and recare clients must complete a medical history. Reappoint clients must review the previous completed history and complete the reappoint medical history form.

B. **Rinsing**
   All clients must rinse for sixty seconds with an antimicrobial mouthrinse prior to treatment.

C. **Protective Eyewear**
   All clients must wear protective eyewear during all treatment procedures.

V. **Additional considerations for Radiology if Traditional Method is used**

A. **Clinician**
   1. Must wear all personal protective wear during exposure of radiographs
   2. Place lead apron and thyroid collar before donning gloves
   3. Expose films, remove excess saliva with paper towel, and place in a plastic cup without contacting outer surface of cup
4. At completion of film exposures remove thyroid collar and lead apron avoiding contamination.

B. **Radiology Assistant**

1. Wash hands and don a new pair of gloves
2. Open double film packet and drop films onto paper towel without touching films or paper towel
3. Dispose of cups and film packaging
4. Dispose of gloves
5. Place one film of each set into a separate processor.

VI. **Dental Materials Laboratory**

Any item that has been used in the oral cavity or any item used on appliances or impressions is a potential source of infection. All items coming from the oral cavity must be sterilized or disinfected before being worked on in the laboratory. Procedures for each type of material will vary, but they must be employed for each case. Laboratory infection control also involves the use of personal protective equipment.

**A. Personal Protective Equipment**

1. Gloves must be worn any time contact with potential pathogenic microorganisms is present.
2. Masks must be worn any time contact with potential pathogenic microorganisms is present or when there is potential for contact with vapors and/or particles of dental materials.
3. Protective eyewear must be worn at all times.
4. Gowns must be worn any time contact with potential pathogenic microorganisms is present.

**B. Impressions**

1. Rinse impression with tap water upon removal to remove saliva, blood, and debris.
2. Place impression in a ziploc bag, spray thoroughly with iodophor**, and seal. Leave in sealed bag for fifteen minutes.
   • (Prepare fresh iodophor solution daily in a ratio of 2.3 ml of iodophor to 473 ml of distilled water, (16 ounces). Place in opaque spray bottle.)
3. Remove from bag and rinse with tap water. Remove excess water from tooth anatomy. The impression is now ready for pouring.

**C. Prostheses and Appliances**

1. Rinse appliance with tap water upon removal.
2. Place appliance in a ziploc bag and cover with iodophor. Leave in bag for fifteen minutes.
3. Remove from bag and rinse with tap water. Dispose of disinfecting agent and rinse bag well.
4. Place appliance in bag and cover with appropriate cleaning agent. Process in ultrasonic for time specified by manufacturer.
5. If hand scrubbing is required, scrub prosthesis while it is submerged in cleaning agent.
6. Remove appliance from bag and rinse with tap water. Dispose of cleaning agent and bag.
7. Place appliance in clean bag and cover with tap water or antimicrobial mouthrinse.
Hazard Communication Program

Many materials in dentistry present potential chemical hazards. In compliance with the Occupational Safety and Health Administration (OSHA) requirements, a notebook containing Material Safety Data Sheets (MSDS) and a list of hazardous chemicals will be housed in the Dental Hygiene Clinic Sterilization Room (HP1049), the dental laboratory (HP1073, cabinet 2B), and in the Dental Hygiene Clinic Administrative Assistant's office. In addition, all chemicals or products will be labeled appropriately. The Clinic Administrative Assistant is responsible for maintaining and updating the Hazard Communication Program for the dental programs. The Clinic Coordinator will communicate (annually and/or when revised) information contained in the Hazard Communication Program to students and faculty.

1. **Material Safety Data Sheets (MSDS)** are detailed information bulletins prepared by the manufacturer or supplier of any product that contains a chemical deemed to be hazardous. The MSDS describes the physical and chemical properties of the chemical, the physical and health hazards associated with its use, routes of exposure, precautions for safe handling and use, emergency and first aid measures, spill and leak procedures, and control measures.

2. The list of hazardous chemicals, located at the beginning of the MSDS notebook, provides a quick reference to all potentially hazardous chemicals utilized by the Dental Hygiene and Dental Assisting Programs. The list includes the generic area, product (trade name), chemical, manufacturer, and the page number of the MSDS.

3. All chemicals or products which contain hazardous chemicals are labeled with the chemical identity of the material, the appropriate hazard warnings, and the name and address of the manufacturer or other responsible party. If the product label does not provide this information, a label affixed to the container indicates the location in the MSDS notebook of this information.

4. In addition to instruction received regarding these materials, students/faculty should be familiar with the location and content of these documents.

**University Guidelines for Chemical or Hazardous Material Spill**

I. Any spillage of a hazardous chemical or radioactive material is to be reported immediately to Safety & Security at ext. 7777.

II. When reporting the incident, be specific about the nature of the involved material and the exact location. Safety & Security may contact the Perry Township Fire Department at 911.

III. The key person on site should evacuate the affected area at once and seal it off to prevent further contamination of other areas until the arrival of Security and/or official personnel.

IV. Anyone who may be contaminated by the spill is to avoid contact with others as much as possible. Remain in the vicinity and give names to Security. Required first aid and clean up by specialized authorities should be started at once.

V. If an emergency exists, activate the building alarm. Also report the emergency by telephone.

VI. When the building evacuation alarm is sounded or an emergency exists, walk quickly to the nearest marked exit and ask others to do the same.

VII. Assist the handicapped in exiting the building. Remember that elevators are reserved for handicapped persons. Do not use elevators in case of fire. Do not panic. Remain calm.

VIII. Once outside, move to a clear area that is a least 500 feet away from the affected building(s). Keep streets, fire lanes, hydrants and walkways clear from emergency vehicles and crews. Know your area assembly points. (Refer to “Campus Emergency Procedures” in the USI Phone Directory)

IX. If requested, assist emergency crews as necessary.

X. A Campus Emergency Command Post may be set up near the disaster site. Keep clear of the Command Post unless you have official business.

XI. Do not return to an evacuated building unless told to do so by Campus Security.

**IMPORTANT:** After any evacuation, report to your designated campus area assembly point. Stay there until an accurate head count is taken. The Building Coordinator will take attendance and assist in the accounting for all building occupants.
Dental Hygiene Program Exposure Incident Protocol

Check List and Forms
Any percutaneous (needlestick, cut, human bite, splash to non-intact skin, etc.) or mucous membrane
(splash to eye, lips, or mouth) exposure to blood, blood products, or other body fluids is to be reported
immediately by the student to the clinical faculty so that appropriate post-exposure procedures can be
initiated. The Public Health Services, (PHS), recommends that chemoprophylaxis should be
recommended to healthcare workers who experience occupational high-risk exposures. The highest-risk
exposures are deep injuries with a large hollow needle that previously had been in a source client’s blood
vessel and blood containing high-titer HIV viremia, such as acute retroviral illness or end-stage AIDS.
PHS also recommends that if chemoprophylaxis is indicated for the exposed individual that should be
initiated promptly, preferably within 1 to 2 hours after exposure, thereby necessitating immediate
management of the exposure incident. The healthcare provider to which an exposed individual is referred
will make a recommendation regarding the need for chemoprophylaxis following evaluation of the
incident, the source client, and the individual.

Management of Exposure Incidents Checklist

☐ The affected area was cleansed with antimicrobial soap. The eye(s) irrigated for 1 minute. The
    mouth cleansed with tap water for 15 minutes. Water was run through glove if puncture
    suspected.

☐ SOURCE PATIENT

☐ The source patient, if known, requested by the faculty to be tested serologically for HIV and
    hepatitis B and C antigen.

☐ Source Refused

☐ Source Unknown

☐ Refusal to be tested section completed if needed.

☐ Source Patient Orders sent with the patient to Deaconess Urgent Care or Deaconess
    Emergency Room.

☐ Deaconess Urgent Care 428.6161 or Emergency Room 450.3405 has been notified.

☐ EXPOSED STUDENT

☐ INJURY OR ILLNESS REPORT completed.

☐ STUDENT EXPOSURE INCIDENT REPORT completed.

☐ Exposed Student provided a copy of the Exposure Incident Report and advised to go to
    Deaconess Urgent Care at North Park or institution of choice for management of exposure
    incident.

☐ OTHER

☐ The Exposure Incident Packet completed in its entirety, placed in large envelope, and turned
    in to the Program Director within 24 hours.

☐ ADVISING FACULTY SIGNATURE

☐ DATE

☐ Postexposure management/counseling completed.

☐ ADVISING FACULTY SIGNATURE

☐ DATE
Exposed Student Information:
Program:
[ ] Dental Assisting [ ] Nursing [ ] Radiologic Technology
[ ] Dental Hygiene [ ] Occupational Therapy [ ] Respiratory Therapy
[ ] Diagnostic Medical Sonography [ ] Occupational Therapy Assistant
Student name: _____________________________________ DOB:__________________________
Date incident occurred: __________  Time incident occurred: __________  Time reported: __________
Has the student completed the hepatitis B vaccination series?  [ ] yes  [ ] no
If yes, dates of vaccination: 1\textsuperscript{st} _________  2\textsuperscript{nd} _________  3\textsuperscript{rd} _________
Post-vaccination HBV antibody status, if known:  [ ] positive  [ ] negative  [ ] unknown
Date of last tetanus vaccination: __________________________

Exposure Incident Information:
Agency/site where incident occurred (include specific unit): ____________________________________________
Type of incident:
[ ] needle stick  [ ] instrument puncture  [ ] bur laceration
[ ] injury from other sharp object  [ ] blood/other body fluid splash or spray
[ ] human bite  [ ] other ____________________________________________
Area of body exposed: ____________________________________________
Type of body fluid/tissue exposed to: ____________________________________________
Describe incident in detail: ____________________________________________
What barriers were being used by the student when the incident occurred?
[ ] gloves  [ ] mask  [ ] eye wear  [ ] gown  [ ] other ___________________

Source Patient Information:
Review of source patient medical history:  [ ] yes  [ ] no
Verbally questioned regarding:
History of hepatitis B, hepatitis C, or HIV infection  [ ] yes  [ ] no
High risk history associated with these diseases  [ ] yes  [ ] no
Patient consents to be tested for HBV, HCV, and HIV  [ ] yes  [ ] no
Referred to (name of evaluating healthcare professional/facility): __________________________
Incident report completed by: ____________________________________________
Student Signature: __________________________________________
Date: __________________________
University of Southern Indiana
School of Nursing and Health Professions
Post-exposure Management/Counseling

Date: ______________________________ Time: ____________

Comments: ______________________________________________________

_________________________________________________________________

_________________________________________________________________

Counselor signature: ______________________________________________

University Injury of Illness Report Completed:
Signature: ______________________________ Date ______________________

Clinical Instructor signature: ____________________________ Date: _____________

Student Acknowledgment:
I have reviewed and confirm the accuracy of the information contained in this report. I acknowledge that I have been referred for medical evaluation and the need to receive additional medical evaluation for the presence of HIV infection at 6 weeks, 3 months, 6 months, and 12 months following the occurrence of this exposure incident. I authorize the release of the information related to this exposure incident for treatment, payment activities, and healthcare operations according to the policies contained in the College of Nursing and Health Professions HIPAA documents.

Student Signature: ________________________________________________ Date: ______________________

TO BE COMPLETED BY THE COLLEGE OF NURSING AND HEALTH PROFESSIONS INFECTION CONTROL COMMITTEE

Corrective action needed: __________________________________________

Has this action been taken? [ ] yes [ ] no
Is further investigation needed? [ ] yes [ ] no

Comments: ______________________________________________________

Signature: ______________________________ Date ________________

Revised may 2007
DATE: __________________________

TO: DEACONESS URGENT CARE
3844 FIRST AVENUE
EVANSVILLE, INDIANA  47713

FROM & BILL TO: UNIVERSITY OF SOUTHERN INDIANA
DENTAL HYGIENE PROGRAM
HP BLDG. ROOM 1040
8600 UNIVERSITY BLVD.
EVANSVILLE, INDIANA  47712

RECOMMENDATION: RAPID HIV SCREENING  Code: ERHIVC
HEPATITIS B ANTIGEN  Code: EHBAGC
HEPATITIS C ANTIGEN  Code: EHCABC

ATTENDING DENTIST: _______________________________________
(SIGNATURE)

_______________________________________
(LICENSE NUMBER)

I voluntarily consent to diagnostic testing for myself in order to determine the possible presence of bloodborne infectious or communicable diseases. I understand that the healthcare professional responsible for testing will ask me to sign an authorization so the results of the test can be disclosed to the exposed individual or individual’s physician. This testing will be performed at no cost to me.

☐ I do not consent to medical testing for possible bloodborne infectious or communicable diseases.

PATIENT SIGNATURE:__________________________________________________________________________

DATE_____________________________________________________________________________________

PATIENT NOT PRESENT TO SIGN

ADVISING FACULTY SIGNATURE:____________________________________________________________

DATE_____________________________________________________________________________________

COMMENTS:
ACKNOWLEDGEMENT OF REFUSAL TO SEEK MANAGEMENT OF EXPOSURE INCIDENT

Any percutaneous (needlestick, cut, human bite, splash to non-intact skin, etc.) or mucous membrane (splash to eye, lips, or mouth) exposure to blood, blood products, body fluids, or airborne pathogens is to be reported immediately by the student to the clinical faculty so that appropriate post-exposure procedures can be initiated. The Public Health Services, (PHS), recommends that treatment should be recommended to healthcare workers who experience occupational high-risk exposures. Please refer to the College of Nursing and Health Professions Infection Control Policy.

I understand that I have been advised to seek prompt management of an exposure incident. At this time, I am refusing referral to a healthcare professional for recommendation regarding the need for evaluation and the need for chemoprophylaxis.

Date of exposure incident: ______________________________________

Time of exposure incident: ______________________________________

Institution where incident took place: ______________________________________

Summary of incident: ______________________________________

Student Name: ______________________________________

Student Signature: __________________________ Date/Time: __________________________

Advising Faculty: __________________________ Date: __________________________
INJURY OR ILLNESS REPORT

□ Employee
□ Student Worker
□ Student
□ Visitor

Name of Injured ____________________________________ □ Male □ Female

Permanent Address ____________________________________________________________
City ______________________ State __________ State Zip Code ________________

Telephone Home (___)___________ Work (___)____________ SSN _______________

Name(s) Witness ____________________________________________________________
Telephone Home (___)___________ Work (___)____________

Statement of Injured Person or Witness
(If injured person or witness is unavailable, information is to be completed by individual completing report.)

Date of Accident ____/____/_____     Time ________□ □ a.m. □ p.m.

Location of Accident ___________________________________________________________________

Summarize how injury, illness, or exposure occurred

Kind of Injury_________________________________________________________________________

Part of Body Affected (Specific part of the body, i.e., left wrist, right leg)

Describe any contributing factors or objects

Signature of injured person or witness

To be Completed by first Aid Provider
Symptoms and complaints of the injured person
Describe the nature and extent of the injury

Treatment, recommendations, and referral

Signature of First Aid Provider ________________________________________________

To be Completed by Supervisor for Employee Injury/ Illness
(attach additional information if necessary.)

Evaluation of how accident occurred/ contributing factors

Possible preventive actions

For Human Resources Only

Lost Time □ Yes □ No Number of days _____ Anticipated release __________
Work Restrictions ____________________________________________________________
Medical Treatment __________________________________________________________

Employee and Student Worker reports to Human Resources Department Student and Visitor Reports to Student Health Services

Must be completed within 24 hours of the accident
EMERGENCY MANAGEMENT
PREVENTION OF EMERGENCIES

The best treatment for an emergency medical situation is to prevent its occurrence. Therefore, the following guidelines must be adhered to.

1. A complete, verified medical history is to be completed on every clinic client and updated at each appointment.
2. The client must be questioned about all medical conditions that have been identified. The student must summarize this information and document treatment restrictions on the medical history form.
3. The student must document each medication the client is taking, the condition or reason that medication is being used, and any oral or treatment implications associated with that medication.
4. Written approval must be obtained from the client’s physician to treat a medically compromised client. Following approval by the client’s physician, approval must be obtained from the attending clinic dentist to treat a medically compromised client. Treatment of a medically compromised client will be postponed if the condition warrants or if written approval is not obtained from the client’s physician.
5. All students and faculty participating in client treatment activities must hold current certification in Cardiopulmonary Resuscitation at the professional rescuer level from the American Red Cross, the American Heart Association, or the American Safety and Health Institute. Documentation of certification is required and will be maintained by the Program Director.
6. All clinic faculty will be trained in emergency management procedures during orientation each August.

EMERGENCY MANAGEMENT IN THE DENTAL CLINICS (includes DA Clinic and Radiology clinics)

- HP 1044-Dental Hygiene Clinic
- HP 1061 Dental Radiology
- HP 1071-Dental Assisting Clinic
- HP 1073 Dental Laboratory

**LOCATION OF EMERGENCY EQUIPMENT:**

- **Crash Cart**
  - Dental Hygiene Clinic Faculty Office (HP1046)
- **Oxygen Cylinder**
  - Dental Hygiene Clinic Faculty Office (HP1046)
  - Dental Assisting Clinic (HP1071)
  - Dental Laboratory (HP1073)
- **Automated External Defibrillator (AED)** (HP1044 near exit door)

IN CASE OF EMERGENCY

If an emergency situation occurs, the student must remain with the victim at all times, and the following “CODE BLUE” procedures are to be followed.

1. Notify the nearest clinic faculty.
2. Assess the situation and render aid as needed until assistance arrives.
   - Initiate Syncope protocol
     - P-A-B-C
       - P-Position victim in supine position with feet elevated
       - A-airway ensured –head tilt chin lift
       - B- assess breathing- look, listen, feel
       - C- Assess circulation- carotid pulse
   - Definitive Care:
     - Provide oxygen as needed. (Never withhold in an emergency-it is the first drug of choice!)
     - Monitor pulse, pupils, respiration, and blood pressure.
• If indicated, initiate CPR immediately.
• NOTE: If emergency arises for client in operatory chair: Leave victim in chair and lower it until the head and shoulder portion of the chair rests securely on seat of operator’s stool.

3. The clinic faculty will analyze the situation and determine if additional support is required.
   If further assistance is necessary, the following contacts should be made in this order:
   • Notify the attending dentist.
   • Call University Security at ext. **7777**. Inform Security, “There is a medical emergency in the dental assisting (HP1071) clinic or dental hygiene (HP1044) clinic.” The person placing the call goes to the entrance to direct emergency personnel to the victim.
   • Request emergency medical services if the situation requires.

4. Have current medical history available for use by emergency personnel.
5. Complete the University *Injury or Illness Report*.

**PORTABLE OXYGEN INSTRUCTIONS**

1. Turn the top cylinder wrench counter-clockwise until pressure shows in the indicator dial.
2. Adjust oxygen flow valve until oxygen flow is comfortable (usually 6-10).
3. Set mask fully on face, hold or stabilize, and monitor usage. Adjust flow if necessary.
4. To discontinue oxygen usage:
   • Turn cylinder wrench clockwise.
   • Turn off flow.
5. Push blue button on top of mask until chest rises for alternative to manual breathing during CPR

**PREVENTION OF EMERGENCIES IN THE DENTAL MATERIALS LABORATORY**

*PREVENTION* is the best treatment for an emergency situation. Therefore, in all dental materials laboratory sessions students will adhere to the following guidelines.

1. Neat hair style worn up off the collar and away from the face. Bangs and hair around face, must be secured away from the face and not hanging down.
2. No jewelry.
3. Protective eyewear.
4. Protective face masks and gloves anytime there is the potential for contact with pathogenic microorganisms.
5. Protective face masks when there is the potential for vapors and/or airborne particles of materials being present.

**EMERGENCY MANAGEMENT IN THE DENTAL MATERIALS LABORATORY**

1. CRASH CART IS LOCATED IN THE DENTAL HYGIENE FACULTY OFFICE CLINIC (HP1046).
2. A FIRST AID KIT IS LOCATED IN THE BOTTOM END CABINET (#B1) NEXT TO THE FRONT DOOR ENTRANCE (HP1073).
3. A PORTABLE OXYGEN CYLINDER IS LOCATED NEXT TO THE FRONT DOOR ENTRANCE (HP 1073).
4. A FIRE BLANKET IS LOCATED IN CABINET #B1 IN THE LABORATORY (HP1073).
5. EYE WASH STATION LOCATED AT SINK NEAR FRONT ENTRANCE (END OF 2ND LAB BENCH) (HP 1073)

If an emergency situation occurs the following procedures are to be followed:

1. Notify the laboratory professor.
2. Assess the situation and render aid as needed until assistance arrives.
- Initiate Syncope protocol
  - P-A-B-C
    - P-Position victim in supine position with feet elevated
    - A-airway ensured –head tilt chin lift
    - B- assess breathing- look, listen, feel
    - C- Assess circulation- carotid pulse

Definitive Care:
- Provide oxygen as needed. (Never withhold in an emergency-it is the first drug of choice!)
- Monitor pulse, pupils, respiration, and blood pressure.

3. If indicated, initiate CPR immediately.
4. The laboratory professor will analyze the situation and determine if additional support is needed.
5. If further assistance is necessary, the following contacts should be made in this order:

   TELEPHONES ARE LOCATED IN THE DENTAL HYGIENE CLINIC FACULTY OFFICE HP1046 OR DENTAL CLINIC BUSINESS OFFICE HP1043.

   - Contact the staff dentist if possible.
   - Call University Security at ext. 7777. Inform Security there is an emergency in HP1073.
   - Request emergency medical services if the situation requires.

6. Complete the University *Injury or Illness Report*.

### PORTABLE OXYGEN INSTRUCTIONS

1. Turn the top cylinder wrench counter-clockwise until pressure shows in the indicator dial.
2. Adjust oxygen flow valve until oxygen flow is comfortable (usually 6-0).
3. Set mask fully on face, hold or stabilize, and monitor usage. Adjust flow if necessary.
4. To discontinue oxygen usage:
   - Turn cylinder wrench clockwise
   - Turn off flow
5. Push blue button on top of mask until chest rises for alternative to manual breathing during CPR

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### Basic Steps for Using the LIFEPAK CR Plus or LIFEPAK EXPRESS Defibrillator

**Responding to an SCA emergency** using the defibrillator involves these basic steps:

- **Determine if the victim is in SCA.** A person in SCA will not respond when you try to shake him or her.
- **Check for breathing** by listening next to the victim’s mouth and looking for chest movement.
- **Use the defibrillator only** if the victim is not responding, not moving, and not breathing normally or not breathing at all. If in doubt, use the defibrillator.
- **Place the defibrillator** near the victim and on the side next to you. Press the ON/OFF button to open the lid and turn on the defibrillator. The defibrillator will guide you through the defibrillation process.
- **Hold down the left side of the electrode packet** with one hand and pull the red packet handle down with the other. The electrode packet tears open.
Tear open the packet completely to remove the pads. A small piece of the packet will remain attached to the defibrillator.

Separate the electrode pads, one at a time, from the blue plastic. Use these pads on adults or children 8 years of age or more, who weigh 25 kg (55 pounds) or more. For infants or children who are less than 8 years of age or who weigh less than 25 kg (55 pounds), special electrodes are needed.

**WARNING!**

If you cannot determine a child's age or weight, or if special infant/child electrodes are not available, proceed with the existing electrode pads, and continue on to the next step.

Apply the electrode pads to the victim’s bare chest (exactly as shown in the picture on the pads). Be sure to press firmly so that the pads completely adhere to the victim’s chest.

**Note:** Be sure you do not place the electrode pads over an implanted device such as an implanted pacemaker or ICD. An indication of an implant is a protrusion in the chest skin and a scar. If you are in doubt, apply the pads as shown on the labels.

Listen to voice instructions and do not touch the victim unless instructed to do so.

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**TREATMENT OF SPECIFIC EMERGENCIES**

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**I SYNCOPE**  
**Signs and symptoms**  
Loss of consciousness, pale or ashen face, cold sweat, decreased blood pressure, rapid thready pulse, twitching, or convulsive movements

**Treatment**

1. Supine position, legs elevated  
2. Ammonia inhalant, as required  
3. Cold moist towels to forehead  
4. Monitor vital signs and reassure client  
5. Oxygen 10 L flow

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**II HYPERVENTILATION**  
**Signs and symptoms**  
Anxiety, increased depth and rate of respiration, paresthesia of feet and hands, light headedness

**Treatment**

1. Sitting position  
2. Reassure client  
3. Rebreathing in bag or cupped hands  
4. Monitor vital signs

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**III ORTHOSTATIC HYPOTENSION**  
**Signs and symptoms**  
Lightheadedness (possibly fainting), resulting from rapidly changing positions (standing up after being reclined in dental chair)

Prevent by raising dental chair slowly (allow client to remain in seated position for a few minutes).

**Treatment**

1. Supine position  
2. Monitor vital signs  
3. Oxygen 10 L flow
IV TOXICITY REACTION (Local anesthetic overdose)
Signs and symptoms
CNS stimulation to include elevated vital signs, excitement, and/or convulsions, talkative, restless, apprehension; or CNS depression to include depressed vital signs, lethargy and/or unconsciousness

Treatment
1. Mild, no treatment
2. Moderate to severe CNS stimulation:
   - Supine position
   - Initiate “CODE BLUE”/Activate EMS
   - Monitor vital signs
   - Gentle restraint and monitor airway
   - Oxygen 10 L flow
3. Moderate to severe CNS depression:
   - Initiate “CODE BLUE”/Activate EMS
   - Oxygen 10 L flow
   - Monitor vital signs

V ALLERGIC REACTION
Signs and symptoms
Rash, hives, itching, rhinitis, angioneurotic edema (swelling), bronchospasm (difficulty breathing), cardiovascular collapse (shock)

Treatment
1. Mild reaction limited to skin: 25-50 mg Benadryl IM, IV, or PO and refer to physician for follow up
2. Moderate reaction:
   - Supine position
   - Oxygen 10 L flow
   - Monitor vitals
   - Benadryl 50 mg IM
   - Epinephrine 1:1000, 0.3 cc IM if no improvement
   - Refer to physician for follow up
3. Severe reaction: See Anaphylaxis

VI ANAPHYLAXIS
Signs and symptoms
Sudden circulatory and respiratory collapse, cyanosis, bronchospasm, weak pulse, dyspnea, sneezing, coughing

Treatment
1. Supine position
2. Initiate “CODE BLUE”/Activate EMS
3. Oxygen 10 L flow
4. Epinephrine 1:1000, 0.3 cc IM
5. Obtain vital signs, perform CPR if needed
6. Monitor vital signs

VII DIABETES MELLITUS (Assume hypoglycemia)
Signs and symptoms
Loss of mental function, hunger, nausea, sweating, tachycardia, loss of consciousness

Treatment
1. Supine or sitting position
2. Monitor vital signs
3. If conscious, give sugar supplement PO (e.g. orange juice, sugared cola, cake frosting)
4. If unconscious, call for help
5. Refer to physician for follow up

VIII AIRWAY OBSTRUCTION
Signs and symptoms
Nervousness, difficult respiration, paradoxical respiration, cyanosis, laryngeal stridor

Treatment
1. Sitting position
2. Clear airway (suction, coughing, Heimlich) if possible
3. If above fails, call for help; initiate “CODE BLUE”/Activate EMS
4. Oxygen 10 L flow
5. Establish airway (oropharyngeal airway)

IX ANGINA PECTORIS
Signs and symptoms
Severe pericardial or substernal pain, headache

Treatment
1. Sitting or supine position (most comfortable position for client)
2. Nitroglycerin sublingually (0.3 mg/or single spray)
3. Oxygen 10 L flow
4. Call for help; initiate “CODE BLUE”/Activate EMS
5. Monitor vital signs
6. Repeat nitroglycerin q 5 minutes x 3 doses

X MYOCARDIAL INFARCTION
Signs and symptoms
Pain more severe than angina, lasts longer than 15 minutes, not relieved by nitroglycerin -
cyanosis, weakness, cold sweat, nausea, vomiting, fear of impending death and irregular pulse

Treatment
1. Call for help; initiate “CODE BLUE”/Activate EMS
2. Oxygen 10 L flow
3. Monitor vital signs
4. administer fibrinolysis (325 mg aspirin chewable)
5. Morphine for pain, 5 mg IV or Talwin 30 mg IM, IV, subcutaneous
6. Position for client comfort

XI CARDIAC ARREST
Signs and symptoms
Unconsciousness, no blood pressure, pulse or respirations, pupils dilated, cyanosis

Treatment
1. Supine position; begin CPR
2. 100% Oxygen if possible
3. Call for help; initiate “CODE BLUE”/Activate EMS
4. Continue basic life support
5. Advanced cardiac life support (1-2 mg of Epinephrine q 5 min)

XII CEREBROVASCULAR ACCIDENT (Stroke)
Signs and symptoms
Loss of muscular coordination, tingling, numbness of extremities, blurred vision, slurred speech, and intense headache
Treatment
1. Semi-erect position
2. Call for help; initiate “CODE BLUE”/Activate EMS
3. Monitor vital signs
4. Oxygen 10 L flow (only if respiratory difficulty develops)

Management of Broken Instrument Tip

Occasionally an instrument tip will break intraorally. In this instance, it is imperative that the tip be located and retrieved on site or the client must be referred for medical evaluation of the situation.

The following protocol must be adhered to in order to provide optimal care for the client:

1. The student should attempt to locate the tip clinically and retrieve the tip using an intact instrument, preferably a curet.

2. If the instrument cannot be located and/or retrieved, the student is to contact clinical faculty for assistance.

3. If the faculty cannot clinically locate the tip, intraoral radiographs should be exposed in the area believed to contain the tip.

4. If the clinical faculty are unable to locate the tip, the client is to be referred by the attending dentist to St. Mary’s Convenient Care West for evaluation. The evaluation would include both chest and abdominal radiographs in an attempt to locate the tip which may have been inhaled or ingested.

5. The staff dentist should contact St. Mary’s Convenient Care West, 485-1150, to notify personnel of the incident and the arriving client. The staff dentist should complete the Medical Referral Evaluation letter, make a copy of the letter to include in the client’s file, and document the incident and follow-up in the Progress Notes in the client’s record. The original letter should be sent with the client and submitted to St. Mary’s Convenient Care West medical personnel.

6. The clinical faculty should complete the University Injury or Illness Report. The completed form is to be submitted to the Dental Hygiene Program Director.

7. Questions regarding the referral are to be directed to Jennifer Bartek, Clinic Faculty (812.483.9244).
Date: ________________________________

___________________________________ (Client’s name), DOB _____________________,
a client from the University of Southern Indiana Dental Hygiene Clinic, is being referred
to you for medical evaluation of the following:

Comments:

Questions regarding this referral should be directed to the attending dentist at the USI
Dental Hygiene Clinic at 812.464.1706.

_____________________________     _______________________________
Attending Dentist                                                                                 Date
HIPAA
Health Insurance Portability and Accountability Act
As a member of the University of Southern Indiana College of Nursing and Health Professions (CNHP) workforce you may have access to “confidential information.” The purpose of this agreement is to help you understand your duty regarding confidential information as described in this policy. Members of the CNHP workforce include but are not limited to faculty, staff, students, and volunteers.

Measures must be taken so that all information received, maintained, or utilized by CNHP and any of its off-site affiliates can only be accessed by authorized users. CNHP has a legal and ethical responsibility to safeguard the privacy and to protect the confidentiality of health information and all other types of confidential information. Health information is confidential information regardless of how it is obtained, stored, utilized, or disclosed.

As a member of the CNHP workforce you are required to conduct yourself in strict conformance to all applicable laws and the University of Southern Indiana and CNHP policies governing confidential information. Your principal obligations in this area are explained below. You are required to read and to abide by these duties. The violation of any of these duties will subject you to disciplinary action, including termination of employment or dismissal from your educational program. In addition, federal penalties for privacy violations can result in fines up to $250,000 and prison sentences of up to 10 years.

As a member of the CNHP workforce, you will likely have access to and use confidential information in any or all of the following categories:

- Client information (such as charts and other paper and electronic records, demographic information, conversations, admission/discharge dates, names of attending healthcare providers, client financial information, etc.);
- Information pertaining to members of the CNHP workforce (such as health records, salaries, employment records, student records, disciplinary actions, etc.);
- University of Southern Indiana and CNHP information (such as financial and statistical records, strategic plans, internal reports, memos, contracts, peer review information, and communications); and
- Third-party information (such as insurance).
As a condition of and in consideration of my use, access, and/or disclosure of confidential information, I, ________________________________ understand and agree to the following:

1. I will access, use, and disclose confidential information only as necessary to perform my job functions. This means, among other things, that:
   
   a) I will only access, use, and disclose confidential information which I have authorization to access, use, and disclose which is required to do my job;
   
   b) I will not in any way access, use, divulge, copy, release, sell, loan, review, alter, or destroy any confidential information except as properly and clearly authorized within the scope of my job and as in accordance with all applicable University of Southern Indiana and CNHP policies and procedures and with all applicable laws;
   
   c) I will report to my supervisor or to the appropriate office any individual’s or entity’s activities that I suspect may compromise the confidentiality of confidential information.

2. I understand that it is my responsibility to be aware of University of Southern Indiana and CNHP policies that specifically address the handling of confidential information and misconduct that warrants immediate discharge.

3. I understand that any fraudulent application, violation of confidentiality or any violation of the above provisions may result in disciplinary action, including termination of employment or dismissal from my educational program. In addition, federal penalties for privacy violations can result in fines up to $250,000 and prison sentences of up to 10 years.

My signature below indicates that I have read, accept, and agree to abide by all of the terms and conditions of this Agreement and agree to be bound by it.

Signature: ________________________________ Date: ________________________

Printed Name:

________________________________________________________________________

Department/Program:

____________________________________________________________________

Check appropriate box:

[ ] student  [ ] faculty  [ ] staff  [ ] student worker  [ ] other

________________________________________________________________________
These Health Information Privacy Policies and Procedures implement the College of Nursing and Health Professions’ obligations to protect the privacy of individually identifiable health information that we create, receive, or maintain.

We implement these Health Information Privacy Policies and Procedures to protect the interests of our clients and workforce; and to fulfill our legal obligations under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), its implementing regulations at 45 CFR Parts 160 and 164 (65 Fed. Reg 82462 (Dec. 28, 2000)) (“Privacy Rules”), as amended (67 Fed. Reg. 53182 [Aug. 14, 2002]), and state law that provides greater protection or rights to individuals than the Privacy Rules.

As a member of our workforce or as our Business Associate, you are obligated to follow these Health Information Privacy Policies and Procedures faithfully. Failure to do so can result in disciplinary action, including termination of employment or dismissal from your educational program. In addition, federal penalties for privacy violations can result in fines up to $250,000 and prison sentences of up to 10 years. The workforce includes any individual whose work performance at the University of Southern Indiana College of Nursing and Health Professions. (College), is under the direct control of the College. The workforce includes, but is not limited to, all clinical, administrative, and academic full-time, part-time, temporary, and contract employees, as well as volunteers, and students.

These Policies and Procedures address the basics of HIPAA and the Privacy Rules that apply to the College. They do not attempt to cover everything in the Privacy Rules.

The Policies and Procedures of the College utilize the terms “individual” to refer to prospective clients, clients of record, former clients, those whose health information is retained by the College, or the authorized representatives of these identified individuals.

If you have questions or doubts about any use or disclosure of individually identifiable health information or about your obligations under these Health Information Privacy Policies and Procedures, the Privacy Rules or other federal or state law, consult the College of Nursing and Health Professions Compliance Committee at 812.464.1702 before you act.

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College of Nursing and Health Professions Compliance Committee

Adopted Effective: April 14, 2003

1. General Rule: No Use or Disclosure
The College must not use or disclose protected health information (PHI), except as these Privacy Policies and Procedures permit or require.

2. Acknowledgement and Optional Consent
The College will make a good faith effort to obtain a written acknowledgement of receipt of our Notice of Privacy Practices from an individual before we use or disclose his or her protected health information (PHI) for treatment, to obtain payment for that treatment, or for our healthcare operations (TPO).

The College’s use or disclosure of PHI for payment activities and healthcare operations may be subject to a “need to know” basis.
Consent from an individual will be obtained before use or disclosure of PHI for TPO purposes – in addition to obtaining an Acknowledgement of receipt of our Notice of Privacy Practices.

a) Obtaining Consent – Upon the individual’s enrollment in a College education program, employment in the College, or first visit as a client (or next visit if already a client), consent for use and disclosure of the individual’s PHI for treatment, payment, and healthcare operations will be requested.

The consent form will be retained in the individual’s file.

b) Exceptions – Consent does not need to be obtained in emergency treatment situations; when treatment is required by law; or when communications barriers prevent consent.

c) Consent Revocation – An individual from whom consent is obtained may revoke it at any time by written notice. The revocation will be included in the individual’s file.

d) Applicability – Consent for use or disclosure of PHI should not be confused with informed consent for client treatment.

3. Oral Agreement
The College may use or disclose an individual’s PHI with the individual’s oral agreement. The College may use professional judgment and our experience with common practice to make reasonable inferences of the individual’s best interest in allowing a person to act on behalf of the individual to pick up health records, dental/medical supplies, radiographs, or other similar forms of PHI.

4. Permitted Without Acknowledgement, Consent Authorization or Oral Agreement
The College may use or disclose an individual’s PHI in certain situations, without authorization or oral agreement.

a) Verification of Identity The College will always verify the identity and authority of any individual’s personal representative, government or law enforcement official, or other person, unknown to us, who requests PHI before we will disclose the PHI to that person.

The College will obtain appropriate identification and evidence of authority. Examples of appropriate identification include photographic identification card, government identification card or badge, and appropriate document on government letterhead. The College will document the request for PHI and how we responded.

b) Uses, Disclosures, or Access Permitted under this Section 4 – Except where specifically authorized by the individual or appropriate representative or as required by law, protected individual information may only be used, disclosed, or accessed by:

1. The individual or the individual’s personal representative

2. The College workforce members who require access to protected individual information as defined by their job role. Reasons for which protected individual information are generally needed include:

   a. delivery and continuity of the individual’s treatment or care.

   b. educational or research purposes, or

   c. College business or operational purposes

3. Non-College health care providers who need such information for the individual's care.
4. Third-party payers or non-College health care providers for payment activities of such entities.

5. Business Associates from whom the College has received written assurance that protected individual information will be appropriately safeguarded.

- The College may use or disclose PHI in the following types of situations, provided procedures specified in the Privacy Rules are followed:
  1. For public health activities;
  2. To health oversight agencies;
  3. To coroners, medical examiners, and funeral directors;
  4. To employers regarding work-related illness or injury;
  5. To the military;
  6. To federal officials for lawful intelligence, counterintelligence, and national security activities;
  7. To correctional institutions regarding inmates;
  8. In response to subpoenas and other lawful judicial processes;
  9. To law enforcement officials;
  10. To report abuse, neglect, or domestic violence;
  11. As required by law;
  12. As part of research projects; and
  13. As authorized by state worker’s compensation laws.

### 5. Required Disclosures

The College will disclose protected health information (PHI) to an individual (or to the individual's personal representative) to the extent that the individual has a right of access to the PHI; and to the U.S. Department of Health and Human Services (HHS) on request for complaint investigation or compliance review.

The College will document each disclosure made to HHS.

### 6. Minimum Necessary

All College workforce members must access and use protected individual information on a "need to know" basis as defined by their job role. In addition, when using or disclosing an individual’s information the amount of information used or disclosed should be limited to the minimum amount necessary to accomplish the intended purpose. When requesting an individual's information from other health care providers, staff should limit the request to the minimum amount necessary. Minimum necessary expectation does not generally apply to situations involving treatment or clinical evaluation.

### 7. Business Associates

The College will obtain satisfactory assurance in the form of a written contract that our Business Associates will appropriately safeguard and limit their use and disclosure of the protected health information (PHI) we disclose to them.

These Business Associate requirements are not applicable to our disclosures to a healthcare provider for treatment purposes. The Business Associate Contract Terms document contains the terms that federal law requires be included in each Business Associate Contract.

a) **Breach by Business Associate** – If the College learns that a Business Associate has materially breached or violated its Business Associate Contract with us, we will take prompt, reasonable steps to see that the breach or violation is corrected.

If the Business Associate does not promptly and effectively correct the breach or violation, we will terminate our contract with the Business Associate, or if contract termination is not feasible, report the Business Associate's breach or violation to the U.S. Department of Health and Human Services (HHS).
8. Notice of Privacy Practices
The College will maintain a Notice of Privacy Practices as required by the Privacy Rules.

a) Our Notice – The College will use and disclose PHI only in conformance with the contents of our Notice of Privacy Practices. We will promptly revise a Notice of Privacy Practices whenever there is a material change to our uses or disclosures of PHI to legal duties, to an individual’s rights or to other privacy practices that render the statements in that Notice no longer accurate.

b) Distribution of Our Notice – The College will provide our Notice of Privacy Practices to each individual who submits health information to the College.

c) Acknowledgement of Notice – The College will make a good faith effort to document receipt of the Notice of Privacy Practices.

9. Individual’s Rights
The College workforce will honor the rights of individuals regarding their PHI.

a) Access – The College will permit individuals or workforce members access to their own PHI we or our Business Associates hold.

No PHI will be withheld from an individual unless we confirm that the information may be withheld according to the Privacy Rules. We may offer to provide a summary of the health information. The individual must agree in advance to receive a summary and to any fee we will charge for providing the summary.

b) Amendment – Individuals and workforce members have the right to request to amend their own PHI and other records for as long as the College maintains them.

The College may deny a request to amend PHI or records if: (a) we did not create the information (unless the individual provides us a reasonable basis to believe that the originator is not available to act on a request to amend); (b) we believe the information is accurate and complete; or (c) we do not have the information.

The College will follow all procedures required by the Privacy Rules for denial or approval of amendment requests. We will not, however, physically alter or delete existing notes. We will inform the individual or workforce member when we agree to make an amendment. We will contact any individuals whom the individual or workforce member requests we alert to any amendment to the PHI. We will also contact any individuals or entities of which we are aware that we have sent erroneous or incomplete information and who may have acted on the erroneous or incomplete information to the detriment of the individual or workforce member.

When we deny a request for an amendment, we will mark any future disclosures of the contested information in a way acknowledging the contest.

c) Disclosure Accounting – Clients or workforce members have the right to an accounting of certain disclosures the College made of their PHI within the 6 years prior to their request. Each disclosure we make, that is not for treatment payment or healthcare operations, must be documented showing the date of the disclosure, what was disclosed, the purpose of the disclosure, and the name and (if known) address of each person or entity to whom the disclosure was made. Documentation must be included in the client’s or workforce member’s record.

We are not required to account for disclosures we made: (a) before April 14, 2003; (b) to the individual (or the individual’s personal representative); (c) to or for notification of persons involved in an individual’s healthcare or payment for healthcare; (d) for treatment, payment, or healthcare operations; (e) for national security or intelligence purposes; (f) to correctional institutions or law enforcement officials.
regarding inmates; or (g) according to an Authorization signed by the patient or the patient’s representative; (h) incident to another permitted or required use disclosure.

The College will charge a reasonable, cost-based fee for every accounting that is requested more frequently than every 12 month, provided that the College has informed the individual in advance of the fee and provides the individual with an opportunity to modify or withdraw the request.

**d) Restriction on Use or Disclosure** – Individuals have the right to request the College to restrict use or disclosure of their PHI, including for treatment, payment, or healthcare operations. The College has no obligation to agree to the request, but if we do, we will comply with our agreement (except in an appropriate dental/medical emergency).

We may terminate an agreement restricting use or disclosure of PHI by a written notice of termination to the individual. We will document any such agreed to restrictions.

**e) Alternative Communications** – Individuals have the right to request the use of alternative means or alternative locations when communicating PHI to them. The College will accommodate an individual’s request for such alternative communications if the request is reasonable and in writing.

The College will inform the individual of our decision to accommodate or deny such a request.

10. **Staff Training and Management, Complaint Procedures, Data Safeguards, Administrative Practices**

**a) Staff Training and Management**

**Training** – The College will train all members of our workforce in these Privacy Policies & Procedures, as necessary and appropriate for them to carry out their functions. Workforce members will complete privacy training prior to having access to PHI.

The College will maintain documentation of workforce training.

**b) Violation Levels and Disciplinary /Corrective Actions**

Below are examples of privacy and security violations and the minimum disciplinary / corrective actions that will be taken. **Depending on the nature - Violations at any level may result in more severe action or termination.**

<table>
<thead>
<tr>
<th>Level of Violation</th>
<th>Examples</th>
<th>Minimum Disciplinary /Corrective Action</th>
</tr>
</thead>
</table>
| Level 1 Carelessness| - Failing to log-off/close or secure a computer with protected health information displayed.  
- Leaving a copy of protected health information (PHI) in a non-secure area.  
- Discussing protected health information (PHI) in a non-secure area (lobby, hallway, cafeteria, elevator) |  
**Staff:** Verbal warning with documentation by immediate supervisor  
**Students:** Verbal warning with documentation by clinical faculty and/or Program Director  
**Faculty:** Verbal warning with documentation by Program Director or Dean |
| Level II Undermining Accountability | - Sharing ID/password with another coworker or encouraging a coworker to share ID/password.  
- Repeated violation of previous level |  
**Staff:** Written performance counseling  
**Students:** Written performance counseling by clinical faculty and/or Program Director |
| Level III Unauthorized Access | Accessing or allowing access to *protected health information* (PHI) without having a legitimate reason.  
| | Repeated violation of previous levels. | **Faculty:** Written performance counseling by Program Director or Dean  
| **Staff:** Final performance improvement counseling  
| **Students:** Written performance counseling and Program Director determines disciplinary action.  
| **Faculty:** Written performance counseling and Program Director or Dean determines disciplinary action. |

| Level IV Blatant Misuse | Accessing or allowing access to *protected health information* (PHI) without having a legitimate reason and disclosure or abuse of the *protected health information* (PHI).  
| | Using protected patient information (PPI) for personal gain.  
| | Tampering with or unauthorized destruction of information.  
| | Repeated violations of previous levels | **INITIATE TERMINATION**  
| **Staff:** Initiate termination of employment  
| **Students:** Initiate dismissal procedures  
| **Faculty:** Dean determines disciplinary action/sanction including initiating termination of employment |

b) **Complaints** – The College will implement procedures for individuals to complain about compliance with our Privacy Policies and Procedures or the Privacy Rules. The College will also implement procedures to investigate and resolve such complaints.

The complaint form can be used by the individual to lodge the complaint. Each complaint received must be referred to the College Compliance Committee immediately for investigation and resolution. We will not retaliate against any individual or workforce member who files a complaint in good faith.

c) **Data Safeguards** – The College will strengthen these Privacy Policies and Procedures with such additional data security policies and procedures as are needed to have reasonable and appropriate administrative, technical, and physical safeguards in place to ensure the integrity and confidentiality of the PHI we maintain.

The College will take reasonable steps to limit incidental uses and disclosures of PHI made according to an otherwise permitted or required use or disclosure.

d) **Documentation and Record Retention** – The College will maintain in written or electronic form all documentation required by the Privacy Rules for six years from the date of creation or when the document was last in effect, whichever is greater.

e) **Privacy Policies & Procedures** – The College of Nursing and Health Professions Compliance Committee will make any needed changes to the Privacy Policies and Procedures.

11. **State Law Compliance**
The College will comply with state privacy laws that provide greater protections or rights to individuals than the Privacy Rules.
12. HHS Enforcement
The College will give the U.S. Department of Health and Human Services (HHS) access to our facilities, books, records, accounts, and other information sources (including individually identifiable health information without individual authorization or notice) during normal business hours (or at other times without notice if HHS presents appropriate lawful administrative or judicial process). We will cooperate with any compliance review or complaint investigation by HHS, while preserving the rights of the College.

13. Designated Personnel
The Chairperson of the College of Nursing and Health Professions Compliance Committee will serve as Privacy Officer and contact person for the College.

University of Southern Indiana
College of Nursing and Health Professions

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY
We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect April 14, 2003 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION
We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.
Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends: We must disclose your health information to you, as described in the Client Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved In Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Required by Law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

CLIENT RIGHTS
Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we may charge a cost-based fee to cover the cost of processing. If you request an alternative format, we may charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee.)

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).
**Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. *{You must make your request in writing.}* Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

**Amendment:** You have the right to request that we amend your health information. *(Your request must be in writing, and it must explain why the information should be amended.)* We may deny your request under certain circumstances.

**Electronic Notice:** If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

**QUESTIONS AND COMPLAINTS**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

This notice was published and becomes effective on or before April 14, 2003

Privacy Contact: College of Nursing and Health Professions
Telephone: 812.464.1702
University of Southern Indiana
College of Nursing and Health Professions

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

**You May Refuse to Sign This Acknowledgement**

I, ____________________________________________, have received a copy of this office’s Notice of Privacy Practices.

Client Signature__________________________________________________________

-OR IF SIGNING FOR A MINOR -

Print Name of Minor_____________________________________________________

Parent or guardian of minor signature______________________________________

{Date}

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

☐ Individual refused to sign

☐ Communications barriers prohibited obtaining the acknowledgement

☐ An emergency situation prevented us from obtaining acknowledgement

☐ Other (Please Specify)

__________________________________________
CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

SECTION A: CLIENT GIVING CONSENT

Name: ___________________________________________ Social Security Number ____________________________

Address: _________________________________________ _______________________________________________

Telephone:                             E-mail:  ____________________________

SECTION B: TO THE CLIENT—PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY.

Purpose of Consent: By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations.

Notice of Privacy Practices: You have the right to read our Notice of Privacy Practices before you decide whether to sign this Consent. Our Notice provides a description of our treatment, payment activities, and healthcare operations, of the uses and disclosures we may make of your protected health information, and of other important matters about your protected health information. A copy of our Notice accompanies this Consent. We encourage you to read it carefully and completely before signing this Consent.

We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. If we change our privacy practices, we will issue a revised Notice of Privacy Practices, which will contain the changes. Those changes may apply to any of your protected health information that we maintain.

You may obtain a copy of our Notice of Privacy Practices, including any revisions of our Notice, at any time by contacting:

College of Nursing and Health Professions, University of Southern Indiana
812.464.1702

Right to Revoke: You will have the right to revoke this Consent at any time by giving us written notice of your revocation submitted to the Contact Person listed above. Please understand that revocation of this Consent will not affect any action we took in reliance on this Consent before we received your revocation, and that we may decline to treat you or to continue treating you if you revoke this Consent.

SIGNATURE

I, ___________________________________________, have had full opportunity to read and consider the contents of this Consent form and your Notice of Privacy Practices. I understand that, by signing this Consent form, I am giving my consent to your use and disclosure of my protected health information to carry out treatment, payment activities and health care operations.

Signature: ________________________________ Date: ______________________________

If this Consent is signed by a personal representative on behalf of the client, complete the following:

Personal Representative’s Name: ___________________________________________

Relationship to Client: __________________________________________

YOU ARE ENTITLED TO A COPY OF THIS CONSENT AFTER YOU SIGN IT.
Parent or Legal Guardian Consent for Treatment

I, ____________________________________________

(parent of legal guardian), authorize the dental hygiene faculty and students of the University of Southern Indiana Dental Hygiene Clinic to provide preventive and therapeutic services, which may include but not be limited to examination, cleaning the teeth, dental x-rays, dental sealants and fluoride treatment, for

______________________________________________.

(Name of child)

Signature __________________________________________

Printed name _______________________________________

Date ______________________________________________

Relationship to child ________________________________
To the Client:

You have the right to file a complaint with us about our privacy practices or our compliance with our Notice of Privacy Practices, our Privacy Policies and Procedures, or federal or state privacy rules or law. We will not require you to waive any right you may have under federal or state privacy or other law to file your complaint, nor will filing your complaint adversely affect our treatment of you. To exercise this right, please complete, sign and date Sections A and B below, then submit this complaint to us at:

Contact Office: University of Southern Indiana College of Nursing and Health Professions
Telephone: 812.464.1702

You may, in addition or in the alternative to filing a complaint with us, file a complaint with the United States Department of Health and Human Services. For information on the procedures for doing that, please contact us at the above location.

SECTION A: CLIENT LODGING COMPLAINT

Name: ___________________________ Social Security Number: _________________
Address:   ___________________________ ________________________________________
Telephone: ______________________________ E-mail:________________________

SECTION B: CLIENT’S COMPLAINT

Please give a concise, plain statement of your complaint:

________________________________________________________________________

Please give a concise, plain statement of the resolution you seek for your complaint:

________________________________________________________________________

CLIENT’S SIGNATURE

I certify that the statements made in this complaint are true and correct to the best of my information and belief.

Signature: ___________________________ Date: ___________________________

If this complaint is lodged by a personal representative on behalf of the patient, complete the following:

Personal Representative’s Name: _________________________________
Relationship to Client: ___________________________________________

YOU ARE ENTITLED TO A COPY OF THIS COMPLAINT
Standard Precautions and Clients’ Rights

Health care facilities providing services in which there is a risk of skin, eye, mucous membrane, or parenteral contact to human blood or other potentially infectious materials must practice universal precautions.

Standard Precautions means the prevention of disease transmission through the use of infection control practices with all patients.

The Dental Hygiene and Dental Assisting Programs at the University of Southern Indiana comply with infection control practices required by the Indiana State Department of Health (ISDH), which were adopted by Indiana law, Indiana Occupational Safety and Health Administration (IOSHA), and the Centers for Disease Control and Prevention (CDC) recommendations. The following infection control practices include, but are not limited to; those required by the Universal Precautions rule and are used to prevent transmission of bloodborne pathogens to clients and treating staff:

- Appropriate use of protective barriers, including gloves for hand contact, masks, gowns, laboratory coats, protective hair covering, and protective eyewear or face shields are used for procedures having the potential of creating a spray or splatter of blood or other potentially infectious materials.

- Gloves, when required, are changed and hands are washed after each client.

- Heat stable, non-disposable instruments requiring sterilization that are contaminated with blood or other potentially infectious materials are heat sterilized after treatment of each client.

- Precautions are taken to prevent injuries caused by needles, syringes, and other contaminated sharp objects are discarded in puncture-resistant containers.

- Surfaces and equipment contaminated with blood or other potentially infectious materials that need not be sterilized are cleaned and disinfected after treatment of each patient. Disposable coverings may be used on some surfaces to prevent contamination.

- Infectious waste is placed in containers labeled with the biohazard symbol, impervious to moisture, and of sufficient strength to prevent expulsion.

- Containers of infectious waste are stored in a secure area prior to treatment and final disposal.

- Client care staff receives training on infection control.

The infection control procedures listed, and other that are not readily observable, protect you from disease transmission. Indiana law requires that health care facilities be committed to appropriate use of Standard Precautions. Any deviation from this commitment should be brought to the attention of the Dental Hygiene or Dental Assisting Program Director at this facility. If you are not satisfied with the explanation of standard precautions provided by this facility, you may file an official complaint with the Indiana State Department of Health by writing to the following address:

Indiana State Department of Health  
c/o Exposure Control Coordinator  
2 North Meridian Street  
Indianapolis, IN 46204  
317-233-7825

Revised: 10/96, Reviewed: 11/07, Rev: 8/10
CLINIC POLICIES AND INFORMATION
**DRESS AND PERSONAL APPEARANCE**

The student is permitted to operate in the clinic or dental materials laboratory when adhering to the following guidelines concerning personal appearance:

- clean ceil blue scrubs
- only white shirts are permitted under scrubs
- machine washable socks, white or solid color coordinated with scrubs
- clean, close-toed, white clinic shoes, preferably machine washable
- no shoes with open backs or toes are permitted at extramural sites
- plain white or skin-tone undergarments
- protective gown worn over scrubs during all treatment and post-treatment procedures or when assisting with those procedures
- protective eyewear with side shields or chin length face shield worn during all treatment and post-treatment procedures, when assisting with those procedures, or when working in the dental materials laboratory
- chin length face shield worn when utilizing a handpiece, ultrasonic scaler, or polishing equipment or when assisting in the use of those devices
- protective face mask worn during all treatment and post-treatment procedures, when assisting with those procedures, or when working in the dental materials laboratory
- disposable gloves worn during all treatment procedures or when assisting with those procedures
- utility gloves worn during all post-treatment procedures in the sterilization room or when assisting with those procedures and when there is potential for an exposure incident in the clinic units
- protective gown worn over scrubs during all treatment and post-treatment procedures or when assisting with those procedures
- protective eyewear with side shields or chin length face shield worn during all treatment and post-treatment procedures, when assisting with those procedures, or when working in the dental materials laboratory
- protective face mask worn during all treatment and post-treatment procedures, when assisting with those procedures, or when working in the dental materials laboratory
- disposable gloves worn during all treatment procedures or when assisting with those procedures
- utility gloves worn during all post-treatment procedures in the sterilization room or when assisting with those procedures and when there is potential for an exposure incident in the clinic units
- chin length face shield worn when utilizing a handpiece, ultrasonic scaler, or polishing equipment or when assisting in the use of those devices
- protective face mask worn during all treatment and post-treatment procedures, when assisting with those procedures, or when working in the dental materials laboratory
- disposable gloves worn during all treatment procedures or when assisting with those procedures
- short, smoothly trimmed fingernails with no nail polish-no artificial fingernails
- **no** jewelry (including nose and tongue rings)
- subdued make-up, no perfume, scented lotion, etc.

*Students entering the clinic suite to access the business office or mailboxes must be attired in full clinic attire or in a lab coat over street clothing. Discretion should be used when selecting street clothing, e.g. no short-shorts, midi tops, etc. Students accessing any part of the clinic suite beyond these two areas must be in full clinic attire.*

**CONDUCT AND ETHICS**

Information regarding a client's records or treatment is protected by law and cannot be disclosed or reported without the client's express written consent. Client information should be discussed only with the student's advising faculty, the staff dentist, and if pertinent, the Dental Hygiene Program Director. Everything regarding the client and treatment **MUST BE KEPT CONFIDENTIAL.**

Never criticize previous oral health care. A variety of factors influence the client's oral condition.

Professional conduct and ethics should encompass all activities of the student. Anything less than the highest degree of professional conduct and attitude on the part of the student reflects on the profession, the University, and the student. Courtesy and consideration of clients, peers, and professors should prevail at all times.

Students are not to use another student's instruments or supplies without that student's express consent.
The handling of contaminated instruments and post-operative procedures in the unit is to be conducted only by the student providing treatment.

Personal problems must never enter the clinic. The student's social activities, health problems, etc., must not be discussed with the client, peers, or professors during the clinic session.

ATTENDANCE

Students are scheduled for specific clinic sessions and must attend all scheduled sessions to maximize the potential for completing clinic requirements. The student must account for every scheduled clinic session. A clinic evaluation form must be completed for every scheduled clinic. Faculty will document student absences using a clinic evaluation form.

Students must arrive in clinic a minimum of 30 minutes prior to beginning of the clinic session, (7:30/8:00, 12:30/1:00, 5:00/5:30

During clinical assistant rotations, the student must arrive at least 30 minutes prior to the beginning of the clinic session of the day. The student must also remain in the clinic until all post-treatment activities are complete. Failure to adhere to this policy will result in an additional rotation assignment during another clinic session.

Students must complete all assigned rotations. Any changes to a rotation must be approved by an advising faculty and documented in the appointment book.

DISORDERLY CONDUCT POLICY

Clinic faculty reserves the right to ask any persons to retire to the reception area if their presence is disrupting the clinical setting and educational experience of the students. If the person(s) in question do not respond appropriately to such request, faculty should call 7777 for intervention deemed necessary from the University of Southern Indiana Safety and Security Department.

CLINIC FEES

All clients must pay appropriate clinic fees for services rendered. The fees cover all services rendered during an appointment or sequence of continuing appointments. The fees are collected after the care plan is finalized.

Dental hygiene and dental assisting students, faculty, and staff are exempt from paying fees. Their immediate family members, including parents, grandparents, siblings, spouses, children, and grandchildren only, are exempt from paying the dental hygiene treatment fee. Full-time Nursing and Health Professions faculty and staff and dental professionals are also exempt from paying fees. Sealants are provided at no cost if provided in conjunction with dental hygiene treatment. No other fee waivers will be made unless approved by the Dental Hygiene Program Director. STUDENTS WILL NOT RECEIVE CREDIT FOR CLIENT TREATMENT IF THE CLIENT DOES NOT PAY APPLICABLE FEES.
Fees for services are as follows:

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Dental Hygiene Treatment</td>
<td>$35.00</td>
</tr>
<tr>
<td>Senior Citizens</td>
<td>$15.00</td>
</tr>
<tr>
<td>Child Dental Hygiene Treatment Ages11-17</td>
<td>$20.00</td>
</tr>
<tr>
<td>Children under 10</td>
<td>$10.00</td>
</tr>
</tbody>
</table>

Radiographs and or sealants are included in the cost of dental hygiene treatment

Fees for Radiographs when NOT having dental hygiene treatment

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Mouth Series</td>
<td>$25.00</td>
</tr>
<tr>
<td>Panoramic Radiograph</td>
<td>$25.00</td>
</tr>
<tr>
<td>Bitewing Radiographs</td>
<td>$15.00</td>
</tr>
</tbody>
</table>

**CLIENT APPOINTMENTS**

The student is responsible for obtaining her/his own clients. Clients will present with a variety of oral health/disease patterns and will be classified accordingly. The student must provide treatment for some clients presenting with periodontal disease and specific deposit classifications. **It is the student’s responsibility to ensure that she/he obtains and completes the appropriate number of clients required in each client category.** The student is expected to confirm each client’s scheduled appointment and to have a client scheduled during every assigned clinic session. The student must communicate with the clinic administrative assistant regarding client appointment status. The student is also expected to review client records before the time of treatment.

Client information forms are available from the Dental Hygiene Clinic Office. The pink **“New Client”** forms should be completed in full for mailing papers to be sent. Information to be provided consists of **Name, Address, Phone, Appointment Dates and Times.** The dental hygiene clinic office personnel will place all information to be included in the appointment book. The client’s Medical History, directions, and letter of introduction will automatically be sent by information supplied. If the forms have been hand delivered to the client, the student should check “No” on the question: Send Medical Histories? No _____ Yes _____.

The information for **Recare and Reappoint** clients should be written on the blue or green information forms. This form requires **Name, Phone, Appointment Date and Time.** If a student schedules an appointment with a client the student has previously treated, the student should circle **R/C** (Recare-a client previously treated by the student) or **R/A** (Reappoint-a client which the student must have return for completion) on this form and submit it to the dental hygiene office. The information listed on the form will be placed in the appointment book.

If a client is assigned to a student by the dental hygiene office, the appropriate color form will be placed in the student’s mailbox by the dental hygiene office personnel. This form states “client has been assigned to you” and includes the date and time of the scheduled appointment. The student should then come to the office and get the information needed for the appointment. **In case of duplicate appointments, the one listed in the appointment book will be valid.**

Students are not to enter the clinic business office. Inquiries about client appointments should be directed to the dental clinic administrative assistant who will manage the appointment book during clinic business hours.
**CLINIC TELEPHONE POLICY**

Clinic telephones are for official University business only. No cell phones are to be brought into the clinic. No personal calls are to be made or received on the clinic telephones or on cell phones while in the clinic. If a student needs to contact a client, inform the clinic administrative assistant of the reason for the call.

**CLIENT CANCELLATION POLICY**

If a client does not honor an appointment, record that information in the Progress Notes. If a client has broken two appointments without sufficient notice, the student is not obligated to reschedule the client. The student is required to wait 20 minutes for a scheduled client. If at the time the client has not arrived, another client may be called.

**RECORDS**

All assessment records, treatment procedures, and other pertinent information must be entered in the chart or in the computer utilizing an assigned password for permanent legal records. All entries must be neat, legible, dated, and in blue ink (except periodontal and dental charting) if using a paper record. Entries should not be altered after the fact, unless they were entered in error. When a correction is necessary, a single line should be drawn through the entry, dated and initialed, and the correction should immediately follow. Records should never exhibit signs of erasure, scribbling through entries, or the use of whiting agents. Entries entered in error by the client should be corrected by the client, initialed and dated by the client. Completed charts must be filed after final faculty review if utilized. **Charts are never to be removed from the clinic.**

The following are to be included as part of a client’s record utilizing an electronic format if at all possible. All prior appointment paper documents should be placed in reverse chronological order by document type. A piece of colored card stock paper should be placed between all current appointment and prior appointment documents. The only exception is that all Progress Notes should be placed in reverse chronological order on top. **-Refer to the Record Review (bright green) for outline of order-**
**Record Review** – completed by faculty at each appointment in a continuing series. During each treatment session, faculty should verify the *Record Review* is complete by initialing in the designated areas. After the completion of client care, the completed form should be filed in the clinic office.

**Progress Notes** - The following criteria apply to completing the Progress Notes:

1. A record of client treatment is kept for each appointment.
2. This record is a legal document, as is the rest of the client chart, and must be written when the clinician is logged in with their assigned password.
3. Entries made in the *Progress Notes* must provide an accurate reflection of the services provided during the appointment, oral health education, and recommendations discussed, referrals made for further treatment beyond the scope of the dental hygiene appointment, recommendations for reappoint or recare appointments and any pertinent personal information.
4. The *Progress Notes* should include client cancellations, broken appointments, physician or staff dentist consultations, and any other information pertinent to treatment.
5. The *Progress Notes* must be completed prior to the check out procedure and reviewed with the advising professor during the check out procedure.
6. The specific components of the *Progress Notes* include:
   a. Dental Hygiene Diagnosis documented at first appointment if multiple appointments
   b. Classification of deposits and periodontal status
   c. Treatment – Include a detailed summary of services rendered and any pertinent findings. Entries related to radiographs and radiograph retakes must be highlighted in yellow.
   e. Referrals
   f. Reappoint/Recare Date
   g. Personal Information – Include anything pertinent to the client, e.g. cannot fully recline, planning a trip to Europe in September, etc.
   h. Faculty Comments

**Physician Consultation Letter** – placed on top of most current medical/dental history. The response to the letter must be received prior to initiating any client assessment/treatment procedures.

**Medical/Dental History** - must be completed by client (parent or guardian if client under 18), dated, and signed by client, student, and advising professor. The student must review the completed history, highlight all positive responses in yellow, and make comments regarding positive responses. The history must be updated at each recare appointment and reappointment protocol completed for each appointment in a continuing treatment series. If the client has any allergies or conditions that might affect treatment, mark the corner of the history with the appropriate indicator and indicate in EagleSoft. A completed medical history can only be used until the history is two years old.

**Extraoral/Intraoral Assessment** - completed in EagleSoft or in blue ink if the technology is not accessible. Completed at the initial appointment and must be updated at each subsequent appointment. See *Extraoral/Intraoral Examination Recordings* for guidelines in completing the assessment.

**Periodontal Assessment** - completed in EagleSoft or in ink/red and blue pencil if the technology is not accessible. A comprehensive periodontal assessment is to be completed on all clients eighteen years of age and older. Probing is completed annually on the mesial of all first molars of clients younger than eighteen. A full mouth probing is completed on clients younger than eighteen if evidence of periodontal disease is present. Periodontal class III and IV clients must have a comprehensive periodontal assessment completed at the first appointment in a continuing treatment series. At the last appointment in the series the reappoint periodontal class III or IV client must have a second assessment completed. Periodontal class III and IV clients must be reassessed at every recare appointment. Periodontal class I
and II clients who require more than one appointment for completion need only have the comprehensive periodontal assessment completed at the first appointment. Periodontal class I and II clients previously treated in the clinic will require a comprehensive assessment every appointment. Documentation of probing depths will be completed every 12 months unless significant differences indicate earlier recording.

Periodontal findings to be recorded include: free gingival margin line, probing depths, bleeding, mucogingival involvement, suppuruation, mobility (include classification), furcation involvement (include classification), and recession. At each recare appointment, regardless of the client’s periodontal classification, bleeding, erythema, edema, contributing factors, and identification of deposits must be documented.

When bleeding sites are charted, a bleeding index is to be calculated, recorded, and reported to client. Before initiating treatment, the index and chart should be shown to the client and used for instructional purposes.

**Care Plan** - completed for all clients. Completed in EagleSoft or in blue ink if the technology is not accessible. If a client will be completed in one appointment the objectives for that appointment must be stated. Objectives for a continuing treatment series must be determined at the initial appointment. The care plan should be written using terms appropriate for client understanding. Abbreviations should not be used. The proposed care plan, potential results of the treatment, and potential results of not accepting the proposed treatment must be presented and explained to the client. The client must have an opportunity to ask questions and must indicate informed consent by signing the care plan following check-in by faculty and prior to the initiation of any treatment. Informed consent must be obtained from the parent or guardian of clients younger than eighteen. As treatment progresses, revision of the objectives may be necessary. This information will be documented on a new care plan. An original care plan may not be altered.

**Dental Assessment** – completed in EagleSoft or in ink/red and blue pencil if the technology is not accessible. The dental assessment must be completed as part of the pre-treatment assessment process and will be evaluated by faculty at check-in. The dental assessment must be completed at the initial appointment and at recare appointments. Any changes noted require a new dental chart. If no changes, indicate, “No Changes” and date below the dental chart. Before initiating treatment, the chart should be displayed to the client and used for instructional purposes.

**Client Treatment Report** - completed at every appointment. Completed in EagleSoft or in blue ink if the technology is not accessible. The copy is given to the client to verify the treatment, provide detailed summary of oral health education provided, and recommendations received during the appointment. The original remains in the client’s chart.

**No stray marks or notations are to be made on any paper client record. It is recommended that each student keep a pad of paper available for making notes, calculating indices, etc. Each student clinician is responsible for logging out of the computer at the end of the clinic session.**
EXAMPLES OF CARE PLANS AND PROGRESS NOTES

Example I

Care Plan

Full Mouth Series of Radiographs
Oral health education
Dental hygiene treatment by quadrant
Subgingival irrigation with Peridex to completed quadrants
Study models
Intra oral photographs

~ 4 or more appointments will be needed
~ Alternate treatment section completed if care plan changes

Progress Notes

10/08/04  DHDX: gradual onset of generalized plaque induced chronic moderate periodontitis with contributing factors including localized recession, mobility, and furcations

TX: Class III/III, 18 film full series of radiographs with vertical bitewings - 2 retakes

OHEd: Refer to Client Treatment Report

Ref: to periodontist for evaluation, to general dentist for restorations

PI: quit smoking 08/04

10/15/04  TX: Class III/III, ultrasonic debrided mandibular arch, subgingival irrigation with 100% Peridex to entire dentition

OHEd: Refer to Client Treatment Report

RA: 10/15/04

10/22/04  TX: Class III/III, ultrasonic debrided maxillary arch, subgingival irrigation with 100% Peridex to entire dentition

OHEd: Refer to Client Treatment Report

RA: 11/22/04

11/22/04  TX: Evaluation for resolution of full mouth disinfection with ultrasonic instrumentation, sodium fluoride to entire dentition

OHEd: Client has made positive strides in home care - Refer to Client Treatment Report

RC: 02/05
Example II

Care Plan

Oral health education - (with parent)
Bitewing radiographs
Dental hygiene treatment
Sealants as approved by dentist on staff
Acidulated Fluoride to entire dentition

~2 appointments
~ Alternate treatment section completed if care plan changes

Progress Notes

04/15/05

DHDX: gradual onset of slight generalized plaque induced chronic gingivitis

TX: Class Pedo/I, two bitewing radiographs - 0 retakes, scaled entire dentition, polished entire dentition using dentifrice, acidulated phosphate fluoride to entire dentition

QHED: Refer to Client Treatment Report

Ref: to general dentist for examination

PI: begins kindergarten 8/05

04/25/05

TX: sealants placed on #s 3, 14, 19, and 30, acidulated phosphate fluoride to entire dentition

RC: 10/05

Example III - client who does not show for confirmed appointment

Progress Notes

11/04/04

Client did not show for confirmed appointment. Client was confirmed by telephone on 11/03/04.

Example IV - client cannot be rescheduled

Progress Notes

04/16/05

Client indicated inability to schedule during remaining clinic sessions. He will contact the clinic in August, 2005 to schedule remaining treatment.

Example V - client does not want to be rescheduled

Progress Notes

04/29/05

Client indicated inability to take time off from work to complete treatment in the clinic. She will complete treatment at a private dental practice.
EXAMPLE OF CLIENT TREATMENT REPORT

Client Treatment Report Dental Hygiene Clinic 8600 University Blvd. Evansville, IN 47712  812.464.1706

Client: ___________________________________________________________  Date: ________________________________

Thank you for being a client in our clinic. Your voluntary participation helps us to educate our students. Faculty supervision of all learning experiences may require that your appointment(s) last for an extended period of time. You will be asked to return if we cannot complete your treatment in one appointment. You have the right to expect reasonable continuity of care and completion of treatment.

Indiana Dental Law prohibits the students and dental hygiene faculty from diagnosing your dental conditions. Please be aware that treatment in the clinic does not substitute for regular dental examinations from your dentist, and you should continue on your normal schedule. If you have had dental x-rays made, you can request that we mail them to your dentist. Your dentist can interpret the x-rays and share the findings with you upon your request.

TREATMENT PROVIDED TODAY

<table>
<thead>
<tr>
<th>TYPE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>o</td>
<td>Dental Hygiene Treatment</td>
</tr>
<tr>
<td>o</td>
<td>oral health education</td>
</tr>
<tr>
<td>o</td>
<td>x-rays</td>
</tr>
<tr>
<td>Type:</td>
<td>4 bitewings</td>
</tr>
</tbody>
</table>

AN APPOINTMENT IS NEEDED FOR

<table>
<thead>
<tr>
<th>TYPE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>o</td>
<td>subgingival irrigation</td>
</tr>
<tr>
<td>o</td>
<td>fluoride treatment</td>
</tr>
<tr>
<td>o</td>
<td>pit and fissure sealants</td>
</tr>
<tr>
<td>o</td>
<td>continuation of scaling/root planning</td>
</tr>
<tr>
<td>o</td>
<td>recare in <em><strong>6</strong></em> months</td>
</tr>
<tr>
<td>o</td>
<td>x-rays</td>
</tr>
<tr>
<td>o</td>
<td>pit and fissure sealants</td>
</tr>
</tbody>
</table>

PERIODONTAL EVALUATION INDICATES:

TODAY ___15___%

<table>
<thead>
<tr>
<th>HEALTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>-Gums are pink</td>
</tr>
<tr>
<td>-Gums hug teeth tightly</td>
</tr>
<tr>
<td>-no bleeding present</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GINGIVITIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>-Reversible</td>
</tr>
<tr>
<td>-Bleeding gums</td>
</tr>
<tr>
<td>-Inflamed, sensitive gums</td>
</tr>
<tr>
<td>-Possible bad breath or taste</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>X</th>
<th>MILD PERIODONTITIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>-More pronounced bleeding/swelling</td>
<td></td>
</tr>
<tr>
<td>-Bad breath/taste</td>
<td></td>
</tr>
<tr>
<td>-Pockets 3-4 mm deep</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MODERATE PERIODONTITIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>-Teeth may look longer due to gum recession</td>
</tr>
<tr>
<td>-Abscesses may develop</td>
</tr>
<tr>
<td>-Bad breath/bad taste</td>
</tr>
<tr>
<td>-Teeth may begin to drift and show spaces</td>
</tr>
<tr>
<td>-Pockets 4-6 mm deep</td>
</tr>
<tr>
<td>-bone loss</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADVANCED PERIODONTITIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>-Teeth may become loose</td>
</tr>
<tr>
<td>-Constant bad breath</td>
</tr>
<tr>
<td>-Sensitive teeth due to exposed roots</td>
</tr>
<tr>
<td>-Pockets greater than 6mm deep</td>
</tr>
<tr>
<td>-Some teeth may need to be removed</td>
</tr>
<tr>
<td>-bone loss</td>
</tr>
</tbody>
</table>

PERIO.org Risk Assessment: Low  Medium  High

HISTORY OF _________________PERIODONTAL DISEASE BUT NO INDICATION OF ACTIVE INFECTION

ORAL HYGIENE EVALUATION

<table>
<thead>
<tr>
<th>Soft deposits (plaque and food debris)</th>
<th>Hard deposits (calculus)</th>
<th>Stain</th>
</tr>
</thead>
<tbody>
<tr>
<td>X  light  moderate heavy</td>
<td>X  light  moderate heavy</td>
<td>light  moderate heavy</td>
</tr>
</tbody>
</table>

INSTRUCTIONS PROVIDED

☐ Brushing  ☐ Powered Brush  ☐ Manual Brush  ☐ Nutrition  ☐ Flossing  ☐ Floss Threader

☐ Home Fluoride  ☐ Interdental Brush  ☐ Mouthrinse  ☐ Irrigator  ☐ Toothpaste  ☐ Tobacco

☐ Other __________________ Pamphlets Provided NO / YES _________________________

Caries Risk Assessment:  Low  High
COMMENTS

- Strive to use prescription fluoride (Prevident 5000) regularly and wrapping your floss in a good c-shape. Ask your dentist about suspicious areas on tooth numbers 14 and 30 and isolated 4mm pocketing.
- Reviewed importance of keeping food trap clean, striving to eat healthy snacks, and having brush turned vertically for insides of bottom fronts. Explanation of plaque, calculus, and relationship to periodontitis was provided. *Thanks for the great questions!*

GOALS SET

Brushing _1 x daily w/ fluoride toothpaste_ Flossing _2x weekly working towards daily_

Other ____________________

Referral

_X__Dental exam ___Periodontist consultation ___Orthodontist consultation ___Other
LOCATION

ant.   anterior
B   buccal
bilat.   bilateral
D   distal
F   facial
I   incisal
interprox.   interproximal
L   lingual
L   left
M   mesial
marg.   marginal, margin
md.   mandibular, mandible
mx.   maxillary, maxilla
O   occlusal
P   palatal
pap.   papillary, papilla
post.   posterior
prox.   proximal
quad.   quadrant
R   right
sext.   sextant

MEASURES

cc   cubic centimeter (=1mL)
g   gram
L   liter
mg   milligram
mL   mL
oz   ounce

MEDS

APAP   N-acetyl P-aminophenol, acetaminophen
AMOX   amoxicillin
ASA   acetylsalicylic acid, aspirin
CHX   chlorhexidine
E-MYCIN   erythromycin
EPI   epinephrine
Fl   fluoride
H₂O₂   hydrogen peroxide
IBU   ibuprofen
LIDO   lidocaine
loc. anes.   local anesthetic
NSAID   nonsteroidal antiinflammatory drug
PCN   penicillin
TCN   tetracycline
top. anes.   topical anesthetic
vit.   vitamin
## PROCEDURES

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>amal.</td>
<td>amalgam</td>
</tr>
<tr>
<td>APF</td>
<td>acidulated phosphate fluoride application</td>
</tr>
<tr>
<td>appt.</td>
<td>appointment</td>
</tr>
<tr>
<td>BX</td>
<td>biopsy</td>
</tr>
<tr>
<td>B/P</td>
<td>blood pressure</td>
</tr>
<tr>
<td>CB</td>
<td>circular toothbrushing</td>
</tr>
<tr>
<td>debrid.</td>
<td>debridement</td>
</tr>
<tr>
<td>demo.</td>
<td>demonstrate</td>
</tr>
<tr>
<td>disp.</td>
<td>disposition</td>
</tr>
<tr>
<td>DSB</td>
<td>dry sulcular toothbrushing</td>
</tr>
<tr>
<td>exam</td>
<td>examination</td>
</tr>
<tr>
<td>FI</td>
<td>flossing instruction</td>
</tr>
<tr>
<td>fl. tx.</td>
<td>fluoride treatment</td>
</tr>
<tr>
<td>F/U</td>
<td>follow up</td>
</tr>
<tr>
<td>impr.</td>
<td>impressions</td>
</tr>
<tr>
<td>med. hx</td>
<td>medical history</td>
</tr>
<tr>
<td>NaF</td>
<td>sodium fluoride</td>
</tr>
<tr>
<td>nutr. coun.</td>
<td>nutritional counseling</td>
</tr>
<tr>
<td>OE</td>
<td>oral examination: includes intra and extra oral examination</td>
</tr>
<tr>
<td>OHEd</td>
<td>oral health education</td>
</tr>
<tr>
<td>PDE</td>
<td>periodontal/dental examination</td>
</tr>
<tr>
<td>perio.</td>
<td>periodontal</td>
</tr>
<tr>
<td>RCT</td>
<td>root canal therapy</td>
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<tr>
<td>rest.</td>
<td>restoration</td>
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<tr>
<td>rp</td>
<td>root planing</td>
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<tr>
<td>R/O</td>
<td>rule out</td>
</tr>
<tr>
<td>sc.</td>
<td>scaling</td>
</tr>
<tr>
<td>sc/rp</td>
<td>scaling and root planing</td>
</tr>
<tr>
<td>seal.</td>
<td>sealant(s)</td>
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<tr>
<td>sel. pol.</td>
<td>selective polishing</td>
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<tr>
<td>SI</td>
<td>subgingival irrigation</td>
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<tr>
<td>SnF</td>
<td>stannous fluoride application</td>
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<tr>
<td>st. mod.</td>
<td>study models</td>
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<tr>
<td>temp.</td>
<td>temporary</td>
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<tr>
<td>ultra. cl.</td>
<td>ultrasonic cleaner</td>
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<td>ultra. sc.</td>
<td>ultrasonic scaling</td>
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## RADIOGRAPHS

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<tr>
<th>Abbreviation</th>
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<tbody>
<tr>
<td>BW</td>
<td>horizontal bitewing radiograph</td>
</tr>
<tr>
<td>exp.</td>
<td>exposures</td>
</tr>
<tr>
<td>FMS</td>
<td>full mouth radiograph series</td>
</tr>
<tr>
<td>OR</td>
<td>occlusal radiograph</td>
</tr>
<tr>
<td>PA</td>
<td>periapical radiograph</td>
</tr>
<tr>
<td>PAN</td>
<td>panoramic radiograph</td>
</tr>
<tr>
<td>VBW</td>
<td>vertical bitewing radiograph</td>
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## SYMBOLS

<table>
<thead>
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<th>Symbol</th>
<th>Description</th>
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<tr>
<td>a</td>
<td>ante, before</td>
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<tr>
<td>≈</td>
<td>approximately</td>
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<tr>
<td>@</td>
<td>at</td>
</tr>
<tr>
<td>c</td>
<td>with</td>
</tr>
<tr>
<td>=</td>
<td>equal</td>
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</table>
SYMBOLS Continued

♀  female
>  greater than
<  less than
♂  male
#  number
p  post, after
1°  primary, initial
2°  secondary
3°  tertiary
s  without, sans, sine

TIME

ASAP  as soon as possible
bid  twice per day
h.s.  hour of sleep
q  every
qd  every day
qid  four times per day
tid  three times per day

MISCELLANEOUS

AHA  American Heart Association
a.m.  morning
car.  caries
cl.  classification
comp.  complete
cont.  continued, continuous
CPR  cardiopulmonary resuscitation
c.t.  client
DDS/DMD  dentist
dent.  dentition
dx  diagnosis
dz  disease
ext.  extraction, extracted
FPD  fixed partial denture
gen.  generalized
hem.  hemorrhage
H₂O  water
hx  history
imp.  impacted
incip.  incipient
inc.  incomplete
infl.  inflammation
instr.  instruction
loc.  Localized
mod.  moderate
NC  new client
NCNS  no complications
NKA  no known allergies
NKDA  no known drug allergies
PB  proxybrush
P.I.   personal information
p.m.   afternoon
pros.  prosthetic
RA    reappoint:  An additional appointment scheduled for a client in order to continue or complete treatment begun at the initial appointment.
RC    recare:  A supportive periodontal appointment scheduled after treatment is completed, the time interval is based on client need.
rec.   recommendation
recess. recession
ref.   referral
rev.   review
ROM   range of motion
RPD   removable partial denture
Rx    prescription
SBE   subacute bacterial endocarditis
sev.  severe
sl.   slight
TB    toothbrush
TMJ   temporomandibular joint
tx.   treatment
WNL   within normal limits
EXTRAORAL/INTRAORAL EXAMINATION RECORDINGS

Items will be recorded in EagleSoft using the clinical exam option and subheadings TMJ and HEAD.

The student will complete the Extraoral/Intraoral Assessment according to the following criteria:

A. Findings which should be recorded:
   - vesicles
   - ulcerations
   - coated tongue
   - aphthous ulcers
   - herpetic lesions
   - geographic tongue
   - angular cheilitis
   - erythroplakia
   - leukoplakia
   - traumatic lesions
   - scars
   - mucoceles
   - nodules
   - swellings, hard masses, tenderness
   - inflammation
   - exudation
   - xerostomia
   - torus palatinus/tori mandibularis/exostoses (should be visible clinically)
   - ankyloglossia
   - stomatitis nicotina

B. Clinical findings to be excluded (unless excessive in appearance):
   - linea alba
   - Fordyce granules
   - racial pigmentation
   - lingual varicosities
   - fissured tongue
   - palatine suture
   - normal anatomical structures
   - petechia(e)
   - tissue tags

All findings should be described according to location, size, physical form, symptoms, and history (known to client?, duration, etc.) utilizing the notes option in EagleSoft.
ASSESSMENT OUTLINE FOR EAGLESOFT
DETAILLED SUMMARIES FOR EACH SECTION AVAILABLE

DENTAL CHARTING
SAMPLE OF ITEMS RECORDED UNDER NOTES
looks like a clipboard at bottom of page

ABFRACTION/ABRASION
ATTRITION
EROSION
DEMINERALIZATION/HYPOPLASIA
FULL ORTHODONTICS
MOBILE DECIDUOUS TEETH
LINGUAL BAR
AMALGAM TATTOO
PIERCINGS
OPERCULUM
CONTRIBUTING FACTORS
FOOD TRAPS
S M OR H SUPRAGINGIVAL CALCULUS / S M OR H SUBGINGIVAL CALCULUS / DEPOSIT CLASS
EXAMPLE: Dep.CL III (M SUP CALCULUS, H SUB CALCULUS)

CONGENITALLY MISSING (under Decay buts looks like just missing–always add a descriptive note)
IF OPEN BITE IS PRESENT IT WILL GO UNDER NOTES

PERIODONTAL CHARTING

KEY
☐ THE CORRECT CODE MUST BE CLICKED TO USE
☐ THE TOOTH OR SURFACE MUST BE CLICKED FOR DESIRED RESULT

PD  Probing Depth
GM  Gingival Margin
FG  Furcation
CAL Clinical Attachment Level
MOB Mobility

CLINICAL EXAM SECTION
MUST BE COMPLETED AS PART OF YOUR ASSESSMENT

CLICK ON EACH ICON UNDER CLINIC EXAM COMPLETE THE APPLICABLE ENTRIES AS
INDICATED BY THE SAMPLES FOUND IN THE CLINIC RESOURCE BOOKS

IF ICON IS NOT FUNCTIONING, RIGHT CLICK AND CHOOSE TO ADD IT TO THE EXAM
STEP 1
SELECT A CLIENT

STEP 2
CLICK ON CHART ON CLINIC HOME PAGE

STEP 3
RECORD FINDINGS ON DENTAL CHART

Helpful Hints:
- ITEMS NOT LISTED ARE RECORDED IN NOTES
  [SAMPLE OF ITEMS THEY MA ALL UNDER NOTES CAN BE FOUND AT THE END OF THE DOCUMENT]
- ALWAYS WORK UNDER EXISTING – NOT PROPOSED TREATMENT!
  CHECK CLOSELY BEFORE BEGINNING
- You can not have a new dental charting after the initial charting. Recare appointments will be an editing of the initial charting
- Click on the tooth you have chosen before choosing a selection on the right
- To edit your work on a tooth you have to highlight the tooth, right click and delete the recording that is not correct

AMALGAM - blue
- Click on AMAL – Select existing under status–Highlight the desired surfaces(okay to use either summary surfaces or detailed surfaces option)-click okay

CAVITATIONS - red
- Click on Decay–highlight desired surfaces

COMPOSITES - green
- Click COMPA or COMPP-highlight the desired surfaces

CROWNS - gold with blue vertical lines
- INDIVIDUAL: Click PFM-select a choice (most likely full porcelain or porcelain fused to metal)

BRIDGE: Abutment-click BRGA-select a choice

Pontic-click BRGP-select a choice

DENTURE
- Select all teeth, click DENTR

DIASTEMA - red

- Click on MissT-choose open contact distal or mesial

DRIFT - red
- Click on MissT-choose a condition -click okay

ENDODONTIC TX - blue
- Click on RCT-not the arrow to the left of it
**FIXED PARTIAL DENTURE** – blue
- Abutment-click BRGA-select a choice
- Pontic-click BRGP-select a choice

**FOOD IMPACTION** – red
- Click on Decay-choose Food Trap

*Caution:*
Food trap *always* shows on the distal so pick the correct tooth in regard to where you want the food trap to show up

**FRACTURE /CRACK** – red zigzag
- Click on **Decay or can be found under Conditions** -choose surfaces

**IMPACTED TOOTH** - red
- Click on Decay-choose impacted distally or mesially

**IMPLANT** – blue with black diagonal lines
- Click **IMPLT**- make sure it is existing!

*Helpful Hint:*
Go straight to PFM after selecting the implant to choose crown option

**LINGUAL BAR**
- Click on conditions – choose lingual bar

**MISSING TOOTH**
- Click on MissT icon *not the little mark to the right of the word* – scroll down- select conditions:
  - For missing tooth that you can prove with visual ONLY pick the first option –(looks like an X)
  - For missing tooth that you can prove with radiographs, pick the second option-(dark purple with hash marks)

**OVERHANG / LEDGE**
- Describe in **Notes –bottom right of screen-looks like a clipboard**

**PARTIALLY ERUPTED**
- Refer to IMPACTION
- Add a description in notes better describing the partial impaction

**POST AND CORE** - blue
- Click on **BLDUP**-Pick desired code

**PRIMARY TEETH** – teeth will change to look primary after selection is made
- Click on **select all**-click primary

**REMOVABLE PARTIAL DENTURE**
- Select all teeth included in the removable partial, click **RPD**

**RETAINED DECIDUOUS TOOTH**
- Right click on tooth and choose primary or, if permanent tooth is present, the retained tooth goes in under notes
<table>
<thead>
<tr>
<th>SEALANTS – blue S</th>
<th>Click on arrow to right of PROC-choose sealant-per tooth</th>
</tr>
</thead>
<tbody>
<tr>
<td>STAINLESS STEEL CROWN</td>
<td>Click on PFM-choose #6 or #7 depending on whether the tooth is primary or permanent</td>
</tr>
<tr>
<td>SUPERNUMERARY TOOTH</td>
<td>Describe in Notes</td>
</tr>
<tr>
<td>SUPRA INFRA ERUPTION (red arrow vertical through root)</td>
<td>Click on MISS-T-choose a condition-click okay</td>
</tr>
<tr>
<td>VENEER-blue or cream on just the facial</td>
<td>Click on PFM-choose #4 or #5 depending on how much information received from client</td>
</tr>
<tr>
<td>VERSIONS – red curved arrow</td>
<td>Click on MISS-T-choose best option</td>
</tr>
</tbody>
</table>

*Helpful Hint:*
Look for rotated mesial or distal instead of the terms mesial and distal version

<table>
<thead>
<tr>
<th>SAMPLE OF ITEMS RECORDED UNDER NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>looks like a clipboard at bottom of page</td>
</tr>
<tr>
<td>ABFRACTION/ABRASION</td>
</tr>
<tr>
<td>ATTRITION</td>
</tr>
<tr>
<td>EROSION</td>
</tr>
<tr>
<td>DEMINERALIZATION/HYPOPLASIA</td>
</tr>
<tr>
<td>FULL ORTHODONTICS</td>
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<td>MOBILE DECIDUOUS TEETH</td>
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University of Southern Indiana  
Dental Hygiene Program  
Periodontal Assessment in EagleSoft

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<th></th>
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</tr>
<tr>
<td>CAL</td>
<td>Clinical Attachment Level</td>
</tr>
<tr>
<td>MOB</td>
<td>Mobility</td>
</tr>
</tbody>
</table>

**STEP 1**  
SELECT A CLIENT

**STEP 2**  
ALWAYS PICK NEW EXAM

**STEP 3**  
CHOOSE PROCESS: B then L 1-16 / B then L 17-32

**STEP 4**  
MARK OUT MISSING TEETH – CLICK ON TOOTH – RIGHT CLICK-CHECK MAKE TOOTH MISSING

**STEP 5**  
SELECT PD ICON AND RECORD PROBING DEPTHS  
STOP AFTER EACH QUADRANT TO RECORD BLEEDING

RECORD BLEEDING BY QUADRANT – CLICK ON SURFACE  
WITH BLEEDING – CLICK BLEEDING

**STEP 6**  
SELECT GM ICON TO RECORD RECESSION NUMBERS

**STEP 7**  
SELECT FG TO RECORD ANY FURCATIONS FOUND

**STEP 8**  
SELECT MOB TO RECORD MOBILITY

**STEP 9**  
1. PROCEED TO CLINICAL EXAM ICON  
   [LOCATED ON CLINIC HOME PAGE – REPRESENTED AS A KEYBOARD]

2. CLICK ON PERIO AND COMPLETE THE APPLICABLE ENTRIES:  
   (IF PERIO ICON IS NOT FUNCTIONING, RIGHT CLICK AND CHOOSE TO ADD IT TO THE EXAM)

3. THE CALCULATE ICON ON RIGHT HAND SIDE OF SCREEN WILL ALLOW VIEWING OF  
   SUMMARY INFORMATION FROM YOUR PERIODONTAL PROBING ASSESSMENT
CLINICAL EXAM SUMMARY

ALL ITEMS BELOW

Exam Date: Today
Exam Type: Comprehensive Exam
Status: Incomplete

Summary Info:
- Teeth: Sites 0 0
- Bleeding: N/A
- Suppuration: 0 0
- Function: 0 0
- Mobility: 0 0
- Pocket Depth >4 mm: 0 0

Consistency: N/A
Hygiene: N/A

Attached Gingiva:
- Color: N/A
- Texture: N/A

Periosteal:
- Shape: N/A
- Color: N/A
- Texture: N/A

Periodontal Diagnosis:
- N/A
- Normal
- Type I
- Type II
- Type III
- Type IV
- Type V
- Early Onset Periodontitis
- Systemic Associated
- Acute Necrotizing Ulcerative Gingivitis

Comments:

Caries:
- Number of Caries: 0
- Number of Recurrent Caries: 0

Restorations & Fractures:
- Number of Restorations with Poor Marginal Integrity: 0
- Number of Fractured Teeth: 0

Number of Restorations: 0
Number of Fractured Restorations: 0

General (III of Teeth with):
- Erosion: 0
- Exfoliation: 0
- Lesions: 0
- Tint: 0
- Impaction: 0
- Malposition: 0
- Open Contacts: 0
- Non Func Teeth: 0

Number of primary teeth lost permanently:
- Greater than one year: 0
- Less than or equal to one year: 0

Roots:
- Amputated: 0
- Root Canal: 0

Comments:
<table>
<thead>
<tr>
<th></th>
<th>Present</th>
<th>Past</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are your teeth sensitive to:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hot or Cold</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biting / Chewing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sweets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontic Treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A Bite Plate or Guard</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Periodontic Treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral Surgery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serious injury to Mouth or Head</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments: [Blank]

Options: All Present, All Past, All Never, Default
CLIENT CLASSIFICATION
## CLIENT CLASSIFICATION

### PERIODONTAL CASE TYPE CLASSIFICATION

<table>
<thead>
<tr>
<th>CASE TYPE (CT)</th>
<th>PERIODONTAL DIAGNOSIS – SEVERITY</th>
<th>Some basic CLINICAL ELEMENTS which may be associated with each category (i.e. this is NOT an all-inclusive list of absolute, immutable characteristics)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No CT Classification</td>
<td>Disease-free, Healthy Periodontium</td>
<td>No erythema or edema of tissues. No bleeding upon probing. Adequate attached, keratinized gingiva. Appropriate interdental papillae. No Clinical Attachment Loss (CAL). Probing Depth (PD) &lt; 3 mm. No tooth mobility. Radiographic crests of bone within 2 mm of CEJ; interseptal bone parallel to line between adjacent CEJs. Free gingival margin at level of CEJ (adolescents and young adults – may be 1-2 mm occlusal to CEJ). No furcation involvement.</td>
</tr>
<tr>
<td>Case Type 1</td>
<td>Gingivitis</td>
<td>Inflammation of the gingiva. Likely bleeding upon probing. Changes in gingival color, contour, consistency and surface texture. No bone loss. Clinical Attachment Loss (CAL) &lt;1 mm; Shallow probing depths (likely &lt; 3 mm). May observe pseudopocketing.</td>
</tr>
<tr>
<td>Case Type 2</td>
<td>Slight/Mild/Early/Incipient Periodontal Disease</td>
<td>Inflammation extending into underlying periodontal structures, with slight bone loss. Likely bleeding upon probing. Clinical Attachment Loss (CAL) ~ 1 – 2 mm; Apical migration of free gingival margin possible; Probing depths likely &lt; 4 mm. Suprabony pockets. Attachment loss &lt; 10 % of root area. No furcation involvement. Osseous defects: Horizontal bone loss and/or slight interdental cratering.</td>
</tr>
<tr>
<td>Case Type 3</td>
<td>Moderate Periodontal Disease</td>
<td>More bone and soft tissue destruction than in CT-2. May observe marked bleeding upon probing. There may be loss of bone in the furcation area of multirooted teeth. Tooth mobility may be a feature. Clinical Attachment Loss (CAL) ~ 3 – 4 mm; Apical migration of free gingival margin possible; Probing depths 3 – 6 mm. Suprabony pockets. Attachment loss ~ 10-25 % of root area. Possibly Grade 1 furcation involvement. Osseous defects: Horizontal and/or vertical bone loss and/or slight interdental cratering.</td>
</tr>
<tr>
<td>Case Type 4</td>
<td>Advanced/Severe Periodontal Disease</td>
<td>A more advanced stage of CT-3. Further bone loss with tooth mobility. Furcation involvement of multirooted teeth is likely. Clinical Attachment Loss (CAL) &gt; 5mm; Apical migration of free gingival margin likely; Probing depths &gt; 6 mm. Suprabony and Infrabony pockets. Attachment loss &gt; 30 % of root area. Likely Grade 1 – 3 furcation involvement. Osseous defects: Horizontal and/or vertical bone loss and/or slight interdental cratering.</td>
</tr>
</tbody>
</table>

### Glickman’s Classification of (horizontal) Furcation Involvement

| Grade I | Slight bone loss in furcation area – Naber’s probe can just detect furcation concavity, but cannot enter the furcation area |
| Grade II | Partial bone loss in furcation area – Naber’s probe enters, but does not completely penetrate the furcation area |
| Grade III | Complete bone loss in furcation area – Naber’s probe completely penetrates the furcation area, only soft tissue occludes the passage |
| Grade IV | Same as Grade III, except entrance to area clinically visible due to soft tissue recession |

### Classification of Tooth Mobility

| Class 0 | Minute or no movement |
| Class I | Mobility up to 1 mm of displacement faciolingually |
| Class II | Mobility greater than 1 mm, but less than 2 mm, of displacement faciolingually |
| Class III | Mobility greater than 2 mm in all directions and/or depressable |

### Classification of Fremitus

| + | Slight vibration can be palpated |
| ++ | Obvious, palpable vibration can be felt; however movement of the tooth is barely visible |
| +++ | Visible movement |
NOTES:

• “CASE TYPE” and “DIAGNOSIS” are NOT synonymous terms.
• Periodontal disease DIAGNOSIS addresses:
  o Etiology (e.g. plaque, systemic disease, developmental deformities, mucogingival deformities, occlusal trauma, etc);
  o Rate of tissue destruction (i.e. chronic or aggressive);
  o Severity (i.e. slight, moderate, advanced);
  o Extent/Distribution (i.e. localized = <30% of sites affected, or generalized = >30% of sites affected);
  o Onset (i.e. chronic or acute);
• A single client may **simultaneously** present areas of health and disease with slight and/or moderate and/or advanced areas of destruction present – possibly with distinctly different etiologies.
• The periodontal CASE TYPE classification system is one in which the complex diagnosis is reduced to a limited view, focusing primarily on the severity of the client’s disease process.
• CASE TYPE classification was created for communicating with insurance and third-party payers; it is also quite useful for communicating with faculty regarding your graduation requirements!
• Medico-Legally, it is important for all members of the dental team to use the periodontal DIAGNOSIS (e.g. ‘plaque-induced generalized moderate chronic periodontitis’) when describing or discussing the periodontal status of a client, only using the CASE TYPE as a supplemental description.
• Clinical Attachment Loss (CAL) is critical to appropriate periodontal diagnosis; however, in an effort to maximize the educational process and optimize clinical skills acquisition, Probing Depths (PD) must be considered by clinical faculty when determining CASE TYPE classification as it applies to clinic requirement(s).
• Tooth mobility / Fremitus may or may not relate to the amount of support loss (check primary vs. secondary traumatic occlusion).

**DEPOSIT CLASSIFICATION**

The following categories will be used to classify the amount of deposits present in clinic clients:

**Pediatric:** This classification is limited to clients ten years of age or younger.

**Class I:** This classification may include one or any combination of the following:
- Slight stain which may require scaling
- Slight supragingival calculus in isolated area, e.g. lingual of mandibular anterior teeth and buccal of maxillary molars
- Slight subgingival calculus on no more than six teeth

**Class II:** This classification may include one or any combination of the following:
- Slight to moderate stain which requires scaling
- Slight to moderate amounts of supragingival calculus located on less than ½ of the teeth
- Slight to moderate amounts of subgingival calculus located on less than ½ of the teeth
- Slight amounts of supragingival/subgingival calculus or stain on more than ½ of the teeth

**Class III:** This classification may include one or any combination of the following:
- Moderate stain which requires scaling
- Moderate supragingival calculus located on ½ or more of the teeth
- Moderate subgingival calculus located on ½ or more of the teeth
Class IV: This classification may include one or any combination of the following:
• Generalized heavy stain which requires scaling
• Generalized heavy supragingival calculus
• Generalized heavy subgingival calculus

Description of Quantity of Deposits

Supragingival Calculus and Stain:
• Slight – grainy calculus or stain – calculus or stain which covers 1-2 mm of the clinical crown
• Moderate – band or ring of calculus or stain covering less than 1/3 of the clinical crown
• Heavy – band or ring of calculus or stain covering more than 1/3 of the clinical crown

Subgingival Calculus:
• Slight – grainy – covers 1-2 mm of tooth directly below gingival margin
• Moderate – band or ring of calculus which is removed fairly easily – possibly radiographic calculus interproximally
• Heavy – band or ring of tenacious calculus which is difficult to remove – large deposits show on radiographs
Dental Hygiene Diagnosis Protocol

University of Southern Indiana
Dental Hygiene Department

FIRST
If diagnosis is optimum health you record:
“Generalized periodontal health free of pathology”
or
Pick one choice from each column for a primary diagnosis. There will be five key words choices for a diagnosis of gingivitis and six for periodontitis.

<table>
<thead>
<tr>
<th>ONSET</th>
<th>ETIOLOGY</th>
<th>EXTENT</th>
<th>SEVERITY</th>
<th>DIAGNOSIS</th>
<th>RATE OF DESTRUCTION</th>
<th>DISEASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRADEAL</td>
<td>PLAQUE Induced</td>
<td>LOCALIZED</td>
<td>SLIGHT</td>
<td>GINGIVITIS</td>
<td>CHRONIC</td>
<td>PERIODONITIS</td>
</tr>
<tr>
<td>Onset or</td>
<td>or NON-PLAQUE Induced</td>
<td>or</td>
<td>or MODERATE</td>
<td>If not</td>
<td>or</td>
<td></td>
</tr>
<tr>
<td>ACUTE</td>
<td></td>
<td>GENERALIZED</td>
<td>or SEVERE</td>
<td>Gingivitis</td>
<td>AGGRESSIVE</td>
<td></td>
</tr>
</tbody>
</table>

SECOND
If a secondary diagnosis is in order, choose a transition phrase such as due to, exacerbated by, with, and secondary to, then continue your diagnosis. The following are some examples of secondary diagnoses that the clinician may encounter. Be specific, you should, for example, not write “secondary to a systemic factor”.

### Local Contributing Factors
- **Endocrine system**
  - Eg: Puberty-associated gingivitis, Menstrual cycle-associated gingivitis, Pregnancy-associated gingivitis, Diabetes mellitus-associated Gingivitis, blood dyscrasias (e.g. Leukemia)
- **Modified by medications**
  - Eg: Drug-influenced gingival disease, Oral contraceptive-associated gingivitis
- **Modified by malnutrition**
  - Eg: Ascorbic acid-deficiency gingivitis
- **Non-plaque induced**
  - Eg: Specific bacterial origin, Viral origin, Fungal origin, Gingival lesions of genetic origin, Gingival manifestations of systemic conditions

### Systemic Factors
- **Mucocutaneous disorder**
  - Eg: Lichen planus, Pemphigus vulgaris, Erythema multiforme, Lupus erythematosus, Drug-induced
- **Allergic reactions**
  - Eg: Dental restorative materials, Toothpaste Mouthrinses, foods
- **Traumatic lesions**
  - Eg: Chemical, Physical, Thermal

### Mucogingival deformities and conditions around teeth
- **Localized tooth-related factors that modify or predispose to plaque-induced gingival diseases/periodontitis**
  - Eg: Tooth anatomic factors, Dental restorations/appliances, Root fractures, Cervical root resorption, Cemental tears

### Developmental or Acquired Deformities and Conditions

**Helpful Hint: A Dental Hygiene Diagnosis is a summary of collected data**

- Gradual onset, plaque induced, generalized slight gingivitis
- Gradual onset, plaque induced, generalized moderate chronic periodontitis with mobility # 7 and #10
- Gradual onset, plaque induced, generalized slight gingivitis with localized moderate chronic periodontitis from food impaction #29 and -#30
- Acute onset, plaque induced generalized severe gingivitis exacerbated by pregnancy
- Gradual onset plaque induced moderate gingivitis secondary to diabetes

### Systemic diseases associated with hematologic disorders
- Eg: Acquired neutropenia, Leukemias

### Systemic diseases associated with genetic disorders
- Eg: Familial and cyclic neutropenia, Down syndrome, Leukocyte adhesion deficiency syndromes, Papillon-Lefevre syndrome

### Necrotizing periodontal diseases
- Eg: Necrotizing ulcerative gingivitis, Gingival erythema, Necrotizing ulcerative periodontitis (Secondary to bacterial infection; associated w/ immunosuppression)

### Abscesses of the Periodontium (Secondary to Bacterial Infection)

### Endodontic lesions (secondary to Bacterial Infection)

### Mucogingival deformities and conditions on edentulous ridges
- **Occlusal trauma**
  - Eg: Primary occlusal trauma, Secondary occlusal trauma

Abscesses of the Periodontium (Secondary to Bacterial Infection)

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Abscesses of the Periodontium (Secondary to Bacterial Infection)

Endodontic lesions (secondary to Bacterial Infection)

Occlusal trauma
- Eg: Primary occlusal trauma, Secondary occlusal trauma
CLINIC EVALUATION AND REQUIREMENTS
Evaluation criteria will be based on allowable errors per designated semester. The three numbers divided by the backslash (1/1/0) on the evaluation form indicates the number of allowable errors per semester under each category. Evaluation criteria utilized in clinical courses will include but not be limited to the following:

1 Professionalism
   1. Serves client without discrimination
   2. Maintains focus on client through appointment
   3. Maintains professional behavior, time management, appearance and appropriate grammar
   4. Introduces any person entering the cubicle
   5. All clinic behavior is deemed respectable by clinic faculty and mutual respect is practiced by the student clinician.

   Failure to perform any of the above will constitute an error.

   1/0/0 allowable errors = satisfactory

2 Infection Control
   1. Appropriately prepares instruments, equipment, etc. for use.
   2. Uses appropriate protective measures for client.
   3. Ensures client uses an acceptable antimicrobial mouthrinse prior to initiation of intra oral procedures.
   4. Maintains organized work area to minimize contamination of instruments, charts, supplies, etc.
   5. Avoids cross contamination.
   7. Follows appropriate infection control protocols when exposing radiographs.
   8. Uses appropriate protective measures prior to, during, and following client treatment.

   Failure to perform any of the above will constitute an error.

   0/0/0 allowable errors = Satisfactory

3 Medical/Dental History/Reappoint Medical History
   1. Reviews medical and dental history and obtains needed information.
   2. Highlights positive responses in yellow and documents comments regarding these responses.
   3. Records allergies, premedication, and special precautions.
   4. Reviews client medication(s). Determines if the client has taken medication(s) and if there are implications for dental treatment.
5. Takes and records vital signs.


7. On the Reappoint/Recare Medical History form, records any changes since previous appointment.

8. Client signs in permanent ink if applicable.

9. Student signs completed form in permanent blue ink if applicable.

10. Faculty signs completed form in permanent blue ink if applicable.

11. Student documentation is legible.

12. Uses appropriate terminology/abbreviations, spelling, and format.

13. Contacts advising faculty if health history warrants, (ex. heart murmur, infectious disease, abnormal vital signs) prior to further data collection.

Failure to perform any of the above will constitute an error.

1/1/0 allowable errors = Satisfactory

#1, #5, #11, #13 = No allowable errors

4 Oral Assessment
1. Prepares client for procedure (positioning, lubrication of lips, appliance removal etc.).

2. Informs client of procedures and rationale.

3. Palpates utilizing appropriate technique.

4. Assesses all areas. Reviews previous findings and records present status of tissues on the clinical exam.

5. Recognizes deviations from normal.

6. Documents findings utilizing correct description, terminology/abbreviations, and spelling.

7. Consults with faculty when indicated.

Failure to perform any of the above will constitute an error.

2/1/0 allowable errors = Satisfactory

5 Periodontal Assessment
1. Identifies, describes, and records the clinical characteristics of the periodontium.

2. Assesses and records the periodontal condition of the client based upon established criteria. Refer to the Dental Hygiene Program Handbook. Compares the previous periodontal findings to the current periodontal findings. The student clinician does not probe implants.

3. Achieves probing depths within 1 mm of those obtained by the advising faculty. Each tooth with a discrepancy beyond 1 mm is considered an error.
4. Accurately assesses and documents bleeding, erythema, edema, contributing factors, and deposit and periodontal classification of each client.

5. When bleeding sites are recorded, accurately calculates a bleeding index and records on the client treatment report.

6. When plaque is recorded, accurately calculates O’Leary’s Plaque index.

7. Uses appropriate terminology/abbreviations and spelling.

8. If applicable, completes forms legibly.

9. Evaluates for referral to specialist.

Failure to perform any of the above will constitute an error. Multiple errors may be accrued in criteria 3 and 4.

4/3/2 allowable errors = Satisfactory

6 Dental Assessment

Completes dental assessment on each new client and updates the assessment at each recare appointment.

1. Records all clinical findings using the appropriate charting symbol. Each tooth with an omission or incorrect charting symbol constitutes an error.

3. Identifies and documents abfraction, abrasion, attrition, demineralization, hypoplasia, malocclusions, cuspid and molar occlusion, and removable prostheses. Omission or incorrect charting in each category constitutes an error.

4. Uses acceptable abbreviations.

5. Documents(updates radiographic findings on client’s dental chart.

Failure to perform any of the above will constitute an error. Multiple errors may be accrued in criteria 2 and 3.

4/3/2 allowable errors = Satisfactory

7 Radiograph Assessment of Client Needs

1. Determines if radiographic exposure is indicated.

2. Identifies conditions and discusses rationale for radiographs with advising faculty and client.

3. If client refuses radiographs, obtains client’s signature on the Radiograph Refusal.

4. Secures faculty for evaluation of films and need for retakes.

5. Radiographs are quickly assessable during client assessment.

Failure to perform any of the above will constitute an error.

2/1/0 allowable errors = Satisfactory
8 Care Planning
1. Establishes and implements a comprehensive, individualized care plan for the client which includes appropriate objectives for the appointment(s).
3. Uses terminology appropriate for client understanding.
4. Documents legibly with no abbreviations or misspellings.
5. Following consultation with the advising faculty, discusses with client the proposed care plan, potential results of the treatment, and potential results of not accepting the proposed treatment. Provides the client with the opportunity to ask questions.
6. Obtains client’s written informed consent prior to initiation of treatment. Secures informed consent from the parent or guardian of clients younger than 18 years.

Failure to perform any of the above will constitute an error.

2/1/0 allowable errors = Satisfactory
#6 = No allowable error

9 Oral Health Education
1. Reviews assessment data, recommendations, and documentation from prior appointments to assist in planning client education.
2. Evaluates the client’s oral health status at each appointment and discusses contributing factors and their relation to the client’s oral condition. Includes discussion of the relationship between oral health and systemic conditions.
3. Discusses disease control concepts and techniques utilizing logical sequencing and appropriate terminology.
4. Evaluates oral hygiene techniques and habits. Uses O’Leary’s Plaque index when indicated. Applies disclosing agent only after any positive findings from the intra-oral examination have been assessed by the supervising dentist and initial assessment is complete.
5. Utilizes available radiographs, periodontal assessment findings, and other teaching aids.
6. Client demonstrates oral hygiene technique(s) in the mouth prior to evaluation and remediation by the student.

Failure to perform any of the above will constitute an error.
2/1/0 allowable errors = Satisfactory

10 Pedodontic Debridement
1. Selects appropriate instruments and supplies. Maintains sharp instruments.
2. Uses disclosing agent and air prior to and after polishing.
3. Detects and removes hard deposits supra and subgingivally. Each tooth with a hard deposit (calculus or scalable stain) deposit remaining will count as 1 error under the pedodontic debridement category on the evaluation form.
4. Detects and removes soft deposits supra and subgingivally. Each tooth with a soft deposit (plaque and stain removed by polishing) remaining will count as one error under the pedodontic debridement category on the evaluation form.
5. Utilizes instrument correctly.

6. Removes abrasive particles from teeth and sulci/pockets.

7. Applies fluoride following final assessment if indicated.

8. Avoids tissue trauma. Each tooth with tissue trauma will count as 1 error.

Failure to perform any of the above will constitute an error. Multiple errors may be accrued in criteria 3, 4, and 8.

4/3/2 allowable errors = Satisfactory
Note: Each deposit remaining at reevaluation will count as an additional error.

Upon evaluation of client treatment, the advising faculty may determine that treatment is incomplete and the client needs further treatment by the student.

11-14 Hard Deposit Debridement/Root Planing

1. Selects appropriate instruments. Maintains sharp instruments.

2. Detects and removes hard deposits supra and subgingivally. Each tooth with a hard deposit(s) (calculus or scalable stain) remaining will count as 1 error.

3. Utilizes instrument correctly.

4. Identifies areas needing root planing. Thoroughly root planes indicated areas.

5. Avoids tissue trauma. Each tooth with tissue trauma will count as 1 error.

Failure to perform any of the above will constitute an error. Multiple errors may be accrued in criteria 2 and 5.

Classification Error

<table>
<thead>
<tr>
<th>Class</th>
<th>Allowable Errors</th>
<th>Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class I</td>
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</tr>
<tr>
<td>Class II</td>
<td>4/3/2</td>
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<tr>
<td>Class III</td>
<td>6/5/4</td>
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</tbody>
</table>

*Class III completion in DTHY352 equates competency

Note: Each deposit remaining at reevaluation will count as an additional error.

**The scaling grade is not to be assigned unless plaque/stain removal is completed or contraindicated and approval from faculty has been granted.

Upon evaluation of client treatment, the advising faculty may determine that treatment is incomplete and the client needs further treatment by the student.

15 Soft Deposit Debridement

1. Selects appropriate instruments and supplies.

2. Uses disclosing agent and air prior to and after polishing.

3. Detects and removes soft deposits supra and subgingivally. Each tooth with a soft deposit(s) (plaque and stain removed by polishing) remaining will count as one error.
4. Removes abrasive particles from teeth and sulci/pockets.

5. Applies fluoride following check out.

6. Avoids tissue trauma. Each tooth with tissue trauma will count as 1 error. Failure to perform any of the above will constitute an error. Multiple errors may be accrued in criteria 3 and 6.

3/2/1 allowable errors = Satisfactory

Note: Each deposit remaining at recheck will count as an additional error.

Upon evaluation of client treatment, the advising faculty may determine that treatment is incomplete and the client needs further treatment by the student.

16 Record Completion
1. Documents all necessary information on Clinic Evaluation form, Radiographic Evaluation form, and radiograph mailing papers. Assures HIPAA documentation and Record Review are completed and placed in proper location.

2. At the completion of treatment and before final assessment, documents pertinent information on Progress Notes. Does not record treatment/procedures until they have been provided.

3. Reviews Progress Notes with faculty.

4. Documents oral care findings and recommendations on the Client Treatment Report at a level appropriate for the client understanding at each appointment. Completes Client Treatment Report and gives client the copy.

5. Obtains faculty signature on Clinic Evaluation form, any completed process evaluations, and Progress Notes.

6. Uses appropriate terminology/abbreviations.

7. Completes forms legibly and without spelling errors.

8. Assembles forms in proper order in client chart if applicable.

9. Logs on computer with assigned password and logs off at end of session.

Failure to perform any of the above will constitute an error.

2/1/0 allowable errors = Satisfactory
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<tr>
<th>REQUIREMENT</th>
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<th>DTHY442</th>
<th>DTHY452</th>
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*Class IV = Class III plus two any class clients. If sharing the client each student will receive credit for one Class III and one any class client.

DXTTR radiograph requirements may be completed on clients.
All process evaluations for each course must be completed while enrolled in the course. Failure to complete the process evaluations during the designated semester will result in a grade of “Incomplete”

<table>
<thead>
<tr>
<th>REQUIREMENT</th>
<th>DTHY352</th>
<th>DTHY442</th>
<th>DTHY452</th>
<th>TOTAL</th>
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<td>Vital Signs</td>
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</table>
CLINICAL ASSISTANT ROTATION

** Students must complete all assigned clinical assistant rotations. Any changes to a rotation must be approved by the clinic administrative assistant and documented in the appointment book.

Prior to the beginning of the clinic session the student will:
1. Prepare disinfecting solution if needed.
2. Prepare autoclave for use and run if necessary.
3. Prepare ultrasonic unit for use if needed.
4. Assist faculty with verifying oxygen cylinder levels in Monday am clinic.
5. Run thermal disinfector.
6. Prepare twelve trays for unit set-up to be used in the next clinic session.
7. Disinfect and prepare radiology units for use.
8. Check AT2000 solution level (under sink). Change when levels reach 1” from bottom.
9. Prepare radiographic processing equipment for use. Only one if digital radiography is in use.
10. Run checker film to test radiographic equipment.

During each clinic session the student will:
1. Sterilize supplies and instruments.
2. Assist clinicians and faculty as needed in the clinic.
3. Check on clinicians often.
4. Assist with sealants.
5. Clean appliances if indicated. Prepare iodophor daily only when confirmed that appliances need to be cleaned – do not make every day! Label bottle with dated made using masking tape.
6. Clean and disinfect uncovered surfaces and replace plastic wrap on covered surfaces in radiology units after each use. Provide clinicians with router slip for front of record.
7. Label film mounts.
8. Process and mount both sets of radiographs and return one set to clinician.
9. Duplicate all panoramic films and any other films needing duplication.
10. Evaluate films, in collaboration with the clinician, for pathology and retakes.
11. Notify clinic faculty that radiographs are ready for evaluation.

At the end of each clinic session the student will:
1. Empty and disinfect ultrasonic unit.
2. Prepare vacuum cleanser for all units.
3. Dispose of iodophor solution.
4. Scour and disinfect sinks in sterilization room.
5. Turn off all units.
6. Ensure that rheostats and operator/assistant stools are placed in specified location.
7. Ensure that computers have been logged out.
8. Foot pedals off the floor and placed on the base of the client chair
9. Ensure that radiology rooms and viewing room are clean and neat. Leave AT2000 on until night clinic is over.
10. Clean viewing room and turn off view box lights.
11. Clean darkroom.
12. Put DXTTRs away in storeroom.
13. Turn AT2000 switch off and close water lever if applicable. ALWAYS CHECK!
RADIOGRAPHY
RADIOGRAPHY

The use of ionizing radiation for producing dental radiographs presents the potential risk of biological harm to the exposed client and the practitioner. The decision to expose a client to radiation must be based on the client's needs as determined by historical data and clinical assessment. Radiographs will be exposed on a client only when appropriate justification for films exists.

The 200 parameters of care (published by the American Academy of Periodontology) state:
“Radiographs that are current, based on the diagnostic needs of the patient, should be utilized for proper evaluation and interpretation of the status of the periodontium and dental implants. Radiographs of diagnostic quality are necessary for these purposes. Radiographic abnormalities should be noted”.

Justification for Exposing Dental Radiographs

The following justifications are acceptable for exposing a client to radiographs after a thorough medical/dental history and an extraoral/intraoral examination have been completed and all existing radiographs have been reviewed:

1. **Dental Caries**
   Radiographs may be used as a component in the detection of dental caries. The following factors should be taken into account when determining the need for radiographs: pattern of oral hygiene, exposure to fluoride, diet history, family oral health, developmental abnormalities, tooth eruption patterns, frequency of dental examinations and the clinically observed condition of existing tooth surfaces and restorations. Clients at high risk for caries may demonstrate the following: high level of caries experience; history of recurrent caries; existing restoration(s) of poor quality; poor oral hygiene; inadequate fluoride exposure; prolonged nursing; diet with high sucrose frequency; poor family oral health; developmental enamel defects; xerostomia; genetic abnormality of teeth; many multisurface restorations; and chemo/radiation therapy.

2. **Periodontal Disease**
   Clinical examination, including a complete periodontal examination, should be used initially to detect periodontal disease. Individualized radiographic examinations, consisting of selected periapical and/or bitewing (vertical preferred) radiographs for areas where periodontal disease can be demonstrated clinically, are recommended.

3. **Other Conditions**
   Clinical situations for which radiographs may be indicated, in addition to those mentioned above, include: malposed or clinically impacted teeth; swelling; evidence of facial trauma; mobility of teeth; fistula or sinus tract infection; growth abnormalities; evidence of foreign objects; unexplained bleeding; unexplained tooth sensitivity; unusual tooth morphology, mineralization or color; missing teeth with unknown reason; and unusual eruption, spacing or migration of teeth.

4. **Dentist Request**
   Radiographs may also be exposed at the request of the client's dentist for orthodontic, restorative, or other dental treatment.

Contraindications for Exposing Dental Radiographs

1. **Pregnancy**
   Although no data exist to indicate risk to a fetus or embryo when appropriate dental radiographic technique is used, the Dental Hygiene and Dental Assisting Programs utilize a conservative approach to radiation exposure during pregnancy. Radiographs will be exposed on a pregnant client or a client that suspects that she might be pregnant in situations deemed necessary by the staff dentist.
2. **Student Requirements**  
Radiographs are not to be taken for the sole purpose of fulfilling a student’s radiography requirements. Radiographs are to be exposed for diagnostic purposes only. Radiographs are not to be exposed on students enrolled in the Dental Hygiene or Dental Assisting Programs unless an acceptable justification exists.

**Frequency**  
Diagnosis of radiographs should always be based on the needs in each individual case and based on the Guidelines form the American Dental Association November 2004. ([www.ada.org](http://www.ada.org))

1. Potential Radiographic Sequence:  
   - Repeat BW every 6-36 months  
   - Repeat FMS every 5 years plus or minus a year if periodontal condition indicates. A panoramic and selected periapicals may also be considered.  
   - Panoramic or periapicals as prescribed upon data collections

2. Periodontal Clients  
   - FMS before treatment of all periodontal clients (may be determined via initial periodontal probing or use of PSR)  
   - Periodontal clients with clinical signs suggesting active periodontal disease may require repeat radiographs of site(s) in question at regular intervals.

3. Certain conditions such as high caries rate, the need to locate an object, identify pathology, or assess growth development may necessitate an alternative frequency. This determination will be made by the professor who examines the client.

4. Certain conditions such as impacted teeth, developmental and or growth anomalies, client tolerance, or a bone lesion incompletely captured on intraoral film may warrant a panoramic radiograph.

*Upon request of the client’s dentist of record, radiographic exposure may deviate from above.*

**Evaluation Summary of Critical Errors – 3 Point Deduction**

- A Critical Error indicates that a tooth cannot be seen in its entirety on any film including 2mm of bone surrounding the apices if evaluating periapicals. Critical errors are always retaken with faculty assistance.  
- A Critical Error on a bitewing indicates that the radiograph does not allow for diagnosis and needs to be retaken.

**Evaluation Summary of Non-Critical Errors – 1 Point Deduction**

- A non-critical error indicates that there is an error but that the area in question can be seen and diagnosis is feasible on another film. A retake is not indicated. Examples include: cone cut not affecting the teeth in question, overlap at a contact that is open on another film, placement not ideal, slight overlap not into dentin on periapicals, and minor processing errors.

**Policy for Retakes**

- A radiograph retake will be taken only to improve the diagnostic quality of a film or series of films. A retake will only be allowed on a film displaying a critical error (area is not visible on any film).

- A retake will not be allowed on a film displaying a non-critical error (area is visible on another film or a processing/technique error is present, but film is diagnostically usable). A retake will not be taken to improve a student's grade.

- When exposing a retake, the student should request input from clinic faculty.
- All initial exposures and retakes must be completed at the same appointment for legal purposes. Request that the client wait while the films are processed and the need for retakes is determined.

**Student Evaluation of Technique and Pathology**

All films exposed on clients are to be evaluated by the student for technique and pathology prior to submission to faculty.

**GUIDELINES FOR RADIOGRAPH PLACEMENT**

**Film Positioning for the Average Client**

Place all films 1/4 to 1/8 inch beyond the occlusal or incisal edges.

**20 Film Full Series of Radiographs**

**Maxillary and Mandibular Molars**

Leading edge of film should include the distal of the second premolar. Most importantly, film should be placed posteriorly to include the entire third molar area, approximately 10 mm, to provide adequate view of potential pathology, retained root tips, or anomalous third molar position.

**Maxillary and Mandibular Premolars**

Leading edge of film should include the distal of the cuspid.

**The first molar must be visible in its entirety on either the molar or the premolar film.**

**Maxillary and Mandibular Cuspids**

The cuspid should be in center of film.

**Maxillary and Mandibular Incisors**

Interproximal space between lateral and central should be in center of film.

**Premolar Bitewing**

Leading edge of film must include the distal of the cuspid.

**Molar Bitewing**

a. Horizontal Placement-center film over second molar (assuming the third molar is erupted).
b. Vertical Placement-center film over contact between first and second molar.

**12 Film Full Series**

**Maxillary and Mandibular Molars**

Leading edge of film should include the distal cusp of the primary cuspid. All erupted molars must be seen in their entirety.

**Maxillary Cuspids**

The interproximal space between the lateral incisor and cuspid should be in the center of the film.

**Mandibular Cuspids**

The cuspid should be in the center of the film.

**Maxillary and Mandibular Incisors**

Interproximal space between the central incisors should be in center of film. If the maxillary lateral incisors are not seen in their entirety on this film, they must be visible on the cuspid film.
Bitewing
Leading edge of film must include the distal of the cuspid.

Note: If the premolars are present, use the guidelines established for an adult 18 film full series.

Topographic Occlusal

The area of interest is centered on film. A lateral projection should be considered for viewing the canine, premolars or molars regions.

Panoramic Radiograph

Panoramic radiographs will be exposed following the manufacturer’s direction for cassette loading and unloading, processing guidelines, exposure factors, and client positioning.

1. Client should be positioned according to manufacturer’s recommendations.
2. All jewelry and prostheses should be removed.
3. Tongue should be placed on the roof of the mouth.

RADIOGRAPHIC EVALUATION CRITERIA

Each tooth must be visible in its entirety one or more times in the series.

An acceptable full series of radiographs should demonstrate, at least once, each root, 2 mm of periapical bone, each crown, each interproximal space and proximal bone with each individual film displaying the following characteristics:

Each erupted tooth must be visible in its entirety one or more times in the series. An acceptable full mouth series should demonstrate, at least once, each fully developed root, 2 mm of periapical bone or developing tooth bud, each fully developed crown, each interproximal space and proximal bone with individual films displaying the following characteristics:

In cases where lack of client cooperation due to age, small oral cavity, anxiety, etc. is an issue, anterior periapicals may be substituted with #2 occlusal films or a panoramic should be considered.

Periapical Radiographs

Satisfactory Periapical Film:
1. Density, contrast, and definition (detail) adequate for interpretation
2. Contains crown, apex, and periapical bone of each tooth that should appear on that film (see "Film Positioning for the Average Client")
3. Properly exposed to avoid such technique errors as elongation, foreshortening, and cone cuts
4. Free of artifacts (exception: creases from bending the corners of the film as needed for proper positioning)
5. Image of the tips of cusps recorded with a minimum of the occlusal surface showing
6. Open interproximal spaces and contacts unless the teeth are out of line anatomically (exception: the maxillary cuspid film may display slight overlapping on the distal of the cuspid, provided the overlapping area is open and visible on another film).

Unsatisfactory Periapical Film:
Any film that does not meet the above criteria will be considered unsatisfactory and will be evaluated as indicated for non-critical and critical errors.

Considerations for Molar Films:
1. Every third molar should be seen in its entirety unless it is severely horizontally impacted or located high in the maxilla.
2. When part of the third molar is not on the film, the film will be satisfactory only (1) if the leading edge of the film was no further anterior than the distal of the second premolar or (2) as determined by the advising professor.

**Bitewing Radiographs**

**Satisfactory Bitewing Film:**
1. Density, contrast, and definition adequate for interpretation
2. Contains the entire crown of each erupted tooth
3. Open interproximal spaces and contacts
4. Occlusal plane runs through center of film (maxillary and mandibular crowns viewed equally)
5. Premolar bitewing film contains distal of cuspid
6. Molar bitewing film:
   a. horizontal placement-centered over second molar if third molar is erupted or for minimal view of edentulous area beyond last erupted tooth in the mouth
   b. vertical placement-centered over contact between first and second molar (a second film may be necessary when third molars are erupted)
7. Properly exposed to avoid distortion of images and cone cuts
8. Free of artifacts (exception: creases from bending the corners of the film as needed for proper positioning)

**Unsatisfactory Bitewing Film:** Any film that does not meet the above criteria will be considered unsatisfactory and will be evaluated as indicated for non-critical and critical errors.

**Occlusal Radiographs**

**Satisfactory Occlusal Film:**
1. Use of appropriate film size.
2. Density contrast, and definition adequate for interpretation.
3. Properly exposed to avoid distortion and cone cuts.
4. Film positioned in order to fully examine the area in question.

**Unsatisfactory Occlusal Film:** Any film that does not meet the above criteria will be considered unsatisfactory and will be evaluated as indicted for non-critical and critical errors.

**Panoramic Radiograph**

**Satisfactory Panoramic Film:**
1. Density, contrast, and definition (detail) adequate.
2. Contains crown, apex, periapical bone of each tooth, anatomic landmarks of maxilla and mandible, and both condyles.
3. Properly exposed to avoid such technique errors as a too flat occlusal plane, exaggerated curve, and cervical spine projected twice.
4. Free of artifacts and ghosting.
5. Inferior border of the mandible is visible in its entirety.
6. Anterior aspect displays minimal overlapping.

**Unsatisfactory Panoramic Film:** Any film that does not meet the above criteria will be considered unsatisfactory and will be evaluated as indicated for non-critical and critical errors.
EVALUATION

Full Series of Radiographs
Evaluation Criteria (100 points possible)

- One point will be deducted for each film displaying a non-critical error. Three points will be deducted for each film that is not diagnostically acceptable and whose purpose is not achieved with another film (critical error). For example, one point would be deducted on a mandibular premolar periapical film that does not display the distal of the second premolar if that area can be seen on the mandibular molar film. Three points would be deducted if that area was not visible on any film.

- One point will be deducted for each error or omission on the radiographic interpretation, for each film incorrectly mounted, or for each error on the Medical/Dental History, Extraoral/Intraoral Examination, Progress Notes, etc.

- One point will be deducted for each retake needed unless rationale for not doing so is clearly stated on the evaluation form by the clinic faculty at the time of the retake.

- Three points will be deducted if the student does not evaluate technique error and associated point deduction.

- Ten points will be deducted for the omission of any procedure or notation of any condition on the Medical/Dental History which could alter the care plan or if the Reappoint Medical/Dental History form is not stapled to the original history.

- Two points will be deducted if all information is not provided on the evaluation form.

- The films will not count toward requirements if appropriate precautionary measures are not followed (e.g. failure to use lead apron/thyroid collar).

Evaluation Procedures

- **All radiographs must be evaluated within two weeks following the completion of the films.** Radiographs are to be evaluated by the advising professor who assisted in identifying the radiographs to be retaken.

- Both sets of a full series of radiographs (labeled with the client's name and the date the films were exposed on the mount) must be submitted in the client's file accompanied by one full series evaluation form and the appropriate typed mailing papers. The mailing papers include:
  - an envelope addressed to the client's dentist
  - a completed treatment record form

- DXTTR films should be mounted (labeled DXTTR and the date films were exposed on the mount) and submitted in a file labeled DXTTR.

- After submitting the full series for evaluation, the student must make an appointment with the advising professor to review the films the following week.

- **Films that are not submitted within the two week period will not count toward clinic requirements.**

Competency

- Films that do not meet competency will be retaken on DXTTR until competency has been attained.
**Bitewing Radiographs, Isolated Periapicals, and Occlusals**

Evaluation Criteria
- Bitewing radiographs, isolated periapicals, and occlusals are evaluated during the clinic session by the advising professor who determined the need for films. No critical errors may be present on the radiographs. The student will be required to expose the appropriate film(s) on DXTTR if a critical error is evident after all retakes have been exposed. A satisfactory film must be attained before exposing additional radiographs. Any films exposed prior to remediation on DXTTR will not count toward requirements.

- The films will not count toward requirements if appropriate precautionary measures are not followed (e.g. failure to use lead apron/thyroid collar).

Evaluation Procedures
- The radiographs(s) must be submitted to the advising professor accompanied by the appropriate evaluation form. The films are evaluated on a Satisfactory/Needs Improvement basis. The films and remediation must be completed and evaluated within two weeks. **Films that are not submitted within the two week period will not count toward clinic requirements.**

Competency
- Films that do not meet competency will be retaken on DXTTR until competency has been attained.

**Panoramic Radiographs**

Evaluation Criteria (100 points possible)
- Five points will be deducted for each error involving film loading and unloading, processing, technique, and client positioning.
- Three points will be deducted for each error noted on the interpretation section of the evaluation.
- The student will be required to attain competency level appropriate for the semester. If competency is not met a satisfactory film must be attained on DXTTR before exposing additional radiographs on clients.

Evaluation Procedure
- The radiograph and completed interpretation form is to be submitted in the client’s file to the advising faculty for evaluation within two weeks of film exposure.

Competency
- Films that do not meet competency will be retaken on DXTTR until competency has been attained.
-1 FMS Deductions

The error does not directly affect diagnosis. Each tooth is visible in its entirety on at least one film. If the film in question has an error but the tooth or teeth can be seen on another film, the deduction is one point.

** one point is deducted for each retake needed
** one point is deducted for incorrect mounting of a film

Possible, but not limited to, reasons for deductions
- Cone cut
- Foreshortening
- Elongation
- Artifacts
- Processor error
- Slight overlap
- Closed contact but visible on another film
- Film placement
- Sensor cord visible

-3 FMS Deductions

The error indicates that you cannot see the tooth or the space where the tooth should be in its entirety. The film must include 2mm of bone around apex and no overlap CEJ to CEJ. If the film in question has an error but the tooth or teeth can be seen on another film, the deduction is one point.

Possible, but not limited to, reasons for deductions
- Film position – not anterior enough
- Film position – not posterior enough
- Cone placement (cone cut)
- Excessive foreshortening
- Excessive elongation
- Processing error
- Artifacts
- Overlap into dentin – cannot see CEJ to CEJ on periapical
- Crowns cut off
- Apices cut off
- Exposure error
- Instrument assembly
- Patient movement
- Film placement

Bitewings – the student receives an S or NS
Possible, but not limited to, reasons for receiving a not satisfactory
- Incorrect horizontal angulation (overlap)
- Cone placement (cone cut)
- Inability to diagnose
- Distal of canine not present
- Distal of last molar not present
- Poor overall film position
- Incorrect vertical angulation
- Processing error
- Exposure error
- Patient movement
- Film backwards
- Sensor cord visible
• The student discusses the importance of radiographs with client before arriving in the office with medical history and advises client on needed radiographs if the need is clear.
• Films may be taken after medical only if recommended radiographs have been approved.
• A complete assessment may be in order before a decision on appropriate radiographs for the client is determined – be prepared to discuss your decision with advising faculty at initial assessment.

**BITEWINGS**
- Inform CA
- Decide retakes/discuss with faculty
- Complete Radiograph Report Letter in EagleSoft

**CHECK OUT**
- Faculty evaluated BW radiographs during clinic
- Evaluation turned in with clinic evaluation / red router slipped taped to front of evaluation and is completely filled out
- If films are not satisfactory, the grade sheet, only, will be filed in the student’s incomplete file (student remediates on DXTTR when time allows)

**FMS**
- Inform CA
- Decide retakes/discuss with faculty
- Complete Radiograph Report Letter in EagleSoft

**CHECK OUT**
- Tape completed blue router slip to front of evaluation form
- Turn in to faculty office at end of session
- YOU HAVE 2 WEEKS-
- Ask for evaluation form from incomplete file when ready to grade
- Remember to check off box on blue card and turn evaluation back in to be graded once you have graded and interpreted the series
- Faculty will evaluate and report back to student
- FACULTY: Slip to appropriate box for mailing after faculty have checked boxes on blue card

**CA DUTIES**
- Complete Clinical Assistant Process Evaluation
- Develop and mount radiographs if not taken digitally
- Alert faculty that radiographs are ready to view
- Make a duplicate of all panoramic films taken
EQUIPMENT
THERMAL DISINFECTOR INSTRUCTIONS

1. Pour detergent into the dispenser on the inside of the door and gently close the lid.

2. Close door and press ON/OFF button.

3. Push three sequence indicator lights. DISINFECTION 9 (VARIO 93 c-10 MIN_ DRY START

4. Cycle will complete in approximately 60 minutes and the disinfected light on the left side of front panel will be on.

5. Check REACTIVATION and NEUTRALIZING indicator lights. If one or both lights are on, contact the Clinic Coordinator.

6. Immediately after the program finishes turn unit off and open door 4 inches for 15 minutes to complete the drying process.

7. Check rinse-aid indicator and add more solution if indicator is not totally black. Rinse-aid indicator is located on inside of door on right side (black “bulls eye” circle).

8. Wrap instruments for autoclaving.

9. Do not thermal disinfect the following items:
   - Bur blocks/latch grip burs
   - Handpieces
   - Contra angles
   - Ultrasonic inserts
   - Anything aluminum

AUTOCLAVE INSTRUCTIONS

1. Pour DISTILLED water into reservoir to indicator line.

2. Load chamber. Make sure to leave adequate space for steam to circulate. Do not allow bags or cassette wrap to touch sides of chamber.

3. Turn function control knob to FILL. When water covers water level indicator, turn the function control knob to STERILIZE.

4. Close and latch the door.

5. Set timer for 20 minutes. Timing will automatically begin when pre-set temperature is reached.

6. When buzzer sounds, turn the function control knob to VENT.

7. When OPEN DOOR light comes on, depress OPEN DOOR button and lift door handle.

8. Leave function control knob on VENT during drying time.
HEAT SEALER INSTRUCTIONS

1. Seal one end of the autoclave tubing with heat sealer.

2. Make sure the timer on the heat sealer is set on the lowest number that gives a perfect seal (usually between 2 and 3).

3. Press handle down firmly (do not slam), and maintain pressure while the pilot light is on.

4. Allow a few seconds for the heating element to cool between seals.

5. Put instruments in the autoclave tubing.

6. Repeat the sealing process on the open end of the autoclave tubing.

ADEC SELF-CONTAINED WATER SYSTEM

Daily Procedures (Purging the Dental Unit)

- In the morning fill the unit bottle with TAP water to the curved edge. Too much water will blow water into the air lines. The bottle may need to be filled twice a day depending on use.
- Add one BluTab waterline maintenance tablet to the bottle each time it is filled.
- Empty lines and bottle at the end of each day – NOT the end of each clinic session.
- If the main switch sounds like it is leaking air, screw in the bottle and this will subside. **Do not over tighten the bottle or it will snap.**
- At the end of the day remove the bottle from the unit and empty contents. The unit does not need to be turned off to remove the bottle. The bottle will continue to hiss after it is placed back on the unit.
- Press the water button on the syringe. Water will come out, then air. Run until all water is out of the lines.

Procedure for Infrequently Used Dental Units

- Dental units that have long periods of downtime between use (a week or longer) should be flushed and disinfected immediately before and after each lengthy downtime period.

Owner’s Guide for the Self-Contained Water System is located in the clinic faculty office.

STATIM 7000 CASSETTE AUTOCLAVE

1. Clean and rinse all instruments before loading into the cassette. The following plastics **CAN** be sterilized: NYLON, POLCARBONATE, POLYPROPYLEN, ACETAL POLYSULFONE, POLYETHERIMIDE, SILICAONE RUBBER, and AND POLYESTER

2. Open cassette by pushing the carry handle into the open position then, using thumbs, press against the thumb pads on the inside of the handle and pull up with your forefingers until lid opens.

3. Load instruments on the rack:
   - **Unwrapped** instruments should not touch one another or be stacked.
   - **Wrapped** instruments should not be overlapped.
4. Place biological indicator strip in back left corner.

5. Holding the cassette handle with one hand and the carry handle in the other, place the cassette into the unit and drop the carry handle into its closed position.

6. Gently push the cassette inward until you hear a click sound.

7. Make sure power switch at the back of the unit is ON and LCD is displayed.

7. Select a cycle from the three graphic buttons:
   - Hemostats without a package – unwrapped instruments
   - Hemostats in a package – select for wrapped instruments
   - Hand - select for rubber and plastic

8. Press START. As the cycle is running, various sounds will be heard. The normal functioning of the unit is as follows:

   WARMING UP ⇒ CONDITIONING ⇒ PRESSURIZING ⇒ STERILIZING ⇒ VENTING

9. When the display reads REMOVE CASSETTE CYCLE COMPLETE it is okay to remove cassette from the unit. The clinician can expect the sterilization process to last approximately 35 minutes.

Immediately contact a faculty member if the indicator strip did not turn dark.

Owner’s Guide for the STATIM 7000 Cassette Autoclave is located in the clinic faculty office. Refer to the Guide for complete user instructions, trouble shooting, and maintenance protocol.
Equipment Issue

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
<th>Date Issued</th>
<th>Student Signature</th>
<th>Date Returned</th>
<th>Clinic Director Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steri-Mate Ultrasonic Handpiece (srs-2 / jrs-1)</td>
<td>$90.00 ea.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment Unit Key #________</td>
<td>$10.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Materials Lab Drawer Key#________</td>
<td>$10.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

If any of the above items of equipment, issued to me by the USI Dental Hygiene Program, is/are lost or broken due to negligence, I will be responsible for its/their replacement. **I understand that if I do not submit the replacement cost for the lost or broken equipment I will receive a grade of Incomplete for the currently enrolled semester of clinic.** I will not be accountable for routine repairs or wear.

Student Signature________________________________________Date__________________________

RevAug2006,Aug07,Aug08,Aug09
<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>Supplier</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2 posterior sickle scalers, DE, SCNEV12 with #9 handle, HuFriedy</td>
<td>Hu-Friedy</td>
</tr>
<tr>
<td>2</td>
<td>2 anterior sickle scalers, H6/H7 with #9 handle, HuFriedy</td>
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</tr>
<tr>
<td>3</td>
<td>2 sickle/curet DE, Mini Five Universal curet SN137M7 with #9 handle, HuFriedy</td>
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</tr>
<tr>
<td>4</td>
<td>2 curets, DE, Mini Five Gracey curet SAS1/2 with #9 handle, HuFriedy</td>
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</tr>
<tr>
<td>5</td>
<td>2 posterior sickles, 204S with #9 handle, HuFriedy</td>
<td></td>
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<tr>
<td>6</td>
<td>2 posterior universal curets, DE Columbia 4R/4L with #9 handle, HuFriedy</td>
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<td>7</td>
<td>2 universal curets, DE, Younger-Good #7/8 with #9 handle, HuFriedy</td>
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<tr>
<td>8</td>
<td>2 universal curets, DE, Columbia #13/14 rigid with #9 handle, HuFriedy</td>
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<tr>
<td>9</td>
<td>2 buccal/lingual curets, DE, Gracey curet #9/10 with #9 handle, HuFriedy</td>
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<tr>
<td>10</td>
<td>2 posterior curets, DE, After Five Gracey curets #15/14 with #9 handle, HuFriedy</td>
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<tr>
<td>11</td>
<td>2 posterior curets, DE, After Five Gracey curets #16/13 with #9 handle, HuFriedy</td>
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<tr>
<td>12</td>
<td>3 explorer, DE, EXD 11/12 HuFriedy</td>
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<tr>
<td>13</td>
<td>2 #23 Colorvue Expro (XP23/P6) #6 handles, HuFriedy</td>
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<tr>
<td>14</td>
<td>1 pack of 12 PCV12PT Colorvue 3-6-9-12 probe tips</td>
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<tr>
<td>15</td>
<td>3 explorers, DE, EXD 11/12 HuFriedy</td>
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<tr>
<td>16</td>
<td>2 probes, DE Nabers, color-coded (Q2N), HuFriedy</td>
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<tr>
<td>17</td>
<td>3 double sided front surface mouth mirrors, cone-socket, #5, HuFriedy</td>
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<tr>
<td>18</td>
<td>3 single sided surface mouth mirrors, cone-socket, #4, HuFriedy</td>
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<tr>
<td>19</td>
<td>3 mirror handles, cone-socket with #7 handle, HuFriedy</td>
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<tr>
<td>20</td>
<td>1 ceramic sharpening stone kit (SSKITC)</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>2 Large Signature Series Cassettes – 16 instruments</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>2 IMS Large parts Box (IMS-1273)</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>1 Gleason Guide</td>
<td>Sullivan Schein</td>
</tr>
<tr>
<td>24</td>
<td>2 napkin holders, alligator clip</td>
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</tr>
<tr>
<td>25</td>
<td>1 Dental Hygiene Model and Toothbrush</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>4 Hurripak Refill Kits</td>
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<tr>
<td>27</td>
<td>1 bottle disclosing solution</td>
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<tr>
<td>28</td>
<td>2 ultrasonic inserts 30K, FS1 10000 universal</td>
<td>Dentsply</td>
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<tr>
<td>29</td>
<td>2 Cavitron THINsert ultrasonic inserts (SKU 81551)</td>
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<tr>
<td>30</td>
<td>1 straight Slimline</td>
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<tr>
<td>31</td>
<td>250 disposable air/water syringe tips</td>
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<tr>
<td>32</td>
<td>1 box Nupro Prophy Grips</td>
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<tr>
<td>33</td>
<td>#55-2500 Dexis XCP Kit</td>
<td>Preventech</td>
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<tr>
<td>34</td>
<td>150 disposable, latex free angles with firm prophy cups</td>
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<tr>
<td>35</td>
<td>3 packages of 36, snap on tapered brushes</td>
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<tr>
<td>36</td>
<td>1 TR 56 C perio model, with cavity cover and clear gingival</td>
<td>Midwest</td>
</tr>
<tr>
<td>37</td>
<td>1 RDH slow speed handpiece</td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>1 USI book bag</td>
<td>Southwest</td>
</tr>
</tbody>
</table>

I have inspected the instrument box issued to me and I attest to the fact that all instruments and supplies are present and in satisfactory condition.

Signature___________________________________________________Date_________________
Dental Hygiene Clinic Drawer Assignment

Four drawer mobile carts should be setup according to the following:

1. Top compartment with the sliding top should include:
   a. masks
   b. hair coverings
   c. clinician gowns
   d. over-gloves

2. First pull-out drawer should include:
   a. Client napkins
   b. White towels

3. Second pull-out drawer should include:
   a. various types of dentifrices
   b. various types of toothbrushes
   c. various types of floss
   These shall be aligned so that all OHED items are readable as you look into the drawer. (i.e.)
   Ultra-soft brushes grouped together; compact head toothbrushes together; tartar control
dentifrice vs dentifrice for sensitive teeth; and unwaxed, waxed and super floss all grouped
accordingly.

4. Third pull-out drawer should include:
   a. all cotton products (cotton rolls, gauze squares, cotton-tip applicators)
   b. air/water tips
   c. tape
   d. tongue blades

5. Third pull-out drawer should include:
   a. polishing paste
   b. saliva ejectors
   c. cocoa butter
   d. topical anesthetic
   e. bottles of fluoride/fluoride trays
   f. irrigation supplies

Under the sink area should include:

1. dental equipment notebook
2. trash can
3. Junior Clip Boards
CLINIC CORRESPONDENCE AND FORMS
PROCEDURE FOR INITIATING PHYSICIAN CONSULTATION
FOR MEDICALLY COMPROMISED CLIENT

Certain clients will present conditions in their medical history which could contraindicate dental hygiene treatment without appropriate alterations in treatment and/or premedication with antibiotics. A medical consultation, in the form of a letter, with the client’s physician is required before treatment can be rendered in the clinic. The client’s file is to be submitted to the Dental Hygiene Program Director at least two weeks prior to the scheduled appointment. A request for a recommendation for treatment from the client’s physician will then be initiated. **The client will not be treated until a written response is received from the physician.**

---

SAMPLE LETTER

August 30, 2011

Dear Dr.______________,

______________, DOB______________, a patient from your medical practice, is scheduled in the Dental Hygiene Clinic at the University of Southern Indiana for dental hygiene treatment. The patient’s medical record reveals a history of joint replacement, which could contraindicate dental hygiene treatment without antibiotic premedication. During treatment the gingival tissue is manipulated and a transient bacteremia may result. Your evaluation for the need for antibiotic protection for this patient is requested.

Please indicate your recommendation in the appropriate space below and return in the enclosed envelope.

Thank you for your prompt attention in this matter. If you have any questions, please contact me at 812.464.1707 or email at dcarl@usi.edu.

Respectfully,

Deborah L. Carl, RDH, MEd  
Director, Dental Hygiene Program

_____ Antibiotic premedication is not necessary for this patient prior to dental hygiene treatment procedures.

_____ This patient should be covered by antibiotic premedication prior to dental hygiene treatment procedures.

Comments:

Physician signature _________________________________ Date: _____________
MEDICAL/DENTAL HISTORY

NAME_____________________________________________ DATE____________________

HOME PHONE (_____) WORK PHONE (_____) DATE OF BIRTH__________________SEX M____ F____

CELL PHONE (optional) (_____) ____________________________SEX M____ F____

ADDRESS__________________________________________________________STATE ZIP

CITY_________________________________________EMAIL ADDRESS__________________________

EMERGENCY CONTACT PERSON__________________________PHONE(_____)__________________________

OCCUPATION______________________________________PHONE (_____)__________________________

ADDRESS_____________________________________________CITY________STATE ZIP

IN ORDER TO PROVIDE YOU WITH OPTIMAL CARE PLEASE ANSWER ALL QUESTIONS THOROUGHLY AND IN INK

1. Has there been any change in your general health within the past year?..................................................................................YES NO explain _____________________________________________________________

2. Are you now under the care of a physician?..................................................................................................................YES NO explain _____________________________________________________________

3. Have you had any serious illness or operation?..................................................................................................................YES NO explain _____________________________________________________________

4. Do you take any medications?..................................................................................................................................YES NO List:______________________________________________________________

5. a. Do you have any medical condition(s) which require antibiotics prior to dental treatment ..................................................................................YES NO

   If yes, what is the condition _________________________________________________________________

5. b. Circle the following diseases, conditions and/or treatments you have now or have had in the past:

   -Note that conditions in bold require pre-medication unless a physician consult letter is provided stating otherwise-

   -Congenital heart disease (present since birth)

   -Artificial heart valve

   -Artificial joint

   -Prosthetic implant

   -Indwelling vein catheter

   -Heart disease/attack

   -Angina/chest pain

   -Heart failure/surgery

   -Heart pacemaker

   -Stroke/TIA

<table>
<thead>
<tr>
<th>Condition</th>
<th>Medication/Condition</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congenital heart disease</td>
<td>High blood pressure</td>
<td>Emphysema</td>
</tr>
<tr>
<td>Artificial heart valve</td>
<td>Allergies (eg: drugs, latex)</td>
<td>Asthma</td>
</tr>
<tr>
<td>Organ transplant</td>
<td>Seasonal allergies</td>
<td>Arthritis</td>
</tr>
<tr>
<td>Artificial joint</td>
<td>AIDS / HIV positive</td>
<td>Biphosphonate tx (eg: Boniva/Fosamax)</td>
</tr>
<tr>
<td>Prosthetic implant</td>
<td>STD/VD (eg: syphilis)</td>
<td>Cancer</td>
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<tr>
<td>Indwelling vein catheter</td>
<td>Unexplained weight loss / gain</td>
<td>Chemotherapy</td>
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<tr>
<td>Heart disease/attack</td>
<td>Hepatitis A</td>
<td>Radiation treatment</td>
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<td>Angina/chest pain</td>
<td>Hepatitis B</td>
<td>Diabetes</td>
</tr>
<tr>
<td>Heart failure/surgery</td>
<td>Hepatitis C</td>
<td>Glaucma</td>
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<tr>
<td>Heart pacemaker</td>
<td>Tuberculosis - Active</td>
<td>Kidney trouble</td>
</tr>
<tr>
<td>Stroke/TIA</td>
<td>Chronic cough</td>
<td>Thyroid disease</td>
</tr>
<tr>
<td></td>
<td>Physical impairment (eg: hearing, visual,</td>
<td></td>
</tr>
</tbody>
</table>
<pre><code>                               | speech)                                     |                                                      |
</code></pre>

   | Fever blisters / cold sores / herpes | Other – List Below                          |                                                      |
   |                                    |                                              |                                                      |

In order to provide you with optimal care please answer all questions thoroughly and in ink.
7. Are you wearing contact lenses?..................................................................................................................YES NO

8. When you walk up stairs or take a walk, do you have to stop because of pain in your chest?..........................YES NO

9. Have you had any serious problem associated with previous dental treatment?........................................YES NO

10. Have you had abnormal bleeding associated with previous dental treatment?........................................YES NO

11. Do you smoke, chew, use snuff, or use any other form of tobacco?.............................................................YES NO

12. Do you habitually consume alcoholic beverages?.......................................................................................YES NO

13. Do you habitually use controlled substances?..............................................................................................YES NO

14. Are you currently or have you in the past participated in a substance abuse program?...............................YES NO

15. Do you have a disease, condition or problem not listed above that you think we should be aware of?........YES NO

WOMEN ONLY

16. Are you pregnant?.................................................................................................................................YES NO

17. Trimester: first  second  third

18. Due date:____________________________

19. Are you undergoing hormonal contraceptive treatment?........................................................................YES NO

PLease Circle: (birth control pills, implants, shots)

20. Are you undergoing hormonal therapy?................................................................................................YES NO

I attest to the accuracy and completeness of the information I have provided. I give my permission to the University of Southern Indiana Dental Programs to provide preventive oral health services, including radiography survey, to the aforementioned person.

I authorize the University of Southern Indiana Dental Programs to disclose information from my medical/dental history to my physician or dentist for consultation/treatment purposes.

I authorize the University of Southern Indiana Dental Programs to utilize these treatment records for educational purposes and to send any of the treatment records, including radiographs, to the dentist named on this history.

I understand that if a student or faculty is inadvertently exposed to my blood or saliva I will be requested to undergo medical testing for the purpose of determining treatment needs of the exposed individual.

I understand that dental hygiene treatment provided by the University of Southern Indiana does not take the place of regular dental examinations.

Date________________________Client (patient) or Guardian Signature________________________

For Clinician Use Only:

VITAL SIGNS
BP..................................................................................................................................................Pulse..................................................................................................................................................
Respiration........................................................................................................................................

ASA RISK CATEGORY (circle) ASA I ASA II ASA III ASA IV

Student Signature.................................................Date:__________________________
Faculty Signature..............................................Date:__________________________

Identify any restrictions in dental treatment for this client:

______________________________________________________________________________________________________
### Medication Summary

Name: _______________________  DOB: ___________  Allergies: ______________  Page # ___ / ___

**LEGEND:** For each review DATE (mm/dd/year), place a ‘C’ for each CURRENT medication or an ‘X’ for a DISCONTINUED medication.

<table>
<thead>
<tr>
<th>Medication Name [Generic – Trade]</th>
<th>Indication</th>
<th>Dental Implications</th>
<th>Date:</th>
<th>Date:</th>
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</table>
Recare / Reappoint Medical History

Client _____________________________ Date __________________________

Answer all questions by circling either Yes or No. Please explain any Yes answers.

1. Since your last appointment:
   a. Has there been a change in your health status? ________________YES  NO
      If yes, what?
   b. Has there been a change in the medication(s) that you take?_________YES  NO
      If yes, what?
   c. New allergies___________________________________ __________ YES  NO
   d. Other changes________________________________________ YES  NO

2. a. Have you had dental x-rays taken since your last USI dental clinic
      appointment?____________________________________ __________YES  NO
   b. Were dental x-rays taken at your last USI dental clinic
      appointment?____________________________________ __________YES  NO
      BW_____ FMS_____ Other_____

3. a. Do you have any medical conditions(s) which require antibiotics prior to dental
      care?____________________________________________ ________YES  NO
   b. If you answered yes above, have you taken this medication
      today?____________________________________________ ____________ YES  NO

4. Has your oral health home care changed since your last appointment?____YES  NO  N/A
   If yes, explain__________________________________________ _____________________________

Date_____________________ Client Signature______________________________

ASA:  I   II   III   IV

Comments regarding reappoint history:

CLINIC USE ONLY

BP____________________ Pulse_____________________ Respiration____________________
Tobacco Use Assessment Form

Name__________________________________Date_____________________

1. Do you use tobacco in any form? yes____no_____
   How long? years_____ months_____

1A. If no, have you ever used tobacco in the past? yes____no_____
   How long did you use tobacco? years_____ months_____ 
   How long ago did you stop? years_____months_____ 

If you are not currently a tobacco user, no other questions should be answered. 
Thank you for completing this form.

Questions 1 to 11 are for current tobacco users only.

2. If you smoke, what type? (check) How many? (number)
   Cigarettes ______  cigarettes per day ______
   Cigars ______  cigars per day ______
   Pipe ______  bowls per day ______

3. If you chew/use snuff, what type? Snuff ______ Chewing ______ 
   days a can last______ pouches per week ______
   Other (describe) ________________________________amount______per______
   How many? (number)

3A. How long do you keep a chew in your mouth? minutes______

4. How many days of the week do you use tobacco? 7 6 5 4 3 2 1

5. Have you used tobacco daily for the past year? yes____no____

6. How soon after you wake up do you first use tobacco? 
   within 30 minutes____ more than 30 minutes____

7. Does the person closest to you use tobacco? yes____no____

8. How interested are you in stopping your use of tobacco? 
   not at all____, a little____, somewhat____, very much____

9. Have you tried to stop using tobacco before? yes____no____

9A. How long ago was your last try to stop? years____ months____

10. Have you discussed stopping with your physician? yes____no____

11. If you decided to stop using tobacco completely during the next two weeks, how 
    confident are you that you would succeed? 
    not at all____ a little____ somewhat____ very confident
Thank you for being a client in our clinic. Your voluntary participation helps us to educate our students. Faculty supervision of all learning experiences may require that your appointment(s) last for an extended period of time. You will be asked to return if we cannot complete your treatment in one appointment. You have the right to expect reasonable continuity of care and completion of treatment.

Indiana Dental Law prohibits the students and dental hygiene faculty from diagnosing your dental conditions. Please be aware that treatment in the clinic does not substitute for regular dental examinations from your dentist, and you should continue on your normal schedule. If you have had dental x-rays made, you can request that we mail them to your dentist. Your dentist can interpret the x-rays and share the findings with you upon your request.

**TREATMENT PROVIDED TODAY:**
- Dental Hygiene Treatment
- Oral health education
- X-rays

**Type:**
- Subgingival irrigation
- Fluoride treatment
- Pit and fissure sealants

**AN APPOINTMENT IS NEEDED:**
- Continuation of scaling/root planing
- Recare in ____ months
- X-rays
- Pit and fissure sealants

**PERIODONTAL EVALUATION INDICATES:**

**BLEEDING INDEX TODAY_______**

**PERIODONTAL DISEASE BUT NO INDICATION OF ACTIVE INFECTION**

**ORAL HYGIENE EVALUATION**

<table>
<thead>
<tr>
<th>Soft deposits (plaque and food debris)</th>
<th>Hard deposits (calculus)</th>
<th>Stain</th>
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<tbody>
<tr>
<td>light</td>
<td>moderate</td>
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<td>light</td>
<td>moderate</td>
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</table>

**INSTRUCTIONS PROVIDED**

- Pamphlets Provided: NO / YES
- Brushing: Powered Brush, Manual Brush, Mouthrinse, Irrigator, Toothpaste, Tobacco Cessation
- Home Fluoride: yes / no
- Interdental Brush: yes / no
- Other: yes / no

**COMMENTS**

**GOALS SET**

- **Brushing:**
- **Flossing:**
- **Other:**

**REFERRAL**

- Dental Examination
- Periodontist Consultation
- Orthodontist Consultation
- Other

Client: __________________________________________ Date: ______________________
CARE PLAN

Client’s Name ___________________________ Date of Birth ______________
Clinician ________________________________
Date ________________________________

<table>
<thead>
<tr>
<th>Proposed Treatment order</th>
<th>Recommended Dental Hygiene Treatment And Intervention</th>
<th>Comments</th>
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Estimated number of appointments needed to complete Treatment:

☐ 1 Appointment  ☐ 2 Appointments  ☐ 3 Appointments  ☐ 4 Appointments  ☐ More than 4

The proposed care plan, potential results of the treatment, and potential results of not accepting the proposed treatment have been explained to me. I have provided accurate information for the health professionals that will be treating me. I understand and agree to the plan as proposed and authorize the USI dental hygiene faculty and students to render treatment accordingly.

Client/Guardian Signature __________________________________________
Date ________________

University of Southern Indiana  
Dental Programs

Client: _______________________________ Date of Birth ________________________________

Address: _______________________________________________________________________

City: ______________________________ State: __________ Zip: _________________________

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<th>Student/Faculty</th>
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<td>2 Oral Assessment</td>
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<td>3 Proximal Assessment</td>
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KEY: STUDENT RECORD: Segregated area - BLUE line marks box. Stat (polished) - RED line inside box. Rest Cleaning - RED missing box. Plaque - RED line across box. Missing teeth have X.

Facial
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
Lingual
17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

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<tr>
<th>Deductions</th>
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Client Complete:  
Faculty Signature:  
Date: 10/5/13
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<tr>
<th>Date</th>
<th>Comments</th>
<th>Faculty</th>
<th>Student</th>
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</thead>
</table>

Student ____________________________Client Identifier/Date_________________
# Record Review

**Student Name:** ____________________________  **Client Name:** ____________________________

The record review is placed in the faculty office when the client is complete (at the end of a series of appointments if applicable)

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<th>Date:</th>
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<td>COMPLETE Faculty Initials</td>
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<td>COMPLETE Faculty Initials</td>
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**HIPAA form signed by client**

**MEDICAL HISTORY – once every 2 years**

- DDS authorization of treatment /ok to proceed
- Signed by client, student, and faculty
- Medication summary completed – auto note (history)
- Reappoint Re-care Med. History-auto note (re-appt./re-care)
- Radiograph care plan or refusal signed if needed (letters)

**INITIAL ASSESSMENT**

- Extra/Intra Oral Assessment: Findings noted
- Periodontal Assessment/risk assess.: Findings Noted
- Dental Charting/Clinical Exam Sections (not images or cancer)
- Care Plan or Consent to Treat if minor: Signed and dated by client /approved by faculty

**FINAL ASSESSMENT / evaluation form and Record Review should be placed on top of completed record before signing up for assessment**

- Radiograph Report Completed
- Client Treatment Report completed / copy is given to client

**EVIDENCE OF THE FOLLOWING IN PROGRESS NOTES**

- History
- (DHDX)
- Treatment (TX) – Deposit and Periodontal Classification
- Oral Health Education (OHEd)
- Referrals (REF) TYPE:
- Reappoint/Recare Date (RA/RC)
- Personal Information (PI)

**ORDER OF FORMS IN CHART /only if paper record had to be used**

- HIPAA always first (if hard copy available)
- Consent to Treat of a Minor
- Printed radiographs & Report if Dentist of Record
- Red or blue route slip taped to front in applicable
- All Progress Notes
- All Medical Histories - Current on top
- Duplicate of Panoramic if applicable
- Date placed on front of chart
Films are to be evaluated for technique and pathology prior to submission to faculty.

The Student uses the top shaded square for evaluation. Advising Faculty use the bottom square.

Comments:

Circle Series Type

18 FMS  Pedo  Other:_________
**University of Southern Indiana**  
**Dental Assisting/Dental Hygiene Programs**  
**Student Radiographic Findings**

<table>
<thead>
<tr>
<th>Student</th>
<th>Advising Instructor</th>
<th>Date</th>
</tr>
</thead>
</table>

*Advising Instructor will circle the number if errors are present and comment at the bottom of the document. (1 point per error)*

1. **Trabecular Bone Pattern**  
   - Opacities/ lucencies: YES NO  
   - Location: ____________________________

2. **Widened Periodontal Membrane Spaces**  
   - YES NO  
   - Location: ____________________________

3. **Bone Level Changes**  
   - Vertical: YES NO  
   - Number(s): ____________________________
   - Horizontal: YES NO  
   - MXRS  
     - Sl Mod Sev  
   - MXAS  
     - Sl Mod Sev  
   - MXLS  
     - Sl Mod Sev  
   - MDRS  
     - Sl Mod Sev  
   - MDAS  
     - Sl Mod Sev  
   - MDLS  
     - Sl Mod Sev

4. **Radiographic Caries**  
   - Incipient: YES NO  
   - Number(s): ____________________________
   - Recurrent: YES NO  
   - Number(s): ____________________________
   - Other: YES NO  
   - Number(s): ____________________________

5. **Overhanging Restorations**  
   - YES NO  
   - Number(s): ____________________________

6. **Non Vital Teeth**  
   - YES NO  
   - Number(s): ____________________________

7. **Missing Teeth**  
   - YES NO  
   - Number(s): ____________________________

8. **Calculus**  
   - YES NO  
   - Location: ____________________________

9. **Furcation Involvement**  
   - YES NO  
   - Number(s): ____________________________

10. **Impacted Teeth**  
    - YES NO  
    - Number(s): ____________________________

11. **Retained Teeth**  
    - YES NO  
    - Number(s)/Letter(s): ____________________________

12. **Artifacts**  
    - YES NO  
    - Location: ____________________________

13. **Dilaceration/Flexion**  
    - YES NO  
    - Number(s): ____________________________

14. **Other**  
    - YES NO  
    - Location: ____________________________

Faculty comments on deductions
________________________________________________________________________________________
________________________________________________________________________________________
Student________________________  Client________________________
Date________________________  Faculty________________________

Technique:  
_____Horizontal  _____Vertical  _____Mx Occlusal  _____Md Occlusal

Dentition:  
_____Adult  _____Pediatric  _____Mixed

circle:  
S  NS-retake on DXTTR

Faculty Initials ____________________  Faculty Comments: __________________________

[Mx Occlusal]  [Md Occlusal]

*Films exposed on DXTTR are to be evaluated for technique prior to submission to faculty.
*Films exposed on clients are to be evaluated for technique and pathology prior to submission to faculty.
### Film Loading
- Avoidance of full spectrum light prior to development
- Appropriate insertion and withdrawal from cassette
- Accurate cassette drum orientation
- Appropriate intensifying screen placement

### Client Positioning
- Client’s head centered in the positioning device and appropriately inclined
- Slight curvature of the occlusal plane/bisects the long axis of the film
- Lower border of the mandible recorded with 6mm film margin
- Both maxillary sinuses visible and symmetrical
- Orientation indicators appear on the film
- Cervical spine does not impede diagnosis of anterior teeth

### Technique and Other Errors
- All extra-intra oral jewelry, dental appliances, eyeglasses, or other metallic objects removed prior to exposure
- Lead apron used
- Tongue placement results in appropriate palatal density
- Correct exposure factors and drum alignment were used
- Film is labeled with client’s name and date (right side of film – client’s left side)

### Processing
- Image is complete, not fogged, and exhibits good contrast
- Film is free of finger prints, static electricity lines, and any other processing and handling errors

### Interpretation Deductions
- 1 point each

### Comments:
- 

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<th>Points Deducted</th>
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<td>or error on interpretation</td>
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<tr>
<td>Student</td>
<td>Faculty</td>
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Student Name__________________________  
Date of Interpretation__________________________

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<tr>
<th></th>
<th>MAXILLA</th>
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<th>MANDIBLE</th>
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<td>MANDIBLE</td>
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<td>YES:___________________________________________________</td>
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<td>YES:___________________________________________________</td>
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<td></td>
<td>MANDIBLE</td>
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<td>YES:___________________________________________________</td>
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<tr>
<td>RADIOLUCENCY(IES) ASSOCIATED WITH TOOTH/TEETH</td>
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<td>YES:___________________________________________________</td>
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<tr>
<td>RADIOPACITY(IES) ASSOCIATED WITH TOOTH/TEETH</td>
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<td>YES:___________________________________________________</td>
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<th>TOOTH ERUPTION STATUS:</th>
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<th>PRIMARY</th>
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<tbody>
<tr>
<td>MISSING TEETH</td>
<td>NO</td>
<td>YES:</td>
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<tr>
<td>IMPACTED TEETH</td>
<td>NO</td>
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<td>YES:</td>
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<tr>
<th>CONDYLAR MORPHOLOGY</th>
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| MAXILLARY SINUS(ANTRUM) ASYMMETRY / RADIOPACITY | NO | YES:___________________________________________________ |

| ABERRANT MANDIBULAR CANAL RADIOPACITY(IES) | NO | YES:___________________________________________________ |

| EVIDENCE OF PRIOR DENTAL TX: | NO | YES:___________________________________________________ |
| EVIDENCE OF PRIOR TRAUMA     | NO | YES:___________________________________________________ |

OTHER FINDINGS / NOTES / OBSERVATIONS:

___________________________________________________________________________________________________
Dear Dr. __________________________________________

The following client was seen in the University of Southern Indiana Dental Clinic and received the services indicated. The enclosed radiographs have been utilized for dental hygiene treatment purposes and need to be fully evaluated for treatment needs beyond the scope of care provided in the clinic. After reviewing these films, please contact the client for an appointment. The client has been advised of the need for regular dental exams.

CLIENT: __________________________________________ DATE OF BIRTH: ____________

ADDRESS: __________________________ CITY: ____________ STATE: _________ ZIP: ________

TELEPHONE: ______________________ DATE(S) OF CLINIC VISIT: ____________

RADIOGRAPHS PROVIDED

_____Full Series  _____Bitewings  _____Periapical(s)  _____Panoramic  _____Occlusal(s)

TREATMENT PROVIDED

_____ Scaling  _____ Acidulated Phosphate Fluoride

_____ Root Planing  _____ Sodium Fluoride

_____ Polishing  _____ Pit and Fissure Sealants /Tooth #(s) _______________________

_____ Subgingival Irrigation  _____ Dental Hygiene Treatment in Progress

_____ Other

Comments:__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________
PROCESS EVALUATIONS
**AIR POWDER POLISHER**

Check each criterion as it is satisfactorily completed

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<thead>
<tr>
<th>Student</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Comments</th>
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<td>Date</td>
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**CLIENT CONSIDERATIONS**
Identifies client as one whose oral conditions indicate use of air powder polisher

**PREPARATION OF CLIENT**
- Informs client of rationale and technique for use
- Drapes client appropriately to cope with flow of solution
- Instructs client in use of saliva ejector
- Properly positions client/semi reclined

**PREPARATION OF EQUIPMENT**
- Appropriately installs equipment of use (laminated instructions in drawer of unit)
- Selects appropriate Prophy powder and adds to unit according to manufacturer directions
- Flushes water one for 3 min. before inserting jet air polishing insert
- Properly covers unit with plastic

**TECHNIQUE FOR USE**
- Positions saliva ejector
- Place nozzle tip 3 to 4 mm slightly apically on the incisal to middle 1/3 of the tooth, using constant circular motion (sweeping motion)
- Angulation: Posterior: 80 degrees; Anterior: 60 degrees; Occlusal: 90 degrees
- Uses mirror appropriately when indicated
- Polishes 1 to 2 teeth per 1 to 2 seconds and rinse utilizing the send position of the foot control
- Uses hand and client’s cheek to contain aerosols
- Rinses slurry from patient’s mouth as needed utilizing the first position of the foot control (water only)
POST-CARE EQUIPMENT
At completion of treatment, water is run through the tip until no residue remains before turning unit off
Tip is cleansed with wire cleaning tool before being sterilized (tip is never put in thermal disinfecter)
Powder is removed from the chamber and put in storage jar
Extra powder is removed with a high-volume evacuator
O-ring is wiped off
Air powder polisher unit and cubicle is disinfected in accordance with clinic policy
*Uses appropriate infection control procedures throughout treatment

*Non-satisfactory performance in this area will result in non-competency rating on the process evaluation

TOTAL 22

Competency Level Requirements:

DTHY 342 = 18 = 80%
DTHY 352 = 18 = 80%
DTHY 442 = 19 = 85%
DTHY 452 = 20 = 90%

Competency Attained: ________Yes ________No

Professor Signature/Date: ____________________________________________

Student Signature/Date: _____________________________________________

Revised Aug09
### Process Evaluation

**CLINICAL ASSISTANT ROTATION**

Check each criterion as it is satisfactorily completed

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**Professor:** _____________________________________  
**Date:** __________________________________________

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#### PRIOR TO THE BEGINNING OF EACH CLINIC SESSION

- Prepare autoclave bags for student use
- Prepare disinfecting solution of needed
- Run thermal disinfecter

*Check oxygen cylinder levels*  
Clinic and Dental Materials Laboratory  
Monday mornings

- Prepare twelve trays for unit set-up to be used in the next clinic session
- Disinfect and prepare radiology units for use
- Check AT2000 solution levels (under counters) change out bottles when 1” from bottom

- Run large cleaning film through each processor

#### DURING THE CLINIC SESSION

- Sterilize supplies and instruments
- Check on clinicians regularly

Clean removable appliances if indicated  
*Label* bottle with date made using masking tape

- Clean and disinfect uncovered surfaces and replace plastic on covered surfaces and equipment in radiology units between uses

- Label film and or mounts if indicated
- Process and mount both sets of radiographs and return to clinician if applicable
- Duplicate all panoramic films and any other films needing duplication
- Evaluate films, in collaboration with the clinician, for pathology and retakes
- Notify clinic faculty that radiographs are ready for evaluation

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**AT THE END OF CLINIC SESSION**

Disinfect hear sealer, scissors, autoclave tape dispenser, counter tops, towel dispensers, etc.

Verify that all clinicians have removed personal/treatment items from clinic areas

Submit Progress notebook *(342 only)* and process evaluation to advising faculty for completion

ICR must remain in clinic until all clinicians are complete unless permission is provided by advising faculty

Process evaluation has been turned in to the faculty office for faculty signature and filing

**FINAL CLINIC SESSION OF DAY EXTRA ITEMS**

Ensure that radiology viewing room, radiology units, and darkroom are disinfected and neat

Turn off AT2000 units and close water leavers

Prepare vacuum cleaner for units/found under sink on clean side of sterilization room

Scour/disinfect sinks and counter in sterilization room

Ensure that all unit master switches are off

Ensure that rheostats and operator/assistant stools are placed in specified locations

*All computers logged off / no need to shut down / main screen okay*

Process evaluation has been turned in to the faculty office for faculty signature and filing

---

* CLEAN UP PROCEDURES SHOULD NOT BE INITIATED UNTIL ALL CLIENT TREATMENT AND EVALUATION IS COMPLETED

* ALL CRITERIA MUST BE SATISFACTORY COMPLETED

Competency Attained: ________Yes ________No

Professor Signature/Date: _____________________________________________

Student Signature/Date: ______________________________________________

Revised Aug09
**EXTRA/INTRA ORAL EXAMINATION**

Check each criterion as it is satisfactorily completed.

<table>
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<th>Student</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Comments</th>
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**EXTRAORAL EXAMINATION**

- Places client in an upright position
- Explains purpose of the procedure to client
- Wears vinyl gloves over examination gloves
- Visually appraises clients face, head, neck, and skin
- Palpates pre and post auricular, submental, submandibular, cervical, and occipital lymph nodes
- Palpates parotid and submandibular glands
- Palpates border of the mandible
- Palpates larynx and trachea for mobility
- Palpates thyroid gland
- Palpates temporomandibular joint bilaterally while the client opens and closes
- Palpates tissues using appropriate technique
- Disposes of vinyl gloves

**INTRAORAL EXAMINATION**

- Places client in reclining position utilizing adequate lighting
- Explains purpose of procedure to client
- Lubricates clients lips
- Removes all non-fixed dental appliances
- Visually inspects lips
- Palpates lips and labial mucosa using thumb and index finger
- Visually inspects labial, buccal, and alveolar mucosa and frena
- Palpates buccal mucosa and alveolar mucosa
<table>
<thead>
<tr>
<th>Action</th>
<th>Student Satisfactory</th>
<th>Needs Improvement</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Visually inspects dorsal surface, lateral borders, and base of tongue and floor of the mouth by manually extending the tongue with a gauze square</td>
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<tr>
<td>Palpates tongue</td>
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<tr>
<td>Visually inspects ventral surface of tongue and the floor of the mouth by having client touch palate with tip of the tongue</td>
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<tr>
<td>Palpates floor of the mouth</td>
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<tr>
<td>Visually inspects and palpates hard palate</td>
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<tr>
<td>Visually inspects soft palate, uvula, oropharynx, tonsils, tonsillar pillars, and nasopharynx by depressing the tongue with a mirror</td>
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<tr>
<td>Visually inspects gingiva, edentulous gingiva, retromolar pads, and maxillary tuberosity</td>
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<td></td>
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<tr>
<td>Palpates alveolar bone</td>
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<tr>
<td>Palpates tissues using appropriate technique</td>
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<tr>
<td>Observes variations in salvia quantity and/or quality</td>
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<tr>
<td>Observes any abnormalities concerning breath odor</td>
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<tr>
<td>Documents any abnormalities present</td>
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<tr>
<td><em>Non-satisfactory performance of infection control procedures will result in non-competency rating on the process evaluation</em></td>
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**TOTAL 33**

Competency Level Requirements:

DTHY 342 = 18 = 80%
DTHY 352 = 18 = 80%
DTHY 442 = 19 = 85%
DTHY 452 = 20 = 90%

Competency Attained: ________Yes ________No

Professor Signature/Date: _____________________________________________

Student Signature/Date: ______________________________________________

Revised Aug09
### Process Evaluation

**Student:**

**Client:**

**Professor:**

**Date:**

#### Fluoride

Check each criterion as it is satisfactorily completed

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<tr>
<th>Student</th>
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#### Assessment

Assesses oral structures and restorations for appropriate fluoride selection

**OBTAINS SUPPLIES BEFORE BEGINNING PROCEDURE**

- Fluoride solution selected
- Varnish: .25 for children, .40 for mixed requiring extensive coverage
- Properly fitted maxillary and mandibular trays if applicable
- Saliva ejector if applicable
- Time piece if applicable

#### Client Instruction

Purpose of fluoride application

Procedure of fluoride application

Necessity of maintaining dry field if applicable

Importance of refraining from swallowing and use of saliva ejector if applicable or letting client know that they may swallow if a varnish is being used

Importance of refraining from eating, drinking, or rinsing for 30 minutes following application if applicable

Provided and thoroughly reviewed instruction *Care after Treatment* sheet with client if a varnish is selected

#### Procedure for Application

Places client in upright position

Saliva ejector is turned on if applicable

Trays are filled with appropriate amount of solution varnish packet is open and applicator is ready for use

Dries teeth thoroughly beginning with maxillary arch then mandibular arch – does NOT dry teeth excessively for varnish use

Positions trays properly beginning with mandibular tray, followed by saliva ejector, then maxillary tray

Varnish: applies evenly and quickly

If using trays, gently squeezes trays to force gel onto proximal surfaces

**Student**

**Satisfactory**

**Needs Improvement**

**Comments**

**Student**

**Date Repeated**

**Satisfactory**

**Needs Improvement**

**Comments**
<table>
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Begins timing procedure for 4 minutes after tray placement
Varnish: works quickly providing solution evenly over treatment areas
Never leaves the client unattended
Removes trays from mouth and encourages the client to continue use of saliva ejector to empty any remaining fluids from the mouth
Varnish: instructs client to expectorate into a cup if a varnish product has been selected for use

*Uses appropriate infection control procedures throughout treatment
*Non-satisfactory performance of infection control procedures OR use of saliva ejector during a varnish application will result in non-competence rating on the process evaluation

TOTAL 21

Competency Level Requirements:

DTHY 342 = 17 = 80%
DTHY 352 = 17 = 80%
DTHY 442 = 18 = 85%
DTHY 452 = 19 = 90%

Competency Attained: ________Yes ________No

Professor Signature/Date: _____________________________________________

Student Signature/Date: ______________________________________________

Revised Aug09,Aug10
### Process Evaluation

**GRACEY CURETS**  
___ANTERIOR___ POSTERIOR  
Check each criterion as it is satisfactorily completed

<table>
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<th></th>
<th>Student</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Comments</th>
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**Instrument selection**
- Modified pen grasp
- Fulcrum as close to working area as possible
- Keeps field clean and clear at all times
- Uses mirror appropriately

**INSTRUMENTATION**

**Adaptation**
- Facial surface of blade aims toward the tooth for vertical stroke
- Toe of blade is tipped slightly for an oblique stroke; toe of blade is tipped toward the cervical margin for horizontal stroke
- Lower shank parallel to tooth surface being instrumented
- Inserts blade at 0 degrees for subgingival instrumentation
- Acceptable exploratory stroke

**Activation-working stroke**
- Uses firm grasp
- Maintains cutting edge on tooth surface
- Uses toe third of cutting edge
- Uses hand, wrist, and arm motion without independent finger movement, pivoting on fulcrum to maintain adaptation
- Uses short, decisive pull strokes
- Face of blade faces same direction from beginning to end of stroke
- Uses appropriate lateral pressure
- Maintains stacked fulcrum when possible
- Overlaps strokes to ensure complete deposit removal
- Rolls handle to maintain adaptation

**Students**
- Satisfactory
- Needs Improvement

**Comments**

**Student**

**Date Repeated**
- Satisfactory
- Needs Improvement
| Repeats strokes until tooth surface has been completely scaled |  |  |  |
| Instrument remains within confines of sulcus/pocket |  |  |  |
| Inspects surface with explorer and compressed air and repeats procedures as needed |  |  |  |

**ROOT PLANNING PROCEDURES**  
*(verbal evaluation if root planning not indicated)*

- Utilizes short, even strokes which systematically overlap and progress to longer strokes
- Uses enough strokes to achieve root smoothness
- Adapts instrument to reach all morphological features of root using multi-directional strokes
- Examines with explorer to establish completion of instrumentation
- Root is smooth and free of calculus
- Irrigates all sulci-pockets to remove debris
- Sharpness of currets assessed periodically

*Non-satisfactory performance of infection control procedures results in automatic non-competency*

**TOTAL 31**

**Competency Level Requirements:**

- DTHY 342 = 25 = 80%
- DTHY 352 = 25 = 80%
- DTHY 442 = 26 = 85%
- DTHY 452 = 28 = 90%

Competency Attained:  ______Yes ______No

Professor Signature/Date:  ___________________________________________

Student Signature/Date:  ___________________________________________

Revised Aug09
### INFECTION CONTROL PROCEDURES

Check each criterion as it is satisfactorily completed

<table>
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<tr>
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**Client:** _______________________________________

**Professor:** _____________________________________

**Date:**_________________________________________

#### PRE-TREATMENT PROCEDURES

- Rubes bet hands and wrists gently with antimicrobial hand wash for 20 sec., emphasizing area around nails and between fingers, rinses with cool water, dries hands, then wrists with paper towels
- Don eyewear, mask, and gloves
- Wets surfaces which cannot be covered with disinfectant (at the first clinic session of the day)
- Disinfects by wiping solution vigorously from surface
- Wets second time and allows to remain in contact with surface for 10 min.
- Takes unit water bottle to sterilization room, fills with distilled water. Returns to unit with filled water, needed instruments, tray with plastic, and any other needed supplies
- Turns unit on and flushes unit water supply for 3 min. at beginning of day and 1 min. before the beginning of other clinic sessions
- Covers all designated surfaces with plastic bags and wrap
- Checks indicator strip in cassette or gab for exposure to sterilization conditions
- Prepares instrument try and operatory site without contaminating

#### TREATMENT PROCEDURES

**Client Preparation/protection**

- Has client rinse for 60 sec. with antimicrobial mouth rinse prior to treatment
- Has client wear protective eyewear throughout treatment

**Washes Hands**

- Before treatment, between clients, after glove removal, and other necessary times
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<th>Student</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Comments</th>
<th>Student</th>
<th>Date Repeated</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
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<tbody>
<tr>
<td><strong>Gloves</strong></td>
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<tr>
<td>Wears new gloves with each client</td>
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<tr>
<td>Wears gloves when contact with potential pathogenic micro-organisms is present</td>
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<tr>
<td>Changes gloves when punctured or if moisture develops beneath surface of glove</td>
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<td>Wears overgloves when contacting non-contaminated items</td>
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<td><strong>Mask</strong></td>
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<tr>
<td>Wears new mask with each client</td>
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<tr>
<td>Wears mask during all client treatment</td>
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<tr>
<td>Changes mask when excessive moisture develops beneath surface of mask</td>
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<td><strong>Protective Eyewear</strong></td>
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<tr>
<td>Wears protective eyewear with solid side shields or chin length face shield during all client treatment procedures. Wears face shield during ultrasonic debridement and polishing procedures</td>
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<td><strong>Gown</strong></td>
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<tr>
<td>Wears clean gown over scrubs during all client treatment procedures</td>
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<tr>
<td>Discards gown at end of clinic day or if visibly soiled</td>
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<tr>
<td><strong>Hair</strong></td>
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<tr>
<td>Wears hair away from collar and face</td>
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<tr>
<td>Does not wear ornamental hairpieces</td>
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<tr>
<td>Avoids cross contamination</td>
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<tr>
<td><strong>CROSS-CONTAMINATION</strong></td>
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<tr>
<td>Does not contact any items that cannot be sterilized or disinfected</td>
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<tr>
<td><strong>POST-TREATMENT PROCEDURES</strong></td>
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<tr>
<td>Wear protective eyewear, mask, gown, and utility gloves during all post-treatment procedures</td>
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<tr>
<td>Places infectious waste in designated container</td>
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<tr>
<td><strong>Debris removal from instruments</strong></td>
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<tr>
<td>Ensures that thermal disinfector is loaded correctly taking care to not overload</td>
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<tr>
<td>Pours detergent into dispenser on inside of door</td>
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<tr>
<td>Closes door and pushes the on/off button first then the disinfection, dry and start buttons</td>
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<tr>
<td>Allows cycle to complete (60 min.)</td>
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</tbody>
</table>
Checks reactivation and neutralizing lights and contact faculty if one both are on

Opens door 4 inches for 15 min. to complete drying process

Add rinse-aid if indicator is not totally black

Disinfects outer surface of handpiece and any other item that cannot be placed in the thermal disinfector

Rinses, dries, disassembles and places handpiece in autoclave pouch along with indicator strip / bags any other items that were not thermal disinfected

**STERILIZATION**

Places indicator strip in cassette/package(s)

Places cassette/packages in autoclave leaving adequate space between items for steam circulation

Ensures that water level is at indicator line in reservoir (using distilled water)

Fills chamber until water covers fill plate

Secures door

Sets timer for 20 min.

After cycle is complete, sets indicator to VENT position for a minimum of 25 min.

Disinfects by immersion all contaminate items which cannot be sterilized

Allows cassettes to completely dry before storing (racks available for continued drying)

**SHARPS – ALWAYS HANDLED WHILE WEARING UTILITLY GLOVES**

Does not bend or break needles or cannulas after use

Recaps cannulas using scoop method

Places contaminated sharps in sharps container as soon as possible

Does not reach into sharps container

Does not overfill sharps container

Removes all plastic coverings and disinfects surfaces that are not covered ending with wiping the foot pedals and base of chair

Flushes water supply for 20 sec. between clients

Passes one quart of vacuum cleaner through vacuum system at the end of each day
<table>
<thead>
<tr>
<th>Task</th>
<th>Student</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washes, dries, and wraps utility gloves prior to packaging for sterilization at conclusion of post-treatment procedures</td>
<td></td>
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<tr>
<td>Disinfects eyewear between each client or at conclusion of post-treatment procedures</td>
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<tr>
<td>Washes hands at conclusion of post-treatment procedures</td>
<td></td>
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<tr>
<td>Fill disinfectant bottle as needed for next client use</td>
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</tbody>
</table>

*ALL CRITERIA MUST BE SATISFACTORILY COMPLETED*

Competency Attained:  ________Yes ________No

Professor Signature/Date:  _____________________________________________

Student Signature/Date:  _____________________________________________

Revised Aug09
<table>
<thead>
<tr>
<th>Student</th>
<th>Satisfactory</th>
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<th>Comments</th>
</tr>
</thead>
</table>

**MOUTH MIRROR AND EXPLORER**

Check each criterion as it is satisfactorily completed.

**Student:** __________________________

**Client:** ___________________________

**Professor:** __________________________

**Date:** ___________________________

<table>
<thead>
<tr>
<th><strong>MOUTH MIRROR</strong></th>
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</thead>
<tbody>
<tr>
<td>Use of mirror</td>
<td></td>
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<tr>
<td>Retraction</td>
<td></td>
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<tr>
<td>Indirect illumination</td>
<td></td>
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<tr>
<td>Indirect vision</td>
<td></td>
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<tr>
<td>Transillumination</td>
<td></td>
</tr>
<tr>
<td>Mirror grasp-modified pen grasp</td>
<td></td>
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<tr>
<td>Placement creates minimal client discomfort</td>
<td></td>
</tr>
<tr>
<td>Mirror fulcrum (where applicable)</td>
<td></td>
</tr>
<tr>
<td>Palm grasp, when not in use</td>
<td></td>
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<tr>
<td>Adaptation of mirror to see all aspects of the area</td>
<td></td>
</tr>
</tbody>
</table>

**EXPLORER**

| Instrument selection-uses correct working end |  |
| Instrument grasp-definite but light modified pen grasp | |
| Fulcrum as close to working area as possible | |

**Adaptation**

| Tip of explorer adapts closely to tooth surface on side of point |  |
| Adapts to depth of sulcus or pocket | |

**Activation**

Correct use of systematic walking stroke

a. Proximal – vertical
b. Facial/lingual – oblique

| Side of explorer tip remains on tooth surface rolling handle to maintain adaptation |  |
| Stroke extends to depth of sulcus or pocket | |
| Strokes overlap from facial and lingual under contact areas | |
| Overlaps strokes when going from distal to mesial beginning exploring mesially from distal line angle | |

<table>
<thead>
<tr>
<th>Student</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Comments</th>
</tr>
</thead>
</table>

**Student**

**Satisfactory**

**Needs Improvement**

**Comments**

**Student**

**Date Repeated**

**Satisfactory**

**Needs Improvement**

**Comments**
<table>
<thead>
<tr>
<th>Uses hand, wrist, and arm motion without independent finger movement, pivoting on fulcrum to maintain adaptation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintains stacked fulcrum when possible</td>
</tr>
<tr>
<td>Utilizes a very light touch</td>
</tr>
<tr>
<td>Maintains a light, relaxed grasp</td>
</tr>
<tr>
<td>*Uses appropriate infection control procedures throughout treatment</td>
</tr>
<tr>
<td>*Non-satisfactory performance of infection control procedures will result in non-competence rating on the process evaluation</td>
</tr>
</tbody>
</table>

TOTAL 23

Competency Level Requirements:

DTHY 342 = 18 = 80%
DTHY 352 = 18 = 80%
DTHY 442 = 20 = 85%
DTHY 452 = 21 = 90%

Competency Attained: _____ Yes _____ No

Professor Signature/Date: _____________________________________________

Student Signature/Date: ______________________________________________

Revised Aug09
**Process Evaluation**

**ORAL HEALTH EDUCATION PROCEDURES**

<table>
<thead>
<tr>
<th>Student</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Comments</th>
</tr>
</thead>
</table>

| Client: ____________________________________________ |
| Professor: _________________________________________ |
| Date:____________________________________________ |

**PREPARATION FOR INSTRUCTION**

- The student has reviewed previous assessments for preparation of individual oral health education
- Client seated in and upright position

**All necessary instruction materials available for use at operatory**

- Client mirror
- Toothbrush
- Dental floss
- Disclosing agent
- Any other pertinent devices as will meet clients needs
- Informs client/care giver of forthcoming procedures

**INSTRUCTION OF FLOSSING TECHNIQUE**

- Explains use of floss in plaque removal
- Student observes client technique first and makes modification as needed
- Encourages client/care giver to ask questions

**INSTRUCTION ON TOOTHBRUSHING TECHNIQUE**

- Student selects proper toothbrushing technique according to clients needs and explains its use in plaque removal
- Student observes client technique first and makes modification as needed
- Encourages client/care giver to ask questions
### INSTRUCTIONS ON USE OF ADDITIONAL PLAQUE CONTROL DEVICES, ANTIMICROBIAL AGENTS, PREVENTIVE AGENTS

<table>
<thead>
<tr>
<th>Task</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Identifies appropriate additional devices/agents according to client’s needs</td>
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<tr>
<td>Explains use of devices/agents in controlling disease</td>
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<tr>
<td>Ensures that client/care giver can completely use recommended devices/agents</td>
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<td></td>
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<tr>
<td>Encourages client/care giver to ask questions</td>
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</tbody>
</table>

### INSTRUCTION ON THE EFFECT OF NUTRITION ON ORAL AND TOTAL BODY HEALTH

<table>
<thead>
<tr>
<th>Task</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Assesses client’s nutritional habits and tailors instruction to clients age and needs</td>
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<tr>
<td>Discusses the importance of reducing the frequency of intake of simple sugars</td>
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<tr>
<td>Discusses the importance of the time of ingestion of simple sugars</td>
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<tr>
<td>Explains the difference between liquid and retentive forms of simple sugars</td>
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<tr>
<td>Assists client/care giver in identifying a plan of action to improve nutritional status</td>
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<tr>
<td>Relates the effects of nutrition on the hard tissues</td>
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</table>

### INDIVIDUAL NEEDS INSTRUCTION (TOBACCO USE CESSATION, ORAL CANCER SELF EXAMINATIONN, PREGNANCY, ETC.)

<table>
<thead>
<tr>
<th>Task</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Identifies appropriate additional oral health management methods according to the client’s needs</td>
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<tr>
<td>Explains methods in relationship to oral health management</td>
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<tr>
<td>Ensures that client/care giver is able to implement recommendations given</td>
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<tr>
<td>Encourages client/care giver to ask questions</td>
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</table>

### GENERAL INSTRUCTIONS

<table>
<thead>
<tr>
<th>Task</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Makes modifications in all areas of instruction to meet the individual needs of the client</td>
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<tr>
<td>Correlates oral health education to assessment findings</td>
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<tr>
<td>Uses terminology that the client/care giver understands</td>
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<tr>
<td>Student and client/care giver set realistic objectives and goals for client to attain</td>
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<tr>
<td>Uses positive and non authoritative approach and positive reinforcement</td>
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<tr>
<td>Listens well and provides appropriate feedback to the client/care giver</td>
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<tr>
<td>Uses a logical sequence of instruction</td>
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<tr>
<td>Emphasizes instruction in areas of low performance</td>
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<tr>
<td>Re-evaluates progress at successive</td>
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<tr>
<td>Competency Level Requirements:</td>
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<tr>
<td>DTHY 342 = 37 = 80%</td>
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<tr>
<td>DTHY 352 = 37 = 80%</td>
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<tr>
<td>DTHY 442 = 40 = 85%</td>
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<tr>
<td>DTHY 452 = 32 = 90%</td>
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<td>Competency Attained: ________Yes ________No</td>
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<tr>
<td>Professor Signature/Date:</td>
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<td>Student Signature/Date:</td>
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<td>Revised Aug09</td>
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</table>
### PERIODONTAL PROBE

**Check each criterion as it is satisfactorily completed**

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<tr>
<th>Student</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Comments</th>
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</table>

**Instrument selection**
- Instrument grasp-modified pen grasp

**Fulcrum as close to working area as possible**

**ADAPTATION**
- Uses mirror appropriately
- Mesial/distal placement
- Facial/lingual placement
- Adapts to depth of sulcus or pocket
- Probe tip plat against tooth near gingival margin with working end approximately parallel with tooth surface

**ACTIVATION**
- Uses a light grasp
- Hold probe plat against tooth surface
- Uses vertical stroke starting activation at appropriate line angle
- Angles working end slightly under contact area
- Maintains side of tip of probe in contact with tooth
- Adapts to depth of sulcus or pocket utilizing slight pressure
- Uses hand, wrist, and arm motion without independent finger movement, pivoting on fulcrum to maintain adaptation
- Maintains stacked fulcrum when possible
- Utilizes walking action of probe without removing probe from gingival sulcus or pocket when going from distal to mesial
- Takes six reading on each tooth
- Obtains and records accurate measurement utilizing graduations on probe to within 1 mm
- Probes entire dentition

**Student:**

**Client:**

**Professor:**

**Date:**
<table>
<thead>
<tr>
<th>Competency Level Requirements:</th>
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</thead>
<tbody>
<tr>
<td>DTHY 342 = 17 = 80%</td>
</tr>
<tr>
<td>DTHY 352 = 17 = 80%</td>
</tr>
<tr>
<td>DTHY 442 = 18 = 85%</td>
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<tr>
<td>DTHY 452 = 19 = 90%</td>
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</tbody>
</table>

Competency Attained:  

**Uses appropriate infection control procedures throughout education session**

*Non-satisfactory performance of infection control procedures will result in non-competence rating on the process evaluation*

**Total 21**

Professor Signature/Date:  

Student Signature/Date:  

Revised Aug09
**POLISHING**

Check each criterion as it is satisfactorily completed

<table>
<thead>
<tr>
<th>Student</th>
<th>Satisfactory</th>
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<th>Comments</th>
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**Professor:** ____________________________

**Date:** ____________________________

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**USES PROPER INSTRUMENTS**

- Uses disclosing agent to aid in identification of deposits
- Uses a minimally abrasive fluoride-containing wet polishing agent
- Uses mirror appropriately

**ACTIVATION**

- Checks to see if polishing cup is secure before applying least abrasive agent needed
- Rotates cup at slow r.p.m to prevent frictional heat
- Uses light intermittent overlapping strokes directed from gingival surface to Occlusal/incisal surface
- Flares edge of cup slightly into the gingival sulcus
- Uses hand, wrist and arm motion without independent finger movement, pivoting on fulcrum to maintain adaptation
- Adapts cup to curvature of tooth surfaces
- Maintains a stacked fulcrum when possible
- Avoids gingival abrasion
- Keeps field relatively clean and clear at all times
- Removes saliva and debris from cup before replenishing with polishing agent
- Uses a bristle brush to polish Occlusal surfaces
- Polishes all indicated tooth surface

**Student**

**Satisfactory**  **Needs Improvement**

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<table>
<thead>
<tr>
<th>FLOSSING</th>
<th>Student</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irrigates teeth and interdental areas thoroughly to remove abrasive particles</td>
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<tr>
<td>FLOSSING</td>
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</tr>
<tr>
<td>Grasps floss firmly between thumbs and index fingers with adequate amount of floss between two hands and floss around middle fingers</td>
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<tr>
<td>Gently uses thumbs and index fingers to work the floss slowly down the side of the tooth without snapping the floss through the contact areas</td>
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<tr>
<td>Moves floss gently beneath the gingiva until tissue resistance is felt</td>
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<tr>
<td>Curbs the floss in a C-shape around the mesial or distal of the tooth the holds firmly against the tooth</td>
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<tr>
<td>Moves floss vertically with pressure in a short up and down motion to remove plaque</td>
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<tr>
<td>Uses clean segment of floss prior to entering each contact area</td>
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<tr>
<td>Avoids gingival trauma</td>
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<tr>
<td>Flosses all proximal surfaces</td>
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<tr>
<td>Uses disclosing solution to evaluate polishing and flossing</td>
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<tr>
<td>*Uses appropriate infection control procedures throughout education session</td>
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<tr>
<td>*Non-satisfactory performance of infection control procedures will result in non-competence rating on the process evaluation</td>
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<tr>
<td>TOTAL 31</td>
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</tbody>
</table>

Competency Level Requirements:

DTHY 342 = 25 = 80%
DTHY 352 = 25 = 80%
DTHY 442 = 26 = 85%
DTHY 452 = 28 = 90%

Competency Attained: __________ Yes __________ No

Professor Signature/Date: _____________________________________________

Student Signature/Date: ______________________________________________

Revised Aug09
**REMOVABLE APPLIANCE CARE**

Check each criterion as it is satisfactorily completed

<table>
<thead>
<tr>
<th>Student</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Comments</th>
</tr>
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<tbody>
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</tbody>
</table>

**PROCEDURE FOR DISINFECTING THE APPLIANCE**

- Rinses appliance to remove debris
- Immerse appliance for 15 min. in Ziploc bag filled with iodophor solution
- Rinses appliance to remove disinfectant and disposes of bag
- Uses new soft toothbrush or new denture brush to remove soft debris if indicated and rinse thoroughly / provide client with brush after use

**PROCEDURE FOR CLEANING THE APPLIANCE**

- Places appliance in clean Ziploc bag filled with appropriate cleaning agent and places sealed bag in beaker filled with water
- Places beaker in small ultrasonic unit containing water and places lid on top of beaker
- Activates ultrasonic unit for 12 min.
- Removes the appliance from the ultrasonic unit and rinse it thoroughly over the sink half filled with water or bottom of sink protected with towels. Disposes of bag
- Uses hand/ultrasonic scaling if indicated at chair side
- Polishes using Prophy paste if indicated at chair side
- Place appliance in clean bag or cup filled with water or antimicrobial mouth rinse and returns to the client at the conclusion of the appointment

*Uses appropriate infection control procedures throughout education session

*Non-satisfactory performance of infection control procedures will result in non-competence rating on the process evaluation

**TOTAL 12**
Competency Level Requirements:

DTHY 352 = 9 = 80%
DTHY 442 = 10 = 85%
DTHY 452 = 11 = 90%

Competency Attained: __________Yes __________No

Professor Signature/Date: _____________________________________________

Student Signature/Date: ______________________________________________

Revised Aug09
## SEALANTS

Check each criterion as it is satisfactorily completed

<table>
<thead>
<tr>
<th>Process Evaluation</th>
<th>Student: _______________________________</th>
<th>Client: ____________________________</th>
<th>Professor: _________________________</th>
<th>Date: ____________________________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Comments</th>
<th>Student</th>
<th>Date Repeated</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
</tr>
</thead>
</table>

### ASSESSMENT OF TOOTH
- Obtains supplies before beginning procedure and reviews manufacturer’s product instructions
- Inspects tooth for appropriateness of application
- Has dentist verify appropriateness of application

### PROCEDURE FOR APPLICATION
- Uses an explorer to loosen debris from pits and fissures/polishes with oil free paste
- Rinses tooth surface thoroughly with air/water spray
- Isolates teeth with appropriate devices
- Thorougly dries tooth surface with compressed air (30 sec.)
- Applies enamel-etching conditioner appropriate amount of time using a dabbing motion and prevent etchant from contacting soft tissues
- Rinses areas thoroughly to remove conditioning solution (15-30 sec. according to manufacturer) without allowing saliva to contact etched surface
- Replaces isolation devices if necessary
- Thoroughly dries tooth surface and maintains dry field. (Applies PrimaDry for 5 sec. – light cure sealant only)
- Inspects tooth surfaces for dull, chalky surface and repeats etching if necessary
- Applies sealant to areas to be treated (Prepares self-cure sealant material appropriately)
- Maintains dry field during polymerization period
- Thoroughly rinses surfaces after polymerization occurs
Carefully removes isolation devices to prevent tissue trauma

**EVALUATION OF PROCEDURE**

- Evaluates surface with an explorer to ensure a smooth, hard surface has been achieved
- Checks contacts with dental floss and corrects if necessary
- Checks Occlusal relationship with articulating paper and makes necessary corrections
- Sealant covers all indicated pits, fissures and grooves
- An appropriate amount of sealant material is used
- Sealant contains no voids of other defects
- Entire sealant cannot be removed with explorer
- Applies fluoride to tooth structure

*Uses appropriate infection control procedures throughout education session

*Non-satisfactory performance of infection control procedures will result in non-competence rating on the process evaluation

**TOTAL 25**

**Competency Level Requirements:**

- DTHY 342 = 20 = 80%
- DTHY 352 = 20 = 80%
- DTHY 442 = 21 = 85%
- DTHY 452 = 23 = 90%

**Competency Attained:**

- Satisfactory
- Needs Improvement

**Professor Signature/Date:**

**Student Signature/Date:**

Revised Aug09
**Process Evaluation**

**SICKLE SCALERS**

ANTERIOR   POSTERIOR

Check each criterion as it is satisfactorily completed

<table>
<thead>
<tr>
<th>Student</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Comments</th>
</tr>
</thead>
</table>

**Instruments selection**

- Modified pen grasp
- Fulcrum as close to working area as possible
- Keep field clean and clear at all times
- Uses mirror appropriately

**ADAPTATION**

- Angulation of blade with tooth less than 90 degrees and greater than 45 degrees (80 degrees typical for calculus removal)
- Facial surface of blade faces toward incisal/Occlusal for a vertical stroke and tipped slightly for an oblique stroke; for a horizontal stroke, tip of blade directed toward apex free of gingival contact
- Lower shank parallel to tooth surface instrumented
- Acceptable exploratory stroke

**ACTIVATION**

- Uses acceptable exploratory stroke with light grasp. Uses firm grasp with working stroke
- Maintains cutting edge and side of tip on tooth surface
- Uses tip third of cutting edge
- Uses hand, wrist and arm motion without independent finger movement, pivoting on fulcrum to maintain adaptation
- Uses short, decisive pull strokes
- Face of blade faces same direction from beginning to end of stroke
- Uses appropriate lateral pressure
- Maintains stacked fulcrum when possible
- Overlaps strokes to ensure complete deposit removal
- Rolls handle to maintain adaptation
- Repeats strokes until tooth surface has been completely debrided

**Student:**

**Client:**

**Professor:**

**Date:**
<table>
<thead>
<tr>
<th>Instrument confined mainly to supragingival areas</th>
<th>Student</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspects surface with explorer and compressed air and repeats procedure as needed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sharpness of instruments assessed periodically</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Uses appropriate infection control procedures throughout education session</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Non-satisfactory performance of infection control procedures will result in non-competence rating on the process evaluation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total 24**

**Competency Level Requirements:**

- DTHY 342 = 19 = 80%
- DTHY 352 = 19 = 80%
- DTHY 442 = 20 = 85%
- DTHY 452 = 21 = 90%

Competency Attained:  
- ________Yes ________No

Professor Signature/Date: _____________________________________________

Student Signature/Date: ______________________________________________

Revised Aug09
## Process Evaluation

**SUBGINGIVAL IRRIGATION**

Check each criterion as it is satisfactorily completed

<table>
<thead>
<tr>
<th></th>
<th>Student</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLIENT CONSIDERATIONS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identifies client as one whose oral conditions indicate use of subgingival irrigations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PREPARATION OF CLIENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Informs client of rationale and technique for use</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drapes client appropriately to cope with flow of solution</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instructs client in use of saliva ejector</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Properly positions client/semi reclined</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PREPARATION OF EQUIPMENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Selects appropriate equipment and securely attaches and angles cannula</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Selects appropriate irrigating solution</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TECHNIQUE FOR USE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grasp of syringe is secure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fulcrum if appropriate (extra or intra oral) is as close to working area as possible</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uses mirror appropriately</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gently inserts cannula to base of pocket/sulcus</td>
<td></td>
<td></td>
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<tr>
<td>Deposits solution by walking cannula around tooth</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Irrigates all areas indicated for treatment</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>At completion of treatment, caps cannula using the scoop method and disposes of it in sharps container</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Uses appropriate infection control procedures throughout education session</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Non-satisfactory performance of infection control procedures will result in non-competence rating on the process evaluation</td>
<td></td>
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</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>15</td>
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</tr>
</tbody>
</table>
Competency Level Requirements:

DTHY 342 = 11 = 80%
DTHY 352 = 11 = 80%
DTHY 442 = 12 = 85%
DTHY 452 = 13 = 90%

Competency Attained: ________Yes ________No

Professor Signature/Date: _____________________________________________

Student Signature/Date: ______________________________________________

Revised Aug09
## Process Evaluation

**ULTRASONIC SCALER**

Check each criterion as it is satisfactorily completed

<table>
<thead>
<tr>
<th>Student</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Comments</th>
</tr>
</thead>
</table>

**Student:** ____________________________  
**Client:** ____________________________  
**Professor:** ____________________________  
**Date:** ____________________________

### CLIENT CONSIDERATIONS

- Identifies client as one whose oral conditions indicate use of subgingival irrigations
- Identifies client as one whose general health is acceptable for use of an ultrasonic scaler
- Determines if there are any risk clients within the immediate clinical area

### PREPARATION OF CLIENT

- Informs client of rationale and technique for use
- Drapes client appropriately to cope with water flow
- Instructs client in fluid control method
- Properly positions client

### PREPARATION OF EQUIPMENT

- Bleeds handpiece for 1 min. to remove microorganisms and air
- Selects proper instrument insert for procedure and inserts it securely into handpiece. (Green Slimline insert for light to moderate calculus, blue universal insert for heavy calculus)
- Adjust power and water supply to proper level

### TECHNIQUE FOR USE

- Uses lowest power setting at which deposits will be removed (thin insert/water droplet, regular insert/halo mist)
- Modified pen grasp on handpiece, with fingers not contacting insert
- Fulcrum as close to working area as possible
- Uses mirror appropriately
- Applies side of tip to tooth surface
- Keeps side of tip in motion at all times during application
<table>
<thead>
<tr>
<th>Student</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Ensures that water reaches operating area during instrumentation

Moves instrument with smooth, light, constant, and overlapping erasing-like strokes

Completes one tooth before starting another

Abstains from using ultrasonic scaler on teeth contraindicated for treatment

Stops periodically to evaluate tooth surfaces with an explorer

*Uses appropriate infection control procedures throughout education session

*Non-satisfactory performance of infection control procedures will result in non-competence rating on the process evaluation

TOTAL 22

Competency Level Requirements:

- DTHY 342 = 18 = 80%
- DTHY 352 = 18 = 80%
- DTHY 442 = 19 = 85%
- DTHY 452 = 20 = 90%

Competency Attained: _______Yes _______No

Professor Signature/Date: _____________________________________________

Student Signature/Date: ______________________________________________

Revised Aug09
UNIVERSAL CURETS

Check each criterion as it is satisfactorily completed

<table>
<thead>
<tr>
<th>Instrument selection</th>
<th>Student</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modified pen grasp</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fulcrum as close to working area as possible</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keep field clean and clear at all times</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Uses mirror appropriately</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

INSTRUMENTATION

ADAPTATION

| Angulation of blade with tooth less than 90 degrees and greater than 45 degrees (80 degrees typical for calculus removal) |         |              |                   |          |
| Facial surface of blade faces toward incisal/Occlusal for a vertical stroke and tipped slightly for an oblique stroke; for a horizontal stroke, tip blade directed toward apex free of gingival contact |         |              |                   |          |
| Lower shank parallel to tooth surface being instrumented |         |              |                   |          |
| Acceptable exploratory stroke to locate deposit |         |              |                   |          |

ACTIVATION-WORKING STROKE

<p>| Uses firm grasp                          |         |              |                   |          |
| Maintains cutting edge and side of toe on tooth surface |         |              |                   |          |
| Uses toe third of cutting edge           |         |              |                   |          |
| Uses hand, wrist, and arm motion without independent finger movement, pivoting on fulcrum to maintain adaptation |         |              |                   |          |
| Uses short, decisive pull strokes        |         |              |                   |          |
| Face of blade faces same direction from beginning to end of stroke |         |              |                   |          |
| Uses appropriate lateral pressure         |         |              |                   |          |
| Maintains stacked fulcrum when possible  |         |              |                   |          |
| Overlaps strokes to ensure complete deposit removal |         |              |                   |          |</p>
<table>
<thead>
<tr>
<th>Description</th>
<th>Student</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direction of stroke begins at appropriate line angle to ensure removal of deposits at the line angle (eg. Beings at distal line angle when scaling mesially)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rolls handle to maintain adaptation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repeats strokes until tooth surface has been completely scaled</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inspects surface with explorer and compressed air and repeats procedure as needed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sharpness of instruments assessed periodically</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Uses appropriate infection control procedures throughout education session</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Non-satisfactory performance of infection control procedures will result in non-competence rating on the process evaluation</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**TOTAL 24**

**Competency Level Requirements:**

- DTHY 342 = 19 = 80%
- DTHY 352 = 19 = 80%
- DTHY 442 = 20 = 85%
- DTHY 452 = 21 = 90%

Competency Attained: ________Yes ________No

Professor Signature/Date: _____________________________________________

Student Signature/Date: ______________________________________________

Revised Aug09
### VITAL SIGNS

Check each criterion as it is satisfactorily completed

<table>
<thead>
<tr>
<th>Student</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Comments</th>
</tr>
</thead>
</table>

**Process Evaluation**

**Student:** ____________________________

**Client:** ____________________________

**Professor:** _________________________

**Date:** _____________________________

#### PULSE

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Places client in upright position 5 min.</td>
<td></td>
</tr>
<tr>
<td>Elbow bent 90 degree angle with lower arm on chair armrest and palm of hand down</td>
<td></td>
</tr>
<tr>
<td>First three fingers of hand used to feel radial pulse</td>
<td></td>
</tr>
<tr>
<td>If pulse is regular, count beats for 15 sec. and multiply by 4. If irregular count for 1 min.</td>
<td></td>
</tr>
<tr>
<td>Appropriately documents assessment findings</td>
<td></td>
</tr>
<tr>
<td>Adjusts treatment procedures as determined by client assessment</td>
<td></td>
</tr>
</tbody>
</table>

#### RESPIRATION

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observe rise and fall of chest</td>
<td></td>
</tr>
<tr>
<td>Count respirations for full minute</td>
<td></td>
</tr>
<tr>
<td>Appropriately documents assessment findings</td>
<td></td>
</tr>
<tr>
<td>Adjusts treatment procedures as determined by client assessment</td>
<td></td>
</tr>
</tbody>
</table>

#### BLOOD PRESSURE

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stethoscope ear pieces facing anterior</td>
<td></td>
</tr>
<tr>
<td>Sphygmomanometer with proper cuff size</td>
<td></td>
</tr>
<tr>
<td>Client in sitting position 5 min.</td>
<td></td>
</tr>
<tr>
<td>Arm level with heart</td>
<td></td>
</tr>
<tr>
<td>Arm supported by a firm surface in a slightly flexed position with hand open and relaxed</td>
<td></td>
</tr>
<tr>
<td>Clothing on arm not touching or under cuff</td>
<td></td>
</tr>
<tr>
<td>Lower edge of cuff ¾ to 1 inch above antecubital fossa</td>
<td></td>
</tr>
<tr>
<td>Cuff secured snugly around upper arm</td>
<td></td>
</tr>
<tr>
<td>Gauge in position to easily read</td>
<td></td>
</tr>
<tr>
<td>Palpate brachial pulse (optional)</td>
<td></td>
</tr>
<tr>
<td>Diaphragm of stethoscope over brachial pulse</td>
<td></td>
</tr>
</tbody>
</table>
Inflation ball and valve operated with single hand

Rapid inflation to point at which the radical pulse cannot be palpated (approx. 200 mm. Hg.)

Deflate 2-3 mm Hg/sec. Listening for first phase Korotkoff sound (sharp thud)

Continues to deflate 2-3 mm Hg/sec. listening for blowing/swishing (phase 2) softer thud (phase 3) soft blowing (phase 4)

Identifies silence (phase 5)

Record phase 1 and phase 5 readings

Waits at least 90 sec. before reinflating

Appropriately documents assessment findings

Adjust treatment procedures as determined by client assessment

TOTAL 30

Competency Level Requirements:

DTHY 342 = 24 = 80%
DTHY 352 = 24 = 80%
DTHY 442 = 26 = 85%
DTHY 452 = 27 = 90%

Competency Attained: ______ Yes ______ No

Professor Signature/Date: _____________________________________________

Student Signature/Date: ______________________________________________

Revised Aug09
Clark Smith is a 14 year old male and is small for his age and has poor home care, never flossing and bru. He is cavity prone with 4 new occlusal lesions within the last year and a half. A panoramic radiograph that is one year old shows evidence of third molars being congenitally missing. He has also had his second premolar in each quadrant removed for orthodontics. Bitewings were taken one year ago.

The supervising dentist has recommended that Clark have radiographs. What radiographs should be taken? Please write the number of films that you would like and the size and proceed to the assigned unit to take Mr. Smith’s radiographs. You may have films to retake each area once.

NUMBER OF FILMS___________________SIZE__________________________

Mount the radiographs, label with your name and date, and place in the provided envelope.

<table>
<thead>
<tr>
<th>Critical Thinking Skills</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Needs Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiograph Case Study</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2, 1 or 0</td>
</tr>
<tr>
<td>Criteria 3</td>
<td>The student correctly identified needed radiographs. They are mounted correctly and diagnostic.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criteria 4</td>
<td>Radiographs are mounted correctly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criteria 5</td>
<td>Radiographs are diagnostic as defined by the University of Southern Indiana Dental Hygiene Program Handbook</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

Competency Level: Must obtain 12 out of 15 points to achieve competency for DTHY352 Clinical Services II

Competency met  |  Competency not met and remediation is needed
**Faculty Signature: ___________________________ Date: _______________________

**Assignment:** Medical History Practicum Final
DTHY342 Clinic Services I

**Student:**

**Instructor:**

**Date:**

<table>
<thead>
<tr>
<th>CRITERIA 1</th>
<th>Excellent 5</th>
<th>Good 4</th>
<th>Average 3</th>
<th>Poor 2 or less</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student understands and identifies what is incorrect or incomplete on the medical history.</td>
<td>The student correctly identified all or more of the concepts of the criteria with minimal alterations needed.</td>
<td>The student identified more than half of the concepts for the criteria and only several key concepts need to be called to the student’s attention.</td>
<td>The student identified approximately half of the concepts for the criteria and main concepts need to be reviewed.</td>
<td>The student identified less than half of the concepts for the criteria and most concepts need to be reviewed.</td>
</tr>
</tbody>
</table>

**CRITERIA 2**
The student is knowledgeable of questions needing to be asked pertaining to the information provided by the client.

**CRITERIA 3**
The student accurately records a summary of the medical / dental histories.

**CRITERIA 4**
The student makes appropriate connections of information on the medical history to needed individualized oral health care instructions and care.

**Comments:**

Total Points = 20  
DTHY342 competency level=16

Student Total____________________  
_____ Competency Attained  ____ Competency **Not** Attained

Instructor signature_______________________________________ Date:_____________________

---

**[Instructor will contact student]**
### DETECTION INSTRUMENTATION

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Description</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mirror</strong></td>
<td>Faculty selects 4 areas for student to demonstrate various uses of mirror</td>
<td>5 Met criteria successfully</td>
</tr>
<tr>
<td>Criteria 1</td>
<td>Effectively demonstrated indirect vision, indirect illumination and trans-illumination</td>
<td>4 Met criteria with very minimal errors that will not interfere with overall sound dental hygiene treatment</td>
</tr>
<tr>
<td>Criteria 2</td>
<td>Use of correct seating positions were utilized allowing for optimum access, neutral position, and overall correct posture</td>
<td>3 Errors indicate a need for review and improvement of the criteria (potential to interfere with overall sound implementation of dental hygiene treatment)</td>
</tr>
<tr>
<td>Criteria 3</td>
<td>Client position and light allowed for optimum access and good overall neutral position for the clinician</td>
<td>2 or under Did not meet criteria. Errors indicate a lack of basic knowledge and interference with overall sound implementation of dental hygiene treatment is likely</td>
</tr>
</tbody>
</table>

**Total for mirror criteria**

**Comments:**
<table>
<thead>
<tr>
<th>Probe</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2 or under</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Met criteria successfully</td>
<td>Met criteria with very minimal errors that will not interfere overall sound dental hygiene treatment</td>
<td>Errors indicate a need for review and improvement of the criteria (potential to interfere with overall sound implementation of dental hygiene treatment)</td>
<td>Did not meet criteria. Errors indicate a lack of basic knowledge and interference with overall sound implementation of dental hygiene treatment is likely</td>
</tr>
</tbody>
</table>

**Criteria 1**
Utilized a correct walking stroke including correct pressure and staying as parallel as possible to contact

**Criteria 2**
Correctly angled probe into the contact

**Criteria 3**
Utilized a correct modified pen grasp and fulcrum

**Criteria 4**
Utilized modified pen grasp and fulcrum *if applicable* for mirror switching to palm grasp when mirror is not in use

**Criteria 5**
Use of correct seating positions were utilized allowing for optimum access, neutral position, and overall correct posture

**Criteria 6**
Client position and light allowed for optimum access and good overall neutral position for the clinician

**Total for probe criteria**

Comments:
<table>
<thead>
<tr>
<th>Explorer</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2 or under</th>
</tr>
</thead>
<tbody>
<tr>
<td>Met criteria successfully</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>Met criteria with very minimal errors that will not interfere overall sound dental hygiene treatment</td>
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<td></td>
<td></td>
<td></td>
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<td>Did not meet criteria. Errors indicate a lack of basic knowledge and interference with overall sound implementation of dental hygiene treatment is likely</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Criteria 1**
Correct working end established for detection of deposits

**Criteria 2**
Utilized a correct walking stroke reaching the base of the sulcus or pocket and rolling acceptably at line angles

**Criteria 3**
Thorough exploration of line angles and proximal surfaces exhibited

**Criteria 4**
Utilized a correct modified pen grasp and fulcrum

**Criteria 5**
Utilized modified pen grasp and fulcrum if applicable for mirror switching to palm grasp when mirror is not in use

**Criteria 6**
Use of correct seating positions were utilized allowing for optimum access, neutral position, and overall correct posture

**Criteria 7**
Client position and light allowed for optimum access and good overall neutral position for the clinician

Total for explorer criteria

Comments:
<table>
<thead>
<tr>
<th>Instrumentation Design Classification and Use</th>
<th>Anterior Sickle</th>
<th>Posterior Sickle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Met criteria successfully</td>
<td>Met criteria with very minimal errors that will not interfere overall sound dental hygiene treatment</td>
<td></td>
</tr>
<tr>
<td>Met criteria with very minimal errors that will not interfere overall sound dental hygiene treatment</td>
<td>Errors indicate a need for review and improvement of the criteria (potential to interfere with overall sound implementation of dental hygiene treatment)</td>
<td>Did not meet criteria. Errors indicate a lack of basic knowledge and interference with overall sound implementation of dental hygiene treatment is likely</td>
</tr>
</tbody>
</table>

**Criteria 1**
Correct Instrument and working end were established

**Criteria 2**
Adaptation and activation met criteria for fundamentals of instrumentation

**Criteria 3**
Confidence in selection and fundamental knowledge of instrumentation was exhibited throughout demonstration

**Criteria 4**
Utilized a correct modified pen grasp and fulcrum

**Criteria 5**
Utilized modified pen grasp and fulcrum if applicable for mirror switching to palm grasp when mirror is not in use

**Criteria 6**
Use of correct seating positions were utilized allowing for optimum access, neutral position, and overall correct posture

**Criteria 7**
Client position and light allowed for optimum access and good overall neutral position for the clinician

**Total for scaler criteria**

Comments for Identification and Use:
<table>
<thead>
<tr>
<th>Criteria 1</th>
<th>Correct Instrument and working end were established</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criteria 2</td>
<td>Adaptation and activation met criteria for fundamentals of instrumentation</td>
</tr>
<tr>
<td>Criteria 3</td>
<td>Confidence in selection and fundamental knowledge of instrumentation was exhibited throughout demonstration</td>
</tr>
<tr>
<td>Criteria 4</td>
<td>Utilized a correct modified pen grasp and fulcrum</td>
</tr>
<tr>
<td>Criteria 5</td>
<td>Utilized modified pen grasp and fulcrum <em>if applicable</em> for mirror switching to palm grasp when mirror is not in use</td>
</tr>
<tr>
<td>Criteria 6</td>
<td>Use of correct seating positions were utilized allowing for optimum access, neutral position, and overall correct posture</td>
</tr>
<tr>
<td>Criteria 7</td>
<td>Client position and light allowed for optimum access and good overall neutral position for the clinician</td>
</tr>
</tbody>
</table>

**Total for criteria**

**Comments for Identification and Use:**
| Criteria 1 | Correct Instrument and working end were established |
| Criteria 2 | Adaptation and activation met criteria for fundamentals of instrumentation |
| Criteria 3 | Confidence in selection and fundamental knowledge of instrumentation was exhibited throughout demonstration |
| Criteria 4 | Utilized a correct modified pen grasp and fulcrum |
| Criteria 5 | Utilized modified pen grasp and fulcrum if applicable for mirror switching to palm grasp when mirror is not in use |
| Criteria 6 | Use of correct seating positions were utilized allowing for optimum access, neutral position, and overall correct posture |
| Criteria 7 | Client position and light allowed for optimum access and good overall neutral position for the clinician |

**Total for criteria**

**Comments for Identification and Use:**
**Competency Level:** Must obtain 145 points out of 185 points to achieve competency for DTHY352 Clinical Services II final practicum.

* Skills tests that do not meet competency must be scheduled for remediation and re-testing within the first two weeks of available clinic

Total Score: ________________ points

- [ ] Competency met

- [ ] Competency not met and remediation is needed
  
  [*Instructor will contact student]*

Faculty Signature: ___________________________ Date: ________________
## DETECTION INSTRUMENTATION

### Mirror
*Faculty selects 4 areas for student to demonstrate various uses of mirror*

<table>
<thead>
<tr>
<th>Criteria</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2 or under</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Effectively demonstrated indirect vision, indirect illumination and trans-illumination</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Use of correct seating positions were utilized allowing for optimum access, neutral position, and overall correct posture</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Client position and light allowed for optimum access and good overall neutral position for the clinician</strong></td>
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</tbody>
</table>

**Total**

**Comments:**

---

**Instructor:**

**Student:**

**Date:**
<table>
<thead>
<tr>
<th>Probe</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2 or under</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Met criteria successfully</td>
<td>Met criteria with very minimal errors that will not interfere overall sound dental hygiene treatment</td>
<td>Errors indicate a need for review and improvement of the criteria (potential to interfere with overall sound implementation of dental hygiene treatment)</td>
<td>Did not meet criteria. Errors indicate a lack of basic knowledge and interference with overall sound implementation of dental hygiene treatment is likely</td>
</tr>
<tr>
<td>Criteria 1</td>
<td>Utilized a correct walking stroke using correct pressure and covering entire surface of tooth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criteria 2</td>
<td>Correctly angled probe into the contact</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criteria 3</td>
<td>Utilized a correct modified pen grasp and fulcrum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criteria 4</td>
<td>Utilized modified pen grasp and fulcrum <em>if applicable</em> for mirror switching to palm grasp when mirror is not in use</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criteria 5</td>
<td>Use of correct seating positions were utilized allowing for optimum access, neutral position, and overall correct posture</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criteria 6</td>
<td>Client position and light allowed for optimum access and good overall neutral position for the clinician</td>
<td></td>
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Comments:
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Score</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Criteria 1</td>
<td>5</td>
<td>Correct working end established for detection of deposits</td>
</tr>
<tr>
<td>Criteria 2</td>
<td>4</td>
<td>Utilized a correct walking stroke reaching the base of the sulcus or pocket and rolling acceptably at line angles</td>
</tr>
<tr>
<td>Criteria 3</td>
<td>4</td>
<td>Thorough exploration of proximal surfaces exhibited</td>
</tr>
<tr>
<td>Criteria 4</td>
<td>4</td>
<td>Utilized a correct modified pen grasp and fulcrum</td>
</tr>
<tr>
<td>Criteria 5</td>
<td>4</td>
<td>Utilized modified pen grasp and fulcrum if applicable for mirror switching to palm grasp when mirror is not in use</td>
</tr>
<tr>
<td>Criteria 6</td>
<td>3</td>
<td>Use of correct seating positions were utilized allowing for optimum access, neutral position, and overall correct posture</td>
</tr>
<tr>
<td>Criteria 7</td>
<td>2</td>
<td>Client position and light allowed for optimum access and good overall neutral position for the clinician</td>
</tr>
</tbody>
</table>

Comments:
## INSTRUMENTATION DESIGN CLASSIFICATION AND USE

<table>
<thead>
<tr>
<th>Random Identification and Use</th>
<th>Right Handed</th>
<th>Left Handed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Criteria 1</strong></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Instrument selection was on target for deposit selected by the instructor</td>
<td>Met criteria successfully</td>
<td></td>
</tr>
<tr>
<td><strong>Criteria 2</strong></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Adaptation and activation met criteria for fundamentals of instrumentation</td>
<td>Met criteria with very minimal errors that will not interfere overall sound dental hygiene treatment</td>
<td></td>
</tr>
<tr>
<td><strong>Criteria 3</strong></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Confidence in selection and fundamental knowledge of instrumentation was exhibited throughout demonstration</td>
<td>Errors indicate a need for review and improvement of the criteria (potential to interfere with overall sound implementation of dental hygiene treatment)</td>
<td></td>
</tr>
<tr>
<td><strong>Criteria 4</strong></td>
<td>2 or under</td>
<td></td>
</tr>
<tr>
<td>Utilized a correct modified pen grasp and fulcrum</td>
<td>Did not meet criteria. Errors indicate a lack of basic knowledge and interference with overall sound implementation of dental hygiene treatment is likely</td>
<td></td>
</tr>
<tr>
<td><strong>Criteria 5</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilized modified pen grasp and fulcrum <em>if applicable</em> for mirror switching to palm grasp when mirror is not in use</td>
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<tr>
<td><strong>Criteria 6</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of correct seating positions were utilized allowing for optimum access, neutral position, and overall correct posture</td>
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<tr>
<td><strong>Criteria 7</strong></td>
<td></td>
<td></td>
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<tr>
<td>Client position and light allowed for optimum access and good overall neutral position for the clinician</td>
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**Comments for Random Identification and Use:**

| Total |

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
**Competency Level**: Must obtain **92** points out of **115** points to achieve competency for DTHY352 Clinical Services II final practicum (80%)

Total Score: ___________________ points

☐  Competency met

☐  Competency not met and remediation is needed

*Instructor will contact student*

Faculty Signature: _________________________ Date: ________________
<table>
<thead>
<tr>
<th>Dental Charting</th>
<th>Tooth Number Verbally Called off To Instructor</th>
<th>Satisfactory</th>
<th>Non Satisfactory</th>
<th>Comments</th>
</tr>
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<tbody>
<tr>
<td>RETEST</td>
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</tr>
<tr>
<td>Tooth #1</td>
<td>-Impacted</td>
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<tr>
<td></td>
<td>-Mesial drift</td>
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<td></td>
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<tr>
<td>Tooth #2</td>
<td>Missing and we have radiographic evidence</td>
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<td></td>
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<tr>
<td>Tooth #3</td>
<td>MOD Composite</td>
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<tr>
<td>Tooth #4</td>
<td>Decay in the distal occlusal pit</td>
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<tr>
<td>Tooth #5</td>
<td>-Distal Rotation</td>
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<tr>
<td></td>
<td>-Occlusal Composite that includes the M &amp; D pits</td>
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<tr>
<td>6,7,&amp;8</td>
<td>3 Unit Fixed Bridge</td>
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<tr>
<td>Tooth #6</td>
<td>Abutment / porcelain fused to metal crown</td>
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<tr>
<td>Tooth #7</td>
<td>Porcelain pontic</td>
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<td>Tooth #8</td>
<td>Abutment / porcelain fused to metal crown</td>
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<tr>
<td>Tooth Number</td>
<td>Comments</td>
<td>Satisfactory</td>
<td>Non Satisfactory</td>
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<tr>
<td>--------------</td>
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<tr>
<td>Tooth #9</td>
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<tr>
<td>-Mesial Version</td>
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<tr>
<td>-Composite at the facial cervical margin</td>
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<tr>
<td>Tooth #10</td>
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<tr>
<td>-Diastama interproximal 10&amp;11</td>
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<td>-Composite in the lingual pit</td>
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<td>Tooth #11</td>
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<tr>
<td>-Mesial version</td>
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<td>-Sealant on the occlusal</td>
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<tr>
<td>Tooth #13</td>
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<tr>
<td>Decay / Mesial Occlusal, Distal</td>
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<td>Tooth #14</td>
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<td>-MODL Amalgam</td>
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<td>-Endodontic Therapy</td>
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<td>Tooth #16</td>
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<tr>
<td>Missing but no radiographic evidence</td>
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</tbody>
</table>

~Total Items: 17
~Must successfully meet 14 of the criteria (85%)
Student: ____________________________________________________________

Instructor: ________________________________________________________

Date: _____________________________________________________________

DETECTION INSTRUMENTATION

<table>
<thead>
<tr>
<th>Criteria 1</th>
<th>Criteria 2</th>
<th>Criteria 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mirror</strong></td>
<td></td>
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</tr>
<tr>
<td><em>Faculty selects 4 areas for student to demonstrate various uses of mirror</em></td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Effectively demonstrated indirect vision, indirect illumination and trans-illumination</td>
<td>Met criteria successfully</td>
<td>Met criteria with very minimal errors that will not interfere overall sound dental hygiene treatment</td>
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<tr>
<td>Use of correct seating positions were utilized allowing for optimum access, neutral position, and overall correct posture</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Client position and light allowed for optimum access and good overall neutral position for the clinician</td>
<td>2 or under</td>
<td></td>
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</tbody>
</table>

**Total for mirror criteria**

Comments:

---

Faculty Signature: ____________________________________________________________

University of Southern Indiana
Dental Hygiene Department
DTHY442 Practicum Final
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Utilized a correct walking stroke including correct pressure and staying as parallel as possible to contact</td>
</tr>
<tr>
<td>3</td>
<td>Correctly angled probe into the contact</td>
</tr>
<tr>
<td>4</td>
<td>Utilized a correct modified pen grasp and fulcrum</td>
</tr>
<tr>
<td>5</td>
<td>Utilized modified pen grasp and fulcrum if applicable for mirror switching to palm grasp when mirror is not in use</td>
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<tr>
<td>6</td>
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<table>
<thead>
<tr>
<th></th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2 or under</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Probe</strong></td>
<td>Met criteria successfully</td>
<td>Met criteria with very minimal errors that will not interfere overall sound dental hygiene treatment</td>
<td>Errors indicate a need for review and improvement of the criteria (potential to interfere with overall sound implementation of dental hygiene treatment)</td>
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**Total for probe criteria**

**Comments:**
<table>
<thead>
<tr>
<th>Explorer</th>
<th>Right handed</th>
<th>Left handed</th>
<th>5</th>
<th>4</th>
<th>3</th>
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<td></td>
<td></td>
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</table>

**Criteria 1**  
Correct working end established for detection of deposits

**Criteria 2**  
Utilized a correct walking stroke reaching the base of the sulcus or pocket and rolling acceptably at line angles

**Criteria 3**  
Thorough exploration of proximal surfaces exhibited

**Criteria 4**  
Utilized a correct modified pen grasp and fulcrum

**Criteria 5**  
Utilized modified pen grasp and fulcrum *if applicable* for mirror switching to palm grasp when mirror is not in use

**Criteria 6**  
Use of correct seating positions were utilized allowing for optimum access, neutral position, and overall correct posture

**Criteria 7**  
Client position and light allowed for optimum access and good overall neutral position for the clinician

**Total for explorer criteria**

Comments:
### INSTRUMENTATION DESIGN CLASSIFICATION AND USE

#### Random Identification and Use

**Right Handed**
- 1. Heavy subgingival calculus
- 2. Moderate supragingival calculus
- 3. Grainy subgingival calculus

**Left Handed**
- 1. Heavy subgingival calculus
- 2. Moderate supragingival calculus
- 3. Grainy subgingival calculus

#### Criteria 1
Correct Instrument and working end were established

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Met criteria successfully</td>
</tr>
<tr>
<td>4</td>
<td>Met criteria with very minimal errors that will not interfere overall sound dental hygiene treatment</td>
</tr>
<tr>
<td>3</td>
<td>Errors indicate a need for review and improvement of the criteria (potential to interfere with overall sound implementation of dental hygiene treatment)</td>
</tr>
<tr>
<td>2 or under</td>
<td>Did not meet criteria. Errors indicate a lack of basic knowledge and interference with overall sound implementation of dental hygiene treatment is likely</td>
</tr>
</tbody>
</table>

#### Comments for assigned areas of performance

**1. heavy subgingival calculus**

2. moderate supragingival calculus

3. grainy subgingival calculus

**2. moderate supragingival calculus**

3. grainy subgingival calculus
<table>
<thead>
<tr>
<th>Criteria 3</th>
<th>Confidence in selection and fundamental knowledge of instrumentation was exhibited throughout demonstration</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2 or under</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Comments:</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>-----------</td>
</tr>
<tr>
<td>Criteria 4</td>
<td>Utilized a correct modified pen grasp and fulcrum</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Comments:</td>
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<td>---</td>
<td>-----------</td>
</tr>
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<td>Utilized modified pen grasp and fulcrum if applicable for mirror switching to palm grasp when mirror is not in use</td>
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<td>Use of correct seating positions were utilized allowing for optimum access, neutral position, and overall correct posture</td>
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Additional Overall Comments:

**Competency Level**: Must obtain 98 points out of 115 points to achieve competency for DTHY442 Clinical Services II final practicum (85%)

* Skills tests that do not meet competency must be scheduled for remediation and re-testing before or during finals week.

Total Score: _______________ points

☐ Competency met

☐ Competency not met and remediation is needed

* [Instructor will contact student]

Faculty Signature: __________________________ Date: _____________
### INSTRUMENTATION DESIGN CLASSIFICATION AND USE

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<td>Correct Instrument and working end were established</td>
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<td>Met criteria with very minimal errors that will not interfere overall sound dental hygiene treatment</td>
<td>Errors indicate a need for review and improvement of the criteria (potential to interfere with overall sound implementation of dental hygiene treatment)</td>
<td>Did not meet criteria. Errors indicate a lack of basic knowledge and interference with overall sound implementation of dental hygiene treatment is likely</td>
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#### Comments for assigned areas of performance

**1. heavy subgingival calculus**

**2. moderate supragingival calculus**

**3. grainy subgingival calculus**

### Criteria 2

Adaptation and activation met criteria for fundamentals of instrumentation

#### Comments for assigned areas of performance

**1. heavy subgingival calculus**

**2. moderate supragingival calculus**
3. Grainy subgingival calculus

### Criteria 3
Confidence in selection and fundamental knowledge of instrumentation was exhibited throughout demonstration

Comments:

### Criteria 4
Utilized a correct modified pen grasp and fulcrum

Comments:

### Criteria 5
Utilized modified pen grasp and fulcrum if applicable for mirror switching to palm grasp when mirror is not in use

Comments:

### Criteria 6
Use of correct seating positions were utilized allowing for optimum access, neutral position, and overall correct posture

Comments:

### Criteria 7
Client position and light allowed for optimum access and good overall neutral position for the clinician

Comments:

### Total for instrumentation criteria

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Additional Overall Comments:
SHARPENING

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Total:

ULTRASONIC USE -5 points for each correct answer
THERE WILL BE FOUR QUESTIONS THAT MUST BE ANSWERED CORRECTLY FOR 5 PTS EACH –STUDY!! ULTRASONIC USE

Competency Level: Must obtain 63 points out of 70 points to achieve competency for DTHY452 Clinical Services II final practicum

* Skills tests that do not meet competency must be scheduled for remediation and re-testing within the first two weeks of available clinic

Total Score: ___________________

☐ Competency met

☐ Competency not met and remediation is needed

(Instructor will contact student)

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University of Southern Indiana  
DTHY 442 Dental Hygiene clinic II clinical Requirement Summary

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EXTRA FMS USE TALLIES
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### University of Southern Indiana
### DTHY 452 Dental Hygiene clinic II clinical Requirement Summary

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EXTRA FMS USE TALLIES

EXTRA BW USE TALLIES