Mississippi Gulf Coast Community College

Dental Assisting Department

&

Dental Clinic Handbook

2027-2028

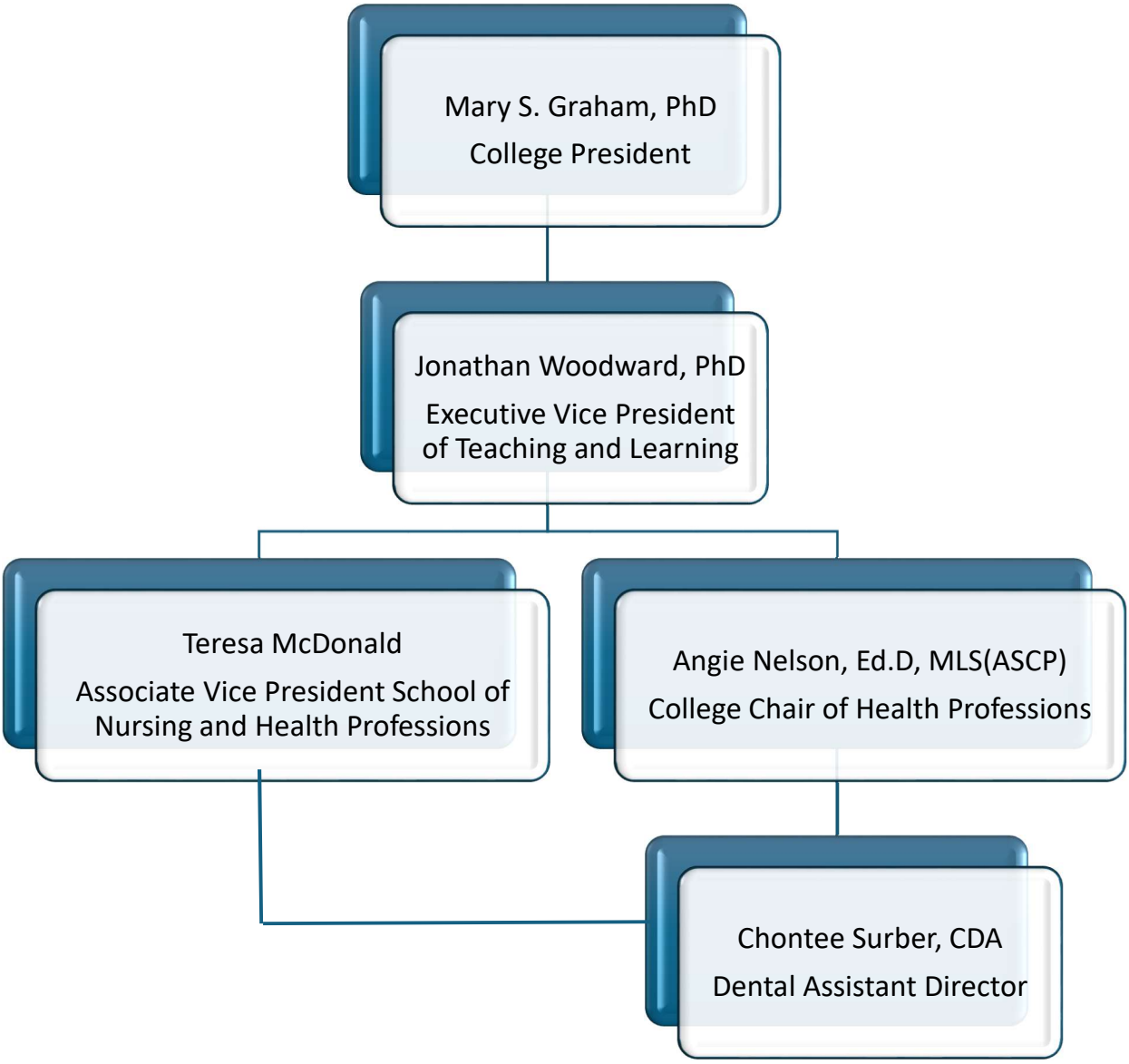
Mississippi Gulf Coast Community College

Dental Department Handbook

Table of Contents

Forms to sign:

Mississippi Gulf Coast Community College



Mississippi Gulf Coast Community College (MGCCC)

Dental Department

Administration

Teresa McDonald Associate Vice President	228-267-8643	teresa.mcdonald@mgccc.edu
Angie Nelson, EdD, MLS(ASCP) College Chair of Health Professions	228-497-7769	angie.nelson@mgccc.edu

Dental Department Faculty & Staff

Chontee Surber, CDA Dental Assisting Program Director	228-897-3803	chontee.surber@mgccc.edu
Amy Sullivan, RDH, PhD Dental Hygiene Program Director	228-897-4380	amy.sullivan@mgccc.edu

Mississippi Gulf Coast Community College (MGCCC)

Dental Department

Overview Statement

The Dental Assistant Technology Department and Clinic Handbook provides students with information, policies, and guidelines, to be successful in the programs. Students must read and follow the policies set forth. The MGCCC Catalog/Student Handbook is the student's resource for student information and policies. https://catalog.mgccc.edu/index.php?catoid=26

The college reserves the right to alter or change any statement contained herein MGCCC Catalog/Student Handbook without prior notice. The Dental Assistant Technology program also reserve the right to alter or change any statement or policy without prior notice. Written notification is sufficient to effect policy change.

Purpose

The purpose of the Dental Assistant Technology program is to provide a learning environment that facilitates the development of qualified persons in the community to achieve the goal of becoming dental assistants who value the concepts of caring, competence and professionalism.

Accreditation

Mississippi Gulf Coast Community College is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award associate degrees. Degree-granting institutions also may offer credentials such as certificates and diplomas at approved degree levels.

Questions about the accreditation of Mississippi Gulf Coast Community College may be directed in writing to the Southern Association of Colleges and Schools Commission on Colleges at 1866 Southern Lane, Decatur, GA 30033-4097, by calling (404) 679-4500, or by using information available on SACSCOC's website (www.sacscoc.org). Mississippi Gulf Coast Community College is accredited by the Mississippi Commission on College Accreditation.

Specialized professional accreditation for the Dental Assisting Technology Program is maintained through the American Dental Association's Commission on Dental Accreditation. The Commission on Dental Accreditation will review complaints that relate to a program's compliance with the accreditation standards. The Commission is interested in the sustained quality and continued improvement of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for treatment received by patients or individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students. A copy of the appropriate accreditation standards and/or the Commission's policy and procedure for submission of complaints may be obtained by contacting the Commission. CODA site visit : https://coda.ada.org/

Commission on Dental Accreditation
401 N. Michigan Ave., Suite 3300
Chicago, Illinois 60611-2678
312-440-4653

Mission Statement

The mission of Mississippi Gulf Coast Community College is to meet the educational and community needs in George, Harrison, Jackson, and Stone counties by providing superior instruction through traditional and technological formats to offer workforce pathways, certificates, diplomas, and associate transfer and applied degrees. The college embraces lifelong learning, productive citizenship, service learning, and leadership development in a dynamic and innovative learning environment.

Vision

Mississippi Gulf Coast Community College will be a globally competitive learning community with an entrepreneurial spirit that cultivates student success.

Values

Accountability: An acceptance of responsibility for appropriate actions, obligations, and duties.
Collaboration: A process that facilitates transfer of knowledge, skills and attainment of common goals.
Excellence: A motivation where the highest standards are viewed as benchmarks to surpass.
Integrity: A commitment to honesty and ethical behavior in all situations.
Leadership: A process of directing groups of people toward a common goal.
Respect: A feeling of esteem or regard for the unique qualities of all individuals.
Service: An action performed for others without the desire for personal gain.
Social Responsibility: An ethical, inclusive approach to serve and engage our community.

MGCCC Compliance Policy

"In compliance with Title VI of the Civil Rights Act of 1964, Title IX, Education Amendments of 1972 of the Higher Education Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and other applicable Federal and State Acts, the Board of Trustees of the Mississippi Gulf Coast Community College hereby adopts a policy assuring that no one shall, on the grounds of race, religion, color, national origin, sex, age or qualified disability be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination in any program or activity of the College. The Mississippi Gulf Coast Community College is an Equal Opportunity Employer and welcomes students and employees without regard to race, religion, color, national origin, sex, age or qualified disability." Compliance with Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, Title II of the Age Discrimination Act and Title IX of the Education Amendments of 1972 is coordinated by the Compliance Officer, Perkinston Campus, P. O. Box 609, Perkinston, Mississippi 39573, telephone number 601-528-8735, email address compliance@mgccc.edu.

Title IX and Sexual Harassment

The Title IX of the Education Amendments of 1972 is the federal law that prohibits discrimination on the basis of sex (gender) in any educational program or activity that receives federal funding. Mississippi Gulf Coast Community College (MGCCC) is committed to ensuring an institutional environment free from discrimination on the basis of sex or gender. An environment where all persons may pursue their studies, careers, duties, and activities in an atmosphere free of the threat of

unwelcome and unwanted sexual actions. We take all forms of sexual harassment and other misconducts very seriously and place particular emphasis on responding effectively.
Any individual seeking to obtain a written copy of the Title IX and Sexual Harassment Policy of the MGCCC Policy and Procedure Handbook may contact the Title IX Coordinator, telephone number 601-528-8735, email address compliance@mgccc.edu. More information on how to report sexual harassment or view Title IX training materials may be found on the College website at https://mgccc.edu/disclosures-and-compliances/title-ix-sexual-harassment/.

Title IX: Pregnancy and Parenting

Mississippi Gulf Coast Community College is committed to providing a supportive and inclusive environment for all employees and students, including those who are pregnant or parenting. The Pregnancy Discrimination Act of 1978 and the Civil Rights Act of 1964 prohibit employment discrimination based on pregnancy, childbirth, or related medical conditions. Title IX of the Education Amendments of 1972 prevents discrimination in academic and other College programs based on sex, which includes pregnancy and parental status. As such, Mississippi Gulf Coast Community College prohibits discrimination on the basis of pregnancy, childbirth, false pregnancy, termination of pregnancy, or recovery from any of these conditions.
The Title IX Coordinator is responsible for overseeing compliance with Title IX, including the provision of accommodations for pregnant students.
Pregnant or parenting students are entitled to reasonable accommodations as required by applicable law to students, to ensure their academic success and access to educational opportunities. To learn more about the types of accommodations Mississippi Gulf Coast Community College offers, contact the Title IX Coordinator.
Mississippi Gulf Coast Community College prohibits retaliation against any individual who files a complaint or participates in an investigation regarding pregnancy discrimination. Any student who believes they have been discriminated against on the basis of pregnancy should report the incident to the Title IX Coordinator. If a student is seeking an accommodation due to pregnancy or childbirth, the person should contact the Title IX Coordinator, telephone number 601-528-8735, email address compliance@mgccc.edu. More information regarding pregnancy and parenting rights may be found on the college website at https://mgccc.edu/disclosures-and-compliances/pregnancy-and-parenting/ *See Department Pregnancy Policy

Equal Opportunity Employer

Mississippi Gulf Coast Community College is an Equal Opportunity Employer and complies with all applicable laws regarding equal opportunities in all its activities, programs, and employment. It does not discriminate on the basis of race, color, religion, creed, national origin, gender, age, or qualified disability. The College complies with non-discriminatory regulations under Title VI and Title IX.

Drug-Free Workplace Act and Drug-Free Schools and Communities Act

In compliance with the Drug-Free Workplace Act of 1988, as revised by the Drug- Free Schools and Communities Act of 1989, Public Law 101-226, Mississippi Gulf Coast Community College is required to notify employees and students that the unlawful manufacturing, distribution, dispensing, possession, or use of a

controlled substance or alcohol is prohibited in the college environment. The College has adopted and implemented an educational, assistance, and referral program for students and employees.

Rehabilitation Act and Americans with Disabilities Act (ADA)

Mississippi Gulf Coast Community College complies with Section 504 of the Rehabilitation Act of 1973 as amended and the Americans with Disabilities Act. Information regarding disabilities, voluntarily given or inadvertently received, will not adversely affect any admission decision. If you require special services because of a disability, students and potential students should notify the CTE Support Services Personnel at the campus/center on which you expect to enroll and employees should notify Human Resources department at District Office. Detailed information on processes and contact personnel for potential and current students can be found in the Students with Disabilities of this catalog. This voluntary self-identification allows Mississippi Gulf Coast Community College to prepare appropriate support services to facilitate your learning and/or employment.

Student Right-To-Know and Campus Security Act

In compliance with the Student Right-to-Know and Campus Security Act, Public Law 101-542, November 8, 1990, Mississippi Gulf Coast Community College is required to under Title I: Section 103, to disclose completion or graduation rates of certificate- or degree-seeking, full-time students entering an institution to all students and prospective students. Title II of this act is known as the Crime Awareness and Campus Security Act of 1990. Institutions must share information about campus safety policies and procedures and provide statistics concerning whether certain crimes took place. For further information, contact the Dean of Student Services on each campus. The Annual Fire Safety and Security Report can be found on the college website under Disclosures and Compliances.

Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act and its subsequent revisions deal with educational records of students. The purpose of the law is to define who may or may not have access to student records. The law allows students and parents of dependent students, as defined by the IRS, access to the individual student's educational records. MGCCC will release directory information on students to any interested member of the public unless the student requests that it be withheld. The Request to Withhold Directory Information is available in the Enrollment Services Center at each campus. Directory information is defined as follows: (1) the student's name; (2) address; (3) telephone listing; (4) date and place of birth; (5) major field of study; (6) participation in officially recognized activities and sports; (7) organizations and sports; (8) College attendance; (9) student photo with identifying name; (10) weight and height of athletic team members, (11) dates of attendance; and (12) degrees received, honors and awards received. Except as provided by law, data released to sources outside the college will be in aggregate form and no personally identifiable information will be made available. Further information concerning provisions of the Act may be obtained from the campus Dean of Student Services or the Administrative Dean of College Centers. Additional information can be found in Statement No. 714 of the Policies and Procedures Handbook.

Dental Department Policies

*additional documentation required

1. **Attendance Policy**: The following adaptation of the MGCCC absentee policy has been made for the purpose of maintaining the CODA standards and clinical requirements of the dental assisting program. Regular class attendance is mandatory of all students. Instructors will keep an accurate class attendance record, and these records will become part of the student's official record. Absences are a serious deterrent to good scholarship; it is impossible to receive instruction, obtain knowledge, or gain skills when absent from class.

2. **Absentee Policy**: It is the student's responsibility to contact the instructor alerting them of any absences. Instructor will determine if the director needs to be consulted. When there are extenuating circumstances, make up of absences will be required as needed to meet accreditation standards. Otherwise, it will be the instructor's discretion (refer to individual course syllabi). Clinical attendance is another obligation which must also be referred to syllabus for protocol. In general, three absences are grounds for dismissal from the program.

3. **Academic Remediation Procedure Policy:** All students are required to achieve 75% or better in all dental assisting technology courses to advance in the program. The procedure for assisting students who fail a test includes academic remediation determined by the instructor.

4**. At-Risk Policy**: MGCCC Dental Department is dedicated to providing support and assistance in order for students to achieve their academic goals. The objective of faculty and staff is to identify and respond to "at risk" students who demonstrate academic, emotional, social, and/or financial "at risk" behavior. The primary focus is to ensure any student displaying "at risk" behavior is provided access to resources and support that assist in addressing student health, safety and academic success. MGCCC Student Services and Enrollment Management Division provides a support infrastructure, developmental activities and programs for students. MGCCC offers academic support programs, services and activities to promote student development. Harrison County Campus is the closest available campus with a Learning Lab, which offers one-on-one or group sessions, workshops, computer programs, audio-visual opportunities to maximize academic potential. Counseling is another service provided to students through this division that is offered both virtually or physically that is often recommended for students (Teleprescence with Cisco's WebEx or with an LPC). Additionally, the college fully complies with the Americans With Disabilities Act; therefore, faculty and this division collaborate to help the students where possible.

5**. Alcoholic Beverages:** Possession and/or consumption of alcoholic beverages and/or controlled substances on college property or at college-sponsored activities are expressly prohibited by law and are not allowed under any circumstances. MGCCC and the School of Nursing and Health Professions are committed to a drug –free workplace and learning environment.

6. **Basic Life Support Certification**: All faculty and students in the MGCCC Dental Department must maintain certification in healthcare provider basic life support procedures, at intervals not to exceed two years. Students will be provided this course within their first semester and must successfully pass before clinic starts. Copies of student, faculty and staff CPR cards are kept in the Clinical Compliance course in CANVAS.

7. ***Bloodborne Policy**: Students are taught about Bloodborne Pathogens early first semester, before patient contact. Students/Faculty/Staff are required to sign The Bloodborne Pathogens and Other Communicable Diseases Waiver of Liability form found in this Handbook (pg. 169).

8. **Cell Phone Policy**: The use or abuse of cell phones, pagers and PDAs is not allowable in any SON&HPs program. Students are strongly encouraged not to make or receive calls, texts/picture/e-mail messages, or pages during class, lab or clinical. Any cell phone or pager that rings/beeps during class or clinical -- or otherwise disturbs class, lab or clinical -- may be confiscated by the instructor. Students will be provided with an emergency contact number for class/clinical experiences. Specific numbers and directive will be provided each semester by the course faculty.

9. **Cheating Policy**: In the Dental Department we will do everything we can to provide an environment unconducive for cheating. Students are encouraged to report any suspected cheating (even anonymously). General Non-Cheating Principles:

- Complete all academic assignments independently.
- Refrain from using any aids during exams.
- Acknowledge and cite source material in papers or assignments.
- Avoid altering a graded exam and submitting it for regrade.
- Do not copy another student's assignment, either in part or entirely, and present it as your own work.
- Do not purchase help or assignment completion from external sources; paying for it does not make it your own.
- Abstain from copying online quiz or assignment answers from the internet or others.
- Do not use stolen test questions.
- Do not use GenAI Tools (like ChatGPT, Grammarly) to submit as your own.

Any student even suspected of cheating will receive an “F” on that particular test/assignment, may be dismissed from the classroom, and risk possible expulsion.

10. **Clinical Remediation Procedure Policy**: All competencies are Pass or Fail. All predetermined competency requirements in clinical courses must be successfully completed to pass. A maximum of 2 attempts will be allowed per competency. When a competency is failed, a remediation form must be completed by the student and submitted to an instructor stating what measures of remediation and/or practice were completed. The remediation form and the failed competency form must be presented to the instructor before beginning the second and final attempt. The student is expected to fulfill within an established time period. Evaluation will be performed by the program director and/or another clinical instructor. Failure to achieve predetermined clinical competencies is grounds for dismissal from the program.

11**. Competency Procedure Policy:** Summative competency examinations focus on both the process of care and the end-product of treatment. Proper patient selection is imperative for certain competency tests. Students are responsible for alerting their assigned faculty of needed tests so that faculty can make possible recommendations. If a faculty determines that a student's patient is an appropriate test patient for that clinic, the faculty may require that student to test. Therefore, students need to be familiar with testing criteria for semester competencies. Students should try to be tested by a different faculty for each test. So once a test patient is selected, get the patient set back up with the receptionist, and alert clinic director to be assigned with the appropriate faculty.

A. Successful

- Students successfully complete a competency examination by attaining a minimum score of 75 while incurring no critical errors and scoring above "1" in key component criteria.
- Only testing items may be out during a competency evaluation (i.e. no notes or clinic worksheets during test).

B. Failure/Unsuccessful

- Critical Error
  - Within the criteria for each competency, certain components have been deemed to be critical errors. A critical error indicates that a procedure was incorrectly performed and had the potential to do harm to the patient, student, or faculty.
  - Students who commit a critical error will automatically fail the competency examination.
  - In this instance, the student will be given the opportunity to retest during the scheduled re-evaluation session; however, the highest final competency score this student may obtain will be a 75.
- Key Components
  - Certain components within a competency have been identified as being key components for passing the competency examination. These key components have been identified with an asterisk.
  - Students must attain above a score of one (1) in key components. Failure to do so will require the student to remediate and retest.
- Unacceptable Overall Score
  - Students who fail a competency evaluation (less than 75) will be allowed to remediate as many times as needed. After a successful remediation, the student is allowed to retest one additional time on that competency. Any second competency must be higher than a 75; however, 75 is the maximum grade that will be recorded

C. Patient No Show/Cancelation

- In the event that a patient "no show" or cancels at the last minute, students will test on the scheduled re-evaluation date. Consequently, students should make every effort to see that their patient is confirmed for the testing date.

D. Remediation

- Remediation is required for any competency test failure.
- <u>It is the student's responsibility to seek remediation</u>. A reminder from the course director is a courtesy not an obligation.
  - Faculty are not aware of the student's need for remediation.

- Students are expected to seek assistance from clinical faculty to correct deficiencies prior to the retesting of the competency.
- It is recommended that the student get remediation during the same or next clinic session if applicable. Students are not limited to one remediation session prior to testing; students can request additional clinic remediation or request an appointment with their peer group advisor for in office remediation (in office does not replace patient remediation)

- A remediation form must be completed by the faculty and turned in to the course director.

12. **ADA Complaint Policy:** As required by the ADA Commission on Dental Accreditation, it is the policy of the MGCCC Dental Department to inform students of the mailing address and telephone number of the Commission at the beginning and end of each school calendar year. The Commission on Dental Accreditation will review complaints that relate to a program's compliance with the accreditation standards. The Commission is interested in the sustained quality and continued improvement of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for individuals in matters of admission, appointment, promotion, or dismissal of faculty, staff, or students. A copy of the appropriate accreditation standards and/or the Commission's policy and procedure for submission of complaints may be obtained by contacting the Commission at **401 N. Michigan Ave., Suite 3300, Chicago, IL 60611 or by calling 312-440-4653.**
MGCCC DA Complaint Policy: Additionally, A student with a course complaint should follow the DA department organizational chart, which begins with the faculty member, then the DA Program Director, followed by the Department Chair of Health Professions.

13. **Dismissal Policy**: The Mississippi Gulf Coast Community College Dental Assisting Technology Program reserves the right to dismiss a student at any time for any of the following reasons:

- Any student who poses an immediate threat to the health, safety, or welfare of a patient.
- Inability to maintain a 75% average in dental assisting technology courses including clinical average.
- Failure to follow all guidelines considered essential to the ethical practice of the dental profession.
- Infraction of school rules and policies for the DAT program according to the MGCCC catalog and/or the Dental Department handbook.
- Insubordination (ex. belligèrent behavior, etc.).
- Three (3) absences per course.
- Unprofessional behavior.
- Drug or Alcohol use.
- Class disruption or cheating.
- Failure to participate required MGCCC related activities that promote program enrichment.
- Failure to complete program course requirements.
- Failure to achieve predetermined clinical competencies.

14. **Emergency Management Policy**: The institution emergency/safety plan is thoroughly discussed in this manual and posted on the clinic bulletin board located outside sterilization. This plan deals with threats, fire, hazardous weather, serious injury or illness, evacuation contacts, and patient emergencies.

15**. Hazard Control Policy**: The management of the Dental Department at MGCCC is committed to preventing accidents and ensuring the safety and health of our students and employees. Under this program students and employees will be informed of the contents of the OSHA Hazard Communication Standards, the hazardous properties of chemicals with which they will work, safe handling procedures and measures to take protect themselves from these chemicals. Some of the chemicals used within the Dental Department have potential for physical or health related problems. On May 23, 1988, Occupational Safety and Health Administration (OSHA) regulations which require compliance with Hazard Communication Standards (1910.1200) by all nonmanufacturing employers became effective. These standards, set forth by the Occupational Safety and Health Act of 1970, define the rights of employees to know the potential dangers associated with hazardous chemicals they may encounter in the workplace. These hazardous chemicals safety data sheet (SDS) will be maintained and kept in the sterilization room for review by all students and employees. Hazard control training is part of first semester, before clinicals.

16. **Health Insurance**: Due to clinical/lab responsibilities of healthcare students in the clinical area, it is essential students promptly alert instructors of any medical conditions/changes. Each dental assisting student should locate his/her health insurance card and keep it available for emergencies. A copy should be on file with the program. This is vital information and could be critical in the event of an emergency.

17. ***Health Insurance Portability and Accountability Act (HIPAA) Policy**: All patient medical and financial records and any other information of a private or sensitive nature, are considered confidential. Confidential information should not be read or discussed by students unless pertaining to his or her learning requirements. Any unauthorized disclosure of protected health information may subject the student to legal liability. Failure to maintain confidentiality may violate the Code of Ethics Policy and thus be grounds for disciplinary action. The Confidentiality Guidelines and Confidentiality Agreement Form is attached in this handbook and must be signed (pg. 77).

18. **Infection Control Policy**: The guidelines cover Standard Precautions, Hepatitis B Immunization Requirement Rationale, Operatory Preparation and Patient Treatment, Barrier Techniques, Cleanup after Patient Treatment, Sterilization, and Regulated Waste. Dental personnel are exposed to a wide range of microorganisms in the blood and saliva of patients they treat. Infections are transmitted in dental practice by blood or saliva through direct contact, droplets, or aerosols. Indirect contact contamination or infection by contaminated instruments is possible and, as a result, patients and dental healthcare workers (DHCWs) have the potential of transmitting infections to each other. A common set of infection control strategies should be effective for preventing transmission of infectious diseases (through virtually any route of infection) while providing dental care. The dynamic characteristics of clinical dentistry and the fact that all potentially infectious patients cannot be identified by history, physical examination, or laboratory tests, provide the incentive to adhere to the guidelines while providing patient care. More details provided in the Infection Control Section.

19. **Latex Allergy Policy**: Approximately 3 million people in the U.S. are allergic to latex. Latex is used in more than 40,000 industrial, household, and medical products. Exposures to latex may result in skin rashes, hives, flushing, itching; nasal, eye, or sinus symptoms, asthma, and (rarely) shock. Reports of

such allergic reactions to latex have increased in recent years—especially among healthcare workers. This statement is provided to notify students of the possible risk of latex allergies. Applicants/Students who have a known latex allergy/sensitivity are encouraged to consult their personal health care provider prior to entering a health care profession. Latex products are common in the medical environment. An individual with latex allergy/sensitivity even wearing alternative vinyl or nitrile gloves may still be exposed to latex present in the equipment, models, or manikins. It is important to notify the program if you are or become allergic/sensitive to latex products. If allergic condition develops while in the program the student should notify his/her instructor immediately. Please be aware that Mississippi Gulf Coast Community College does not require a latex-free environment to students in either the clinical practice laboratories on campus or clinical placement sites off campus.

20. **Liability Insurance**: MGCCC requires School of Nursing and Health Professions students to have medical malpractice/liability insurance. The College liability insurance covers you as a health care student in the clinical setting while you are officially enrolled and matriculating in the program under the supervision of an instructor. Coverage does not extend to other settings or to employment settings if you choose to work while enrolled.

21. **Make-up Work Policy**: Make-up work must be completed within one week of an extenuating circumstance absence. When an absence occurs, it is the student's responsibility to contact his/her instructors for make-up assignments. The student must complete the assignment within the time specified by the instructor. All make-up tests will be given the week before final exams of each semester. Final examinations are given at the close of each semester. Absences from final examinations, except in the case of unusual emergency, are automatically recorded as failures. Examinations can only be rescheduled with special approval.

22. **Occupational Exposure Control Policy (needlestick)**: Should an exposure incident occur in the dental clinic; the student should immediately report to a clinic dentist or dental faculty. There will be an incident report completed at that time. Immediate care must be rendered if the dentist or faculty feels it is necessary. If medical attention is required, appropriate care will be recommended. Dental faculty will alert the patient of protocol for testing. The student and the patient (if patient is known and agrees) should be serologically tested as soon as possible after the exposure. Laboratory tests (ex. Anti-HBs and HIV screen) are recommended following a blood/body fluid exposure incident. Seronegative individuals should be retested 6 weeks post-exposure and on a periodic basis thereafter (e.g., 6 weeks, 12 weeks and 6 months after exposure). If the source patient cannot be identified, only the exposed individual will seek medical evaluation. Students are advised to go to an on campus Singing River Health Clinic or use their own healthcare provider. Students are responsible for the cost of illnesses or injuries that occur during college laboratory or clinical experiences. The college, clinic, and/or clinical rotation site assumes no liability for injuries or illness which might occur as a result of clinical experiences.

23**. Patient Policies**: It is important to the faculty, students, and staff to meet patient's needs and expectations. Services are provided under the supervision of regularly licensed dentists. Patients are informed of their rights and responsibilities at their initial visit, see also Standards of Care.

24. **Pregnancy Policy**: A student who becomes pregnant or suspects pregnancy is encouraged to notify the Program Director immediately! A pregnant student requires physician approval to continue in the program (due to radiation and other potential hazardous chemicals). Pregnancy is not grounds for dismissal, but radiation exposure must be limited during this time. The student must be able to continue to meet attendance and program requirements in the DAT program. In the event the student cannot meet the program requirements within the time allotted, the pregnant student may be awarded an incomplete or allowed to medically withdraw. If the student cannot fulfil the requirements of the incomplete previous to the start of the next semester, the student can withdraw and start over the following year provided that space is available and the student had a passing grade of 75% or better in all dental courses prior to withdrawal. If the student is not able to re-enter the program at the next available entry point (one year), then the student must re-apply and repeat all dental assisting courses.

25. **Radiograph Exposure Policy**: When considering x-ray exposure, it is important to assess the need for radiographs and weigh the "risk vs. benefit". The Dental Program adheres to the ALARA concept which states that all exposure to radiation must be kept to a minimum, or "as low as reasonably achievable." This Handbook addresses MGCCC's policies that ensure the safety of patients, students, faculty and staff and include: Protocol, Polices, Recommendations, Images, Criteria for Evaluation, Analysis Form, and Quality Control.

26. **Re-Admission Policy**: A student is eligible for readmission into the dental assisting program one time only with the following exception: A student who has a passing grade in the clinical and classroom setting, who is forced to withdraw due to illness, accident, pregnancy, or family crisis may be considered for a second readmission provided there is space available. All classes are in sequence and must be passed with a 75 average to continue in the program. Due to the curriculum sequence, if one class is failed, you will be dismissed and must reapply for admittance into the program. Each student being considered for readmission into the dental assisting program will be considered on an individual basis. Space must be available in the class. No precedent will be set by the decision of the committee.

27. **Social Networking (Media) Policy:** The School of Nursing and Health Professions at MGCCC is excited about the availability of social media and related technologies that enhance student learning. However, students are expected to adhere to professional standards of behavior when using such media sites. Students will be subject to disciplinary actions and/or dismissal for violating the following behaviors:

1. Posting items (text, comments, videos, photos, etc.) that represent unprofessional behaviors or malicious intent;
2. Posting personal and/or confidential information regarding peers, faculty, patients, families or agencies; and
3. Violating HIPAA regulations.

If students identify themselves as being affiliated with MGCCC or the MGCCC School of Nursing and Health Professions, it should be clear that any views expressed are not those of the college or the School. If opposing views should occur on a social media site or the college's IT platform, students will utilize professional judgment. MGCCC will not tolerate comments from students that are seen as harassment, inflammatory, prejudicial or negative. It is a program expectation that students are:

1. respectful of others during all postings and comments; and

2. professional and responsible for all activity conducted using the MGCCC email address and Canvas Learning Management System.

Violation of any of the above standards are subject to disciplinary action, including the possibility of permanent dismissal from School of Nursing and Health Professions programs at MGCCC.

28. **Substance Testing Policy**: Mississippi Gulf Coast Community College implements a Substance Testing Policy for current and future students applying to the School of Nursing and Health Professions. Students enrolled in the School are strictly prohibited from manufacturing, using, possessing, selling, conveying or distributing any illegal drug or controlled substance in any amount in any manner in the college environment or at a college-sponsored/related activity. Additionally, Nursing and Health Professions (credit, non-credit, and workforce) students are prohibited from using any legal drug in a non-prescribed, irresponsible or illegal manner. Use of any substance to the extent that it impairs mental acuity or physical dexterity is strictly prohibited, especially in the classroom, lab, and clinical settings – to include prescription drugs. The School of Nursing and Health Professions has a zero tolerance of the use of illegal substances, and the misuse or abuse of legal substances. All School of Nursing and Health Professions students are required to utilize one of MGCCCs authorized substance testing companies for substance testing. Each semester, prior to the official acceptance, progression, or readmission into the program of choice, health care students are required to submit to the substance testing drug screening. The testing will be a real-time observed collection (urine, hair, blood, saliva, etc.) with the observer being the same gender as the donor (when possible) with results reported to the designated administrator within School of Nursing and Health Professions. Following program acceptance, testing timeframes will be provided by the appropriate program director or coordinator. Directives such as site, date, time and cost will be provided following official acceptance/progression or program readmission. Submission of the Health Form, including current medications, must be submitted prior to enrollment in the first class. Any additional medications throughout enrollment that alters cognitive, emotional, or psychomotor functioning must be documented and submitted to the respective program faculty prior to testing, to include the use Mississippi Medical Cannabis (Marijuana). Although, the Mississippi Medical Cannabis (Marijuana) Act allows for the controlled use of medical cannabis in the State of Mississippi. Thus, Mississippi citizens may legally obtain a medical cannabis (marijuana) ID card from the Mississippi
Department of Health. Despite the passage of this legislation, the School of Nursing and Health Professions will continue to schedule drug screens as outlined in the Substance Testing Policy and Procedures located in the School of Nursing and Health Professions Manual.

i. Despite a medical necessity for taking Medical Cannabis (Marijuana), the student may not be able to participate in health related class, lab, clinical, internships, externships, and/or fieldwork experiences if:

1. The medication impairs the student's ability to appropriately function and meet the physical and cognitive functioning required for the safety of the student, classmates, faculty, and/or patients. This determination may be made by the School of Nursing and Health Professions and/or clinical site if impairment is observed or suspected.

2. Impairment is suspected per the School of Nursing and Health Professions Substance Testing Policy and Procedure.

3. The clinical facility does not permit students with a legal medical cannabis (marijuana) ID card to participate in clinical experiences at their particular location.

ii. Mississippi's Medical Marijuana Law Statutory Exemptions include the following:

1. This Law shall not: require any employer to permit, accommodate, or allow the medical use of medical cannabis, or to modify any job or working conditions of any employee who engages in the medical use of medical cannabis or who for any reason seeks to engage in the medical use of medical cannabis;

2. This Law shall not: prohibit or limit the ability of any employer from establishing or enforcing a drug testing policy;

3. Authorized individuals can impose civil, criminal, or other penalties for individuals engaging in the following while under the influence of medical marijuana: Acting with negligence, gross negligence, recklessness, in breach of any applicable professional or occupational standard of care, or to the effect an intentional wrong as a result, in whole or in part, of that individual's medical use of medical cannabis.

Periodic Testing is defined as an annual, semester or other defined period of time as determined by the administration whereby, upon notification, all or individual students will go to the designated substance testing site on the scheduled date and time and provide the required hair, urine, blood, and/or saliva specimen.

Required Documents for testing are:

- Two picture I.D.s at the testing site for identification
    - o One I.D. must be the MGCCC picture ID
    - o The second I.D. must be a valid driver's license or valid military picture ID.

The cost of all testing is the responsibility of the student (including retesting and probable cause testing). A positive substance test result for an illegal substance or an unsubstantiated prescription drug, refusal to undergo substance testing, failure to adhere to the testing deadline, failure to provide a required specimen, or deliberately interfering with the substance testing procedure can result in immediate dismissal from the respective program within the School of Nursing and Health Professions. The procedures for probable cause testing and/or dismissal will be followed according to Statement NO-717 Student Rights and Responsibilities located in the MGCCC Student Handbook Information concerning a student's substance test is confidential. Positive test results will be released only to authorized individuals with a need to know. For students who hold a current license or certification, the licensing or certifying agency may require notification of any positive test result. Substance test results. Students with a positive substance test may request a follow-up test performed by the college's designated substance testing company. The student must make request for a follow-up test in writing within 24 hours of receiving notification of the positive test results. Follow-up testing is only preformed on the initial specimen. Written notification must be submitted to the respective School Chair or to the Director of Simulation (non-credit health care programs only). Students who test positive for

prescription drugs must provide acceptable documentation of the prescription within one working day of the day the student is notified of the positive test. Students cannot attend class or clinical/lab until acceptable documentation of the prescription is provided. A student dismissed from a MGCCC health care program due to a positive substance test may be eligible for consideration to re-enter the program. However, a second dismissal results in permanent discharge with no opportunity for future admission (both credit and non-credit healthcare programs). Criteria for Consideration to Re-enter the Program: The student is responsible for the cost of all substance testing fees including follow-up testing requested by a student after a positive substance test. Eligibility to re-enter the program (not necessarily at the program level or term of dismissal) may be granted if the following criteria are met:

1. Dismissed for at least six (6) months from the respective MGCCC healthcare program – beginning with the date of the positive test result.
2. Complete, at the students expense, a pre-approved substance dependence evaluation and treatment center pre-approved by the School Chair
3. Provide an official post rehabilitation letter from the pre-approved treatment facility verifying completion of a healthcare professional drug treatment plan and an official recommendation for consideration for reentry into the program. The letter must be mailed by the treatment facility directly to the respective School's Chair.
4. Provide a negative post-rehabilitation substance test report from the college's designated substance testing company dated within three days of making application to a School of Nursing and Health Professions program.
5. Submission of all official documentation required with appropriate medical signatures.
6. Space availability within the respective program
7. Meet all program requirements upon re-entry

29. Special Needs: ADA Compliance: Mississippi Gulf Coast Community College abides by the regulations outlined in the Americans with Disabilities Act of 1990 (ADA). The College does not discriminate against any qualified individual with a disability in regard to employment, transportation, accommodations, or telecommunications. This policy incorporates the provisions of the Title VI of the Civil Rights Act of 1964, as amended by the Civil Rights Act of 1991, Section 505 of the Rehabilitation Act of 1973; Title 11 of the Civil Rights Act of 1964, as amended, and the Communications Act of 1934.

30. Tardiness Policy: Tardiness is a serious interruption of instruction and continuous infraction will not be permitted. Promptness for class is very important and habitual tardiness will not be tolerated. A student is marked tardy if he/she is ten minutes late. After 15 minutes, the student will receive an absence for that class/clinic. Two tardies are equal to one absence. Three absences are grounds for dismissal from the program. Please see also see clinic syllabi for additional tardiness penalties.

31. Tattoo Policy: All tattoos and/or body art must be covered at all times during clinical experiences. The student is responsible for taking appropriate measures to ensure tattoos or body art is not visible.

32. Transfer Student Policy: The Dental Department will consider a transfer student on a one on one basis:
The student may be considered only if:

- Following the MS state curriculum
- Student is in good standing (and the previous director can forward clinical counts)
- Completed courses are within the last year
- There is space available in our program

33. **Vaccination/Immunization Policy**: The MGCCC Dental Department follows recommendation provided in the SON&HP handbook requiring the use of a cloud-based immunization compliance management system to submit health and compliance requirements, such as proof of immunizations. Centers for Disease Control and Prevention (CDC) and the American Dental Association (ADA) recommend Hepatitis B vaccination for the protection of clinicians as part of those immunizations.

34. **Violation of Ethical Code Policy** If a student(s):

1. Behavior in the college or clinical area exhibits characteristics consistent with the suspected use of mind-altering substances.
2. Demonstrates dishonest behavior in assigned written work, testing, or any other aspect of the program of study.
3. Falsifies admission application.
4. Fails to follow proper procedure in notifying clinical instructor prior to absence from a clinical learning experience.
5. Is convicted of any felony.
6. Behavior and/or dental performance indicates mental or emotional incompetence. This decision is based upon an incident which endangers either the student's and/or the patient's safety.
7. Falsifies or alters a patient's record.
8. Administers medications and/or treatments in a negligent manner.
9. Performs treatments or procedures on a patient beyond the limit of his/her past or present instruction in the program.
10. Misappropriates drugs, equipment and/or supplies.
11. Leaves an assignment without properly advising appropriate personnel.
12. Administers medications, radiographs, and/or treatment without a physician's order or without permission of dental instructor.
13. Violates the confidentiality of information or knowledge concerning a patient and/or his family.
14. Discriminates in the rendering of dental services as it relates to human rights and dignity of the individual.
15. Takes articles of another person which do not belong to him/her.
16. Fails to follow specific rules and guidelines for each dental course.
17. Fails to follow guidelines as stated in the student handbook materials.
18. Insubordination – willfully refuses to carry out instructions which are within the role of the student, given by their clinical instructor.
19. Has a pattern of unsatisfactory clinical performance

DUE PROCESS IN STUDENT DISCIPLINE

I. STATEMENT. Mississippi Gulf Coast Community College recognizes students as adults who are expected to obey the law and the rules and regulations of the College, to take personal responsibility for their conduct, to respect the rights of others, and to have regard for the preservation of state and College property, as well as the private property of others. From the time of application for admission through the actual awarding of a degree, students accept the rights and responsibilities of a membership in the College community. Students are expected to uphold community values by exercising a high standard of conduct at all times.

The Code of Student Conduct applies to all students while present on campus or at a College facility. This applies to all student conduct that occurs in connection with a College program or activity, regardless of the location. The College reserves the right to take appropriate action, up to and including expulsion, when, in the College's judgment, a student's conduct off-campus and not connected to any College program or activity: (1) indicates that the student may pose a danger to him or herself or to others; or (2) the conduct has a negative impact on the College community or the College's mission.

A. Conduct Case Administrator Responsibility

The Dean of Student Services is assigned the responsibility of receiving and handling all conduct matters concerning the behavior of students, student groups, and/or student organizations. The Dean of Student Services, or his/her designee, assigns cases based on the type of behavior, status, and caseload of the conduct hearing officers. The Dean of Student Services' Office, or its designee, has discretion in the determination of sanctions for students, student groups, or student organizations found responsible for violating the Code of Student Conduct.

B. Conduct Procedures

Conduct procedures may be initiated on individual or organizational behavior upon receipt and analysis of an official incident report or other valid complaint. The Dean of Student Services' Office, or designee, will investigate to determine if there is sufficient cause to proceed with a conduct hearing. Should sufficient cause be determined, the hearing officer may schedule a conduct hearing with the accused student or assign the case to a Campus Conduct Committee.

II. POLICIES

The College is dedicated not only to learning and the advancement of knowledge but also to the development of responsible persons. It seeks to achieve these goals through sound educational programs and policies governing student conduct that encourage independence and maturity.

The College distinguishes its responsibility for student conduct from the control functions of the wider community. When a student has been apprehended for the violation of a law (local, state, or federal), the College will not request special consideration for them based on their status as a student. The College will cooperate fully, however necessary, with law enforcement and other agencies in any program for rehabilitation of the student.

The College will apply sanctions or take other appropriate action when student conduct directly and significantly interferes with the College's (1) primary educational responsibility of ensuring the opportunity of all members of the College community to attain their educational objectives, or (2) subsidiary responsibility of protecting the health and safety of persons in the College

community, maintaining and protecting property, keeping records, providing living accommodations and other such services, and sponsoring non-classroom activities such as lectures, concerts, athletic events, and social functions.

These regulations apply to all students, whether in full or part-time attendance, as well as those who participate in the College's High School Equivalency programs and apprenticeships. Unfamiliarity with institutional regulations or rules is no grounds for excusing infraction.

III. VIOLATIONS

A. All students enrolled in Mississippi Gulf Coast Community College are expected to conform to the ordinary rules of society; to be truthful; to respect the rights of others, and to have regard for the preservation of state and College property as well as the private property of others. Some acts of misconduct that are unacceptable and subject the student to disciplinary action are listed below. These offenses are as follows:

1. **Abuse of College Conduct System:** Abuse of the College Conduct System, including but not limited to:
   a. Failure to obey the summons of a Campus Conduct Committee or College official.
   b. Falsification, distortion, or misrepresentation of information to a Campus Conduct Committee or College official.
   c. Disruption or interference with the orderly conduct of a conduct proceeding.
   d. Instituting a conduct proceeding knowingly without cause.
   e. Attempting to discourage an individual's proper participation, or use of, the conduct system.
   f. Attempting to influence the impartiality of a member of a Campus Conduct Committee prior to, and/or during the course of the conduct proceeding.
   g. Harassment (verbal or physical) and/or intimidation of a member of a Campus Conduct Committee prior to, during, and/or after a conduct proceeding,
   h. Failure to comply with the sanctions imposed under the Code of Student Conduct.
   i. Influencing or attempting to influence another person to commit an abuse of the conduct system.

2. **Abuse of Computers:** Theft or other abuse of computer time, including but not limited to:
   a. Unauthorized entry into a file to use, read, or change the contents, or for any other purpose.
   b. Unauthorized transfer of a file.
   c. Unauthorized use of another individual's identification and password.
   d. Use of computing facilities to interfere with the work of another student, faculty member or College official.
   e. Use of computing facilities to send or receive obscene or abusive messages.
   f. Use of computing facilities to interfere with normal operation of the College computing system.
   g. Use of College network/internet to violate any local, state, or federal law.

3. **Dishonest Conduct:** Including, but not limited to, academic misconduct; knowingly making a false accusation of misconduct; misuse or falsification of College or related documents by actions such as forgery, alteration, tampering, or improper transfer; providing false information (written or oral) to a College official and/or during any College proceeding; or providing false identification or allowing others to use your identification

to gain access to College facilities, property, programs, resources, or services.

4. **Alcohol Possession:** Possession, sale, or distribution of beer, wine or other alcoholic beverages as defined by Mississippi law and/or alcohol paraphernalia (including but not limited to beer bongs, beer funnels, and empty/decorative alcohol containers) on campus or while present at any College-sponsored activity.

5. **Acts of Intolerance:** Acts that adversely and unfairly target a person or group based on one or more actual or perceived characteristics: gender or gender identity, race or ethnicity, disability, religion, sexual orientation, nationality, and age.

6. **Confrontational Behavior:** Disruption, obstruction, or exhibiting confrontational behavior, which interferes with College functions such as teaching, administration, and conduct proceedings, other College activities, including its public service functions on or off campus, or other authorized activities.

7. **Dating Violence:** Dating Violence is defined as violence by a person who has been in a romantic or intimate relationship with the victim. Whether there was such relationship will be gauged by its length, type, and frequency of interaction.

8. **Disorderly Conduct:** Conduct which is disorderly, lewd, or indecent including use of profane, abusive, or vulgar language and or obscene gesture; a breach of the peace; assisting or procuring another person to breach the peace on College premises, or at functions sponsored by the College or in which the College participates.

9. **Domestic Violence:** Domestic Violence includes asserted violent misdemeanor and felony offenses committed by the victim's current or former spouse, current or former cohabitant, person similarly situated under domestic or family violence law, or anyone else protected under domestic or family violence law.

10. **Dress Code Violation:** Clothing that bears obscene gestures or language, is in any way provocative, and/or reveals undergarments or inappropriately exposes one's body is prohibited on campus or while present at any College-sponsored activity.

11. **Drug Violation:** This includes but is not limited to:
    a. Possession of marijuana, illegal drugs, narcotics, controlled and/or illegal substances on campus or while present at any College-sponsored activity.
    b. Illegal possession of prescription drugs on campus or while present at any College-sponsored activity.
    c. Possession of drug paraphernalia (including but not limited to bongs, scales, pipes, and syringes, on campus or while present at any College-sponsored activity.
    d. Sale of marijuana, illegal drugs, narcotics, controlled and/or illegal substances on campus or while present at any College-sponsored activity.

12. **Failure to Comply:** Failure to comply with directions of College officials, including Campus Police or law enforcement officers acting in performance of their duties and/or failure to identify oneself or provide appropriate identification to these persons when requested to

do so.

13. **Failure to Report:** Failure to report a violation of the Code of Student Conduct to College officials.

14. **False Report of an Emergency:** False report of emergency by causing, making or circulating a false report or warning of a fire, bomb, explosion, crime, or other catastrophe. This includes E-911 hang up calls.

15. **Gambling:** Encouraging, promoting, or participating in gambling on campus or while present at any College-sponsored activity, except games or raffles approved by the Dean of Student Services.

16. **General Violations:** Violation of any other policies, rules and regulations disseminated by the College. This section is intended to incorporate other College policies, rules and regulations and to address violations only if the violation warrants a process or sanction beyond what is available in other College policies, rules and regulations.

17. **Harassment:** Unwelcome and/or discriminatory actions (physical, verbal, graphic, written or electronic) directed at an individual that interferes with the individual's ability to participate in or to realize the intended benefits of an institutional activity.

18. **Hazing:** Act in which a person or organization who, in the course of another person's initiation into or affiliation with any organization, intentionally or recklessly engages in conduct which creates a substantial risk of physical injury to such other person or to a third person.

19. **Intoxicated Behaviors:** Students who display intoxicated behaviors (including but not limited to glazed eyes, slurred speech, etc.) on campus or while present at any College-sponsored activity, or students who require staff assistance on campus or while present at any College-sponsored activity due to their consumption of beer, wine, alcoholic beverages as defined by Mississippi law or illegal drugs.

20. **Littering:** Littering or unauthorized posting of written material on College property.

21. **Mental Harm:** Causing suffering, damage, impairment, or dysfunction to any person as a direct result of some action or failure to act.

22. **Misuse of Safety Equipment:** Misuse of safety equipment by unauthorized use or alteration of firefighting equipment, safety devices, or other emergency equipment.

23. **Physical Harm:** Physical harm or threat of physical harm to any person(s) including, but not limited to assault, sexual abuse, or other forms of physical abuse, except in self-defense on campus or while present at any College-sponsored activity.

24. **Recording of Person without Consent**: Viewing, photographing, audio recording, video recording, or creating a digital file of another person without that person's consent in a

place where he or she would have reasonable expectation of privacy.

25. **Refusal to Show ID:** Refusal to show proper identification when requested by any College personnel.

26. **Riot Behavior:** Engaging in a riot or other activity resulting in the disruption of the educational mission of the College, or hinders the free exercise by others of their lawful rights or discharge of their duties on and about the campus or in connection with any off-campus related activity.

27. **Sexual Assault:** Sexual assault is defined as sexual intercourse or sexual contact with another person by forcible compulsion (such as coercion) and/or without consent. Absence of protest is not consent. Acts of sexual assault include any sexual penetration (anal, oral, or vaginal), however slight, with any object or sexual intercourse without effective consent. Sexual penetration includes vaginal or anal penetration by a penis, object, tongue, or finger, and oral copulation by mouth-to-genital contact or genital-to-mouth contact.

28. **Smoking/Use of Tobacco Products:** Smoking in any form to include but not limited to electronic cigarettes, vapor smoking, and the use of tobacco products is prohibited anywhere on the campus; including centers, campus buildings, sidewalks, parking lots, personal vehicles, building entrances and common areas, and in college-owned vehicles.

29. **Stalking:** A pattern of repeated and unwanted attention, harassment, contact, or any other course of conduct directed at a specific person that would cause a reasonable person to feel fear.

30. **Theft:** Unauthorized use, taking, or withholding of anything of value belonging to another person or entity.

31. **Unauthorized Possession of Keys:** Unauthorized possession, duplication or use of keys to any College premises or unauthorized entry to or use of College premises.

32. **Violation of Law:** Violation of municipal, state or federal law, or of promulgated rules and regulations of the College or its Board of Trustees upon any campus of the College or off-campus activity, regardless of any decision or action by other public authority as to prosecution for such offense.

33. **Violation of School of Nursing and Health Professions General Policies:** Violation of general policies and student conduct regulations found in the School of Nursing and Health Professions student handbooks.

34. **Weapon Possession:** Possession, on campus or while present at or near any College-related activity, of any weapon prohibited by law, any firearm, knife, razor or razor blade (except solely for personal shaving) or other device designed to be used as a weapon, including ammunition, devices for firing blank cartridges or charges, or of any incendiary or explosive device or of stink bombs, tear gas or other dangerous chemicals, pellet or BB guns, bows and arrows, martial arts weapons, or any other dangerous weapons.

B. Group Offenses

1. Campus organizations, societies, clubs and similar organized groups are responsible for compliance with College regulations. Upon satisfactory proof that the group has encouraged violations, or did not take reasonable steps, as a group to prevent violations or student conduct regulations, the group may be subjected to permanent or temporary suspension of charter, social probation, denial of use of College facilities, or other like sanctions.
2. The determination that a group is liable for sanction to be imposed shall be made by the conduct committee at a hearing held for that purpose. The president or principal officer of the group must be given a reasonable notice of the time and place of said hearing and of the nature of the charges. The president or any other member of the group is entitled to attend and be heard at the hearing and to present evidence to refute the said charges.
3. Nothing herein authorizes the imposition of individual sanctions on any person other than in accordance with the Code of Student Conduct.

IV. SANCTIONS

A. Possible sanctions for violating the Code of Student Conduct include the following:

1. **Expulsion from the College:** Permanent separation of the student from the College and all College functions or activities. It is the student's responsibility to contact an Enrollment Specialist and properly withdraw from the College. Questions should be addressed to the campus Dean of Student Services;
2. **Suspension from the College:** Suspension for a definite period of time. Temporary separation of the student from the College and all College functions or activities. It is the student's responsibility to contact an Enrollment Specialist and properly withdraw from the College. Students seeking readmission to the College after suspension must contact the campus Dean of Student Services;
3. **Conduct Probation:** Conduct probation with or without loss of designated privileges for a definite period of time. The violation of the terms of conduct probation may be grounds for suspension or expulsion from the College;
4. **Loss of Privileges:** Loss of such privileges as may be consistent with the offense committed and the rehabilitation of the student. Examples include but are not limited to, removal from the residence hall, suspension from campus activities, i.e. athletic contests, intramurals, other extra-curricular activities;
5. **Session(s) with LPC:** Session(s) with Licensed Professional Counselor until behavior is controlled;
6. **Fines:** Fines where appropriate;
7. **Warning:** Written warning;
8. **Other Sanctions:** Other sanctions suggested by the Campus Conduct committee.

V. PROCEDURAL GUIDE

A. The sole purpose of these procedures is to afford due process to any student who is charged with conduct violations and this without unduly disrupting the academic and educational mission of the College. Students have a right to an efficient disposition of charges made against them within a reasonable time.

1. Report of Incident

Any member of the College community may file a complaint against any student for violation of

the Code of Student Conduct. Complaints shall be prepared in writing and directed to those persons designated by the Campus Vice President or entered into the College's Threat Assessment System. Any complaint should be submitted as soon as possible after the event takes place, preferably within one (1) week of the knowledge of occurrence.

2. Investigation

The College official designated by the Campus Vice President hereinafter referred to as conduct administrator may conduct an investigation to determine if the complaint has merit and/or if it can be disposed of administratively by mutual consent of the parties involved on a basis acceptable to the conduct administrator. Such disposition shall be final and there shall be no subsequent proceedings.

Any conduct administrator, who has reason to believe that a violation of the Code of Student Conduct may have occurred, is authorized to begin an investigation in the same manner as if a written complaint had been received. The conduct administrator, or designee, may investigate and charge students or organizations with misconduct when that office has reason to believe that a violation may have occurred.

A conduct administrator may issue a summons for a student or organization to appear for discussion about a case. The summons may also include an order to produce records, which may be helpful in the course of an investigation. A summons may be written or verbal.

Temporary Suspension

The College via a Dean of Student Services reserves the right to impose a temporary suspension on a student from any campus and/or residence halls prior to the student's conduct hearing to ensure the safety and well-being of members of the College community or preservation of College property; to ensure the student's physical, mental, and emotional well-being; and if the student poses an ongoing threat of disruption or interference of the normal operations of the College.

During the temporary suspension, the student is denied access to College campuses, facilities, activities, and privileges unless approval to do otherwise is granted by the Campus Vice President. The student has the right to communicate with their instructor(s) to identify alternative methods for taking exams and/or submitting class assignments. It will be the student's responsibility to discuss issues regarding class absence(s) with their instructor(s). The temporary suspension does not replace the regular process, which shall proceed on the normal schedule, up to and through the appeals options, if deemed necessary.

3. Notice

If sufficient cause has been established to proceed with the complaint, a conduct hearing with the accused student will be conducted. The determination to initiate conduct charges is final and not appealable. Technical rules/evidence applicable to civil and criminal cases does not apply to conduct hearings.

The accused student will receive a written notice at least five (5) business days in advance of the conduct hearing, except in cases where the student waives the five (5)-business day advance:

a. The notice will contain the time of the hearing, the date of the hearing, location of the hearing, a statement of the charges to be brought against the accused student, and possible sanctions or penalties.

b. The notice will also inform the accused student of their right to have an advisor or attorney at the conduct hearing or appeal therefrom. If the advisor is an attorney, the

conduct hearing may be delayed until the College attorney can attend. In no event may an attorney participate in any conduct hearing or appeal therefrom, however, the attorney may advise the respective client.

c. The notice will also inform the accused student of the opportunity to have witnesses at the conduct hearing. Witnesses may only testify about the accused student's alleged violations. Character witnesses will not be allowed.

4. <u>Conduct Hearing</u>

Conduct hearings at Mississippi Gulf Coast Community College are designed to arrive at decisions regarding student behavior. These decisions can potentially affect the student's relationship with the College. The administration of discipline is an educational process with procedures that are determined by educators. A Conduct Hearing with the accused student will be conducted with a Hearing Officer or the Campus Conduct Committee. Such procedures give full cognizance to the tests of fairness and justice, and the requirements of due process.

Conduct hearings are of a private, confidential nature. They are closed to the public, unless opened by the Dean of Student Services' Office. Rules and procedures for conducting conduct hearings are as follows:

A. Hearing with Hearing Officer:

1. The hearing officer will go over the conduct hearing procedures with the accused. *If the accused does not appear at the conduct hearing, the hearing officer can choose to reschedule the conduct hearing or make a determination based on the evidence presented.*
2. The hearing officer will read the charge(s) and date of the incident(s).
3. The hearing officer will ensure the accused understands the procedures and has a clear understanding of the charge(s).
4. The hearing officer will question the accused regarding the recollection of events.
5. The hearing officer will bring in any witnesses brought by the accused, or from the investigation, to the hearing room and ask them to give their account of the incident in question. All witnesses will be called separately and may not hear each other's testimony but the accused will be allowed to hear witness testimony as well as ask the witness any clarifying questions to his/her testimony. In lieu of attending the hearing, alleged victims have the right to submit an official statement that will be verbally read to the accused by the hearing officer.
6. Further examination and questioning by the hearing officer may follow any witness statement or information presented.
7. The accused will be asked to give final statements regarding the case.
8. The accused and all witnesses will be excused.
9. The hearing officer will make a decision in the case and will present the finding and the sanction(s), if any, to the accused via email or in writing in a timely manner.
10. The hearing officer may refer sanctioning to the Campus Conduct Committee if more serious sanctions are needed.

B. Hearing with Campus Conduct Committee

1. A Campus Conduct Committee shall be set up on each campus to perform Student Conduct Hearings. The Campus Conduct Committee shall be composed of any two student leaders (Student Government Association, Reflections Team, Phi Theta Kappa Officers, etc.) and at least three members consisting of faculty, staff and/or

administrators appointed by the Campus Vice President. In the event of the absence of any member, the Campus Vice President, or designee, may appoint a temporary replacement. The Campus Conduct Committee chairperson will be appointed by the Campus Vice President. Voting will be by secret ballot and ballots will be kept for future review. The Campus Conduct Committee will decide if the student is responsible or not responsible of the alleged violations, and determine any sanction(s) to be imposed. A majority vote will constitute action of the committee.

2. If the student does not appear at the Conduct Hearing, the Campus Conduct Committee will dispose of the case based on the evidence presented.
3. If the case is disposed of and the Campus Conduct Committee subsequently determines the student was not reasonably able to appear and not reasonably able to give notice of this prior to or at the time of the hearing, the Campus Conduct Committee may set aside its disposition and reschedule the case for another Student Conduct Hearing.
4. All Conduct Hearings before the Campus Conduct Committee shall be closed to the press and public except when the aggrieved student(s) waive the right to a closed hearing. The proceedings will be recorded by the College. A transcript of the proceedings may be available to the student(s) charged or aggrieved student(s) upon written request.

C. Procedures for Campus Conduct Committee

The procedures for a Conduct Hearing with the Campus Conduct Committee are as follows:

1. The Chairperson of the Campus Conduct Committee will read the charges against the accused, and the accused will be asked if they are “Responsible” or “Not Responsible” to each charge as stated.
2. If the accused pleas “Responsible,” they will be allowed to make a verbal statement to the Campus Conduct Committee. The Campus Conduct Committee will then go into executive session to determine the sanction(s).
3. If the accused pleas “Not Responsible,” the evidence against the student shall be presented to the Campus Conduct Committee in the presence of the accused. In lieu of attending the hearing, alleged victims have the right to submit an official statement that will be verbally read to the accused.
4. The accused shall present evidence on his/her behalf and shall be allowed to cross-examine witnesses (if applicable) either directly or in a manner the Campus Conduct Committee deems appropriate based on the situation.
5. After hearing all evidence, members of the Campus Conduct Committee shall sit in executive session and by secret ballot vote on if they believe the accused to be “Responsible” or “Not Responsible.”
6. If the accused is found to be “Responsible,” the Campus Conduct Committee will decide the sanction(s) to be imposed.
7. The decision of the Campus Conduct Committee shall be transmitted in a reasonable time, in writing, to the Campus Vice President, or designee, who may approve, disapprove, reduce sanction or remand the decision to the committee for further study and give written notice to the accused.

VI. RIGHT TO APPEAL

A. A student who has accepted responsibility for violating the Code of Student Conduct and the determined disciplinary sanction waives the right to appeal. However, a student found

"Responsible" for violating the Code of Student Conduct through a formal hearing process has the right to appeal the original decision of a Hearing Officer or the Campus Conduct Committee. Non-attendance by the accused student is not grounds for an appeal.

B. The appeal is not intended to re-hear or re-argue the same case, and is limited to the specific grounds outlined below:

1. Procedural error that resulted in material harm or prejudice to the student (i.e., by preventing a fair, impartial, or proper hearing).
2. Discovery of substantial new evidence that was unavailable to the accused student at the time of the hearing upon reasonable search and inquiry, and which reasonably could have affected the decision of the hearing body.

C. Appealing Decision of Hearing Officer

A student found "Responsible" for violating the Code of Student Conduct through a formal hearing process has the right to appeal the original decision of a Hearing Officer. The appeal must be in writing and addressed to the campus Dean of Student Services. The appeal must be postmarked or hand delivered to the campus Dean of Student Services, or sent via email within five (5) business days after the date on which notice of the decision is sent to the student.

Appeal Procedures

The Campus Appeals Committee will dismiss the appeal if the appeal does not demonstrate at least one of the following:

A. Procedural error that resulted in material harm or prejudice to the student (i.e., by preventing a fair, impartial, or proper hearing).
B. Discovery of substantial new evidence that was unavailable to the accused student at the time of the hearing upon reasonable search and inquiry, and which reasonably could have affected the decision of the hearing body.

If sufficient cause for the appeal has been demonstrated:

C. The student will present their case. The student must be present at the appeal hearing.
D. The Campus Appeals Committee will decide the appeal based upon a review of the record and supporting documents (e.g. prior disciplinary history) and/or
E. The Campus Appeals Committee may consider additional relevant information from any party to the proceeding and then decide the appeal based upon the enhanced record.

Possible Dispositions

After a thorough review of the record(s), the Campus Appeals Committee may:

1. Uphold the original decision and/or sanction(s) of the Hearing Officer;
2. Dismiss the case or individual charge(s) against the student and vacate any portion or all of the sanction(s);
3. Modify, enhance, or reduce the original sanction(s).

The Campus Appeals Committee's decision is final.

D. Appealing Decision of Campus Conduct Committee

A student found "Responsible" for violating the Code of Student Conduct through a formal hearing process has the right to appeal the original decision of the Campus Conduct Committee. The appeal must be in writing and addressed to the College Appeals Committee. The appeal must be postmarked or hand delivered to the Campus Vice President, or sent via email within five (5) business days after the date on which notice of the decision is sent to the student.

1. College Appeals Committee

a. The College Appeals Committee shall consist of three members of the faculty or staff and three students appointed annually by the Executive Vice President of Enrollment Services and Student Success. In addition to the six members, there shall be a chair appointed by the Executive Vice President of Enrollment Services and Student Success.

b. The College Appeals Committee shall have appellate jurisdiction in all cases involving alleged violations of the Code of Student Conduct that have been determined through a formal hearing by the Campus Conduct Committee. A simple majority of committee members (excluding the chair) must be present in order to hear an appeal; and must include at least two faculty or staff members and one student.

2. Appeal Procedures

The College Appeals Committee will dismiss the appeal if the appeal does not demonstrate at least one of the following:

1. Procedural error that resulted in material harm or prejudice to the student (i.e., by preventing a fair, impartial, or proper hearing).
2. Discovery of substantial new evidence that was unavailable to the accused student at the time of the hearing upon reasonable search and inquiry, and which could have affected the decision of the hearing body.

If sufficient cause for the appeal has been demonstrated:

a. The College Appeals Committee will decide the appeal based upon a review of the record and supporting documents (e.g. prior disciplinary history) and/or

b. The College Appeals Committee may consider additional relevant information from any party to the proceeding and then decide the appeal based upon the enhanced record.

The review of the appeal generally does not involve the appealing student being present; however, the College Appeals Committee can request their presence if needed.

3. Possible Dispositions

After a thorough review of the record(s), the College Appeals Committee may:

a. Uphold the original decision and/or sanction(s) of the Campus Conduct Committee;

b. Dismiss the case or individual charge(s) against the student and vacate any portion or all of the sanction(s);

c. Modify, enhance, or reduce the original sanction(s);

The College Appeals Committee's decision is final.

Appeal Process (SON and HP)

The School of Nursing and Health Professions (SON & HP) maintains an open-door policy and encourages students to speak with the appropriate employee, as needed. Every effort will be made to resolve issues without filing a formal complaint.

GRIEVANCE PROCEDURE

Students have a right to appeal college decisions which they believe to have an adverse effect on their pursuit of an education or participation in college programs. In order to receive due consideration, the student must enter a formal appeal in accordance with the Student Grievance Procedures, MGCCC Statement No.718, which can be found in the MGCCC Student Handbook online at the MGCCC website, www.mgccc.edu.

▪ For appeals related to non-classroom issues (General Students Complaints), students must follow the procedure listed in the Student Grievance Procedures, Section II.A SON & HP Handbook.

▪ For appeal of a faculty decision related to classroom/instructional activities that are not within the School of Nursing and Health Professions - i.e. academic support courses), students must follow the procedure listed in the Student Grievance Procedures, Section II.B SON & HP Handbook.

▪ For appeal of a faculty decision related to classroom/instruction activities that are in the

School of Nursing and Health Professions, students must follow the procedure listed in the Student Grievance Procedures within the specific program handbook. Forms can be obtained from the course faculty or program administrator. The student is responsible for obtaining and using the correct forms at each level of an appeal.

APPEAL PROCESS (Grievances related to classroom/instructional activities)

Student Appeals of Faculty Decisions in the School of Nursing and Health Professions (grievances related to classroom/instructional activities)

1. The instructor has authority over all matters affecting conduct of classes, including assignment of grades.

Student performance may be evaluated based on written work and/or other performance standards as determined by the instructor.

2. If a student has a complaint about classroom activities or grades given by an instructor, the student may appeal the faculty member's decision within 10 working days of the decision. In all cases, the appeal process will assure due process for both the instructor and the student.

3. The student must first discuss the issue with the faculty member involved and explain the basis for his/her appeal.

A. If the matter is not resolved with the faculty member, the student may appeal to the Course Faculty Team (including Coordinator or Liaison) within five working days. This appeal must be in writing and should describe the basis for the student's complaint as well as the outcome of the discussion with the faculty member. Within five working days after the hearing, the Course

Faculty Team will make a decision on the merits of the student complaint and will provide a written response to the student.

B. If the matter is not resolved with the Course Faculty Team (including Coordinator or Liaison), the student may appeal to the respective School Chair within five working days. This appeal must be in writing and should describe the basis for the student's complaint as well as the outcome of the discussion with the Course Faculty Team. The respective School Chair may attempt to resolve the problem with the student and Course Faculty Team (including Coordinator or Liaison), or may call for a department review. Within five working days after the hearing, the respective School Chair will make a decision on the merits of the student complaint and will provide a written response to the student.

C. If the matter is not resolved at this level, the student may appeal in writing to the Associate Vice President for the School of Nursing and Health Professions within five working days. The Associate Vice President for the School of Nursing and Health Professions may attempt to resolve the problem with the individuals involved or may call a meeting of the College-wide School of Nursing and Health Professions Judicial Committee to hear the grievance.

4. If necessary to resolve the complaint, an informal hearing will be conducted by the appropriate College-wide School of Nursing and Health Professions Judicial Committee within 10 working days after the Associate Vice President for the School of Nursing and Health Professions receives the student's grievance. The hearing will provide the student and faculty member an opportunity to present their positions and supporting facts. The student will be required to provide the Committee an advance copy of the major issues, documents to be included and names of persons expected to attend the hearing. Issues or evidence not directly related to the initial appeal will not be considered.

A. The Committee is the final judge of what is to be included and excluded in the hearing and has the right to adjourn and reconvene at a later time if this is necessary to complete the hearing. The hearing will be conducted in a manner that is fair and equitable for the student. Within 10 working days following the hearing, the Committee will make a recommendation to the Executive Vice President of Teaching and Learning and Community Campus who will notify the student in writing as to the resolution of the grievance.

B. Should the student desire to appeal the decision of the Executive Vice President of Teaching and Learning and Community Campus, a written appeal must be made to the President of the College within 10 working days. The President may rule on the student complaint or may appoint a committee to review the decisions to assure that the student and instructor have been afforded due process.

5. These additional guidelines apply to student appeals regarding Unsafe Clinical Performance, Clinical Dismissal, and/or Final Grade:

A. For appeals of decisions other than final grades, unsafe clinical performance, and/or clinical dismissal, the student will be permitted to remain in class for the term in which the appeal is initiated until the appeal is settled.

B. The appeal of a final grade in a class must be made within 30 working days of the posting of the course grade.

MGCCC Dress Code

MGCCC enforces a policy of appropriate dress. ALL students must comply with the institutional guidelines related to appropriate attire. This policy addresses, but is in no way limited to:

- no extremely high cut shorts
- no low cut and/or revealing tops
- no sagging pants
- no pajamas worn in public

Violators of this policy will be subject to punitive actions consistent with the common practices of the Office of Student Services. (See Appendix of MGCCC College Catalog for examples of dress)

Dental Department Clinic Dress Code

The Dental Clinic is a professional environment and students should be properly attired at all times. The following are specific guidelines you will be expected to be follow while in the Dental Assisting Program:

1. Wear School ID
2. Properly fitting dental scrubs are required in the clinic at all times. These are to be kept clean and laundered daily. Scrub pants must be hemmed. Solid colored t-shirts may be worn underneath scrub tops. Lab coats/gowns must be worn when clinic is in session.
3. Clean tennis shoes or clogs are required as clinic shoes. No open-toe shoes including “flip-flops”, “Crocs”, or “trendy” shoes are acceptable clinic attire.
4. Your hair should be clean and worn in a manner, which is neat and will not create a health or safety hazard for you or your patient. In the clinic setting, hair should be kept professional and completely off the face and neck.
5. Males should be clean shaven. However, neatly trimmed and styled beards and mustaches grown prior to admittance to the program will be tolerated.
6. Good daily hygiene is a must. It is absolutely necessary for all students to keep themselves in such a manner and to not be offensive to others. (i.e., body odor, tobacco odor, halitosis, hair products, etc.)
7. Perfume or cologne is prohibited while in the clinic.
8. Make-up should be worn in good taste and not be overdone. (i.e., glitter eye shadow, false eyelashes)
9. Jewelry should be limited to a wedding ring, watch and only one pair of small discrete earrings are permissible (ear lobe only). No visible body piercings are allowed during patient care.
10. Visible tattoos are not permitted; therefore, they must be covered during clinic sessions.
11. Fingernails should not be visible from palm side of hand (in order to apply correct principles of instrumentation). Only clear fingernail polish is acceptable. Absolutely no acrylic or fake fingernails are allowed.

*The faculty reserves the right to make judgments regarding appropriate dress, good taste, and other grooming aspects. Remember that at all times and in all places, you want to be a credit to your school, your colleagues and to the dental profession.

Dental Department Clinic Rules

1. Punctuality: Students should be in clinic no later than 8 am and remain in clinic until dismissed by an instructor. No early departures will be granted. Students are not allowed to seat a patient until the clinic dentist is present.
2. Be responsible for your assigned station. Students are expected to leave their station clean, tidy and re-stocked. Report any preventive maintenance needed for your station, mobile cart, and equipment belonging to the Dental Department. Replacement and repair of equipment is extremely costly and time consuming. Negligence will not be tolerated. Stations are shared, so please be respectful and maintain cleanliness and organization accordingly.
3. As your course of instruction progresses, you will be instructed in the safe handling of all dental equipment and dental related accessories. Apply these at all times.
4. Professional Courtesy:
- Always address dentists by the title of "Doctor" and instructors by his/her designations.
- Willingly conform to instructors/dentists directions
- Accept corrections and constructive feedback graciously
- Do not enter an instructor's office unless the instructor is present
5. Limit your usage of departmental telephone lines to dental business only. When answering the Program telephone, identify yourself: EX. "Dental Clinic, student speaking, May I help you"….
6. No cell phones in clinic. *Patients are asked to turn off their phones, show them the same courtesy.*
7. Personal business and health appointments should not be scheduled during a class or clinic sessions.
8. Goggles must be worn by patients and students while working in the clinic.
9. Absolutely NO radiographs are to be dispensed or taken without written consent from the clinic dentist.
10. Falsification of any clinical documentation will result in immediate dismissal.
11. Conversations should pertain to dental related topics while patients are present in the clinic.
12. Access to patient records/charts is be administered by the administrative support staff before each clinic session. It is the students' responsibility to not let patient information leave the clinic which would be in violation of HIPAA.
13. Chewing gum or eating/drinking is not allowed in the clinic setting.

Violation of any clinic rule will result in dismissal from clinic and student will receive an absence from that clinic session.

Dental Department Classroom Rules

1. Students must be seated at the time class is scheduled to begin. Students will be considered tardy after that time and will be counted absent after 15 minutes. Three tardies equals 1 absence.
2. Designated break times must be adhered to. If a 15-minute break is given, students are expected to be seated at the end of the break. Students are not to meet with instructors at this time unless pre-arranged.

Students should return to the classroom after the allotted break time, even if the instructor has been delayed.

3. Dishonest behavior in the classroom or clinical area will result in dismissal from the program.

4. Students are expected to come prepared to class/lab in order to listen and participate in the learning process.
Talking with others during class is distracting for other students and will not be allowed. See Disciplinary Process for Students in the MGCCC Catalog.
5. The use of cell phones or any electronic devices inside the classroom is strictly prohibited unless permitted by the instructor. Please be advised that placing or receiving calls as well as conversing on cell phones or transmitting data by way of an electronic device during a class will be considered disruptive behavior. No cell phones should be taken out of purses/bags and laying in view during classes.
6. Please respect our building. Keep it clean and clean up after yourself. Students should work together to keep the student lounge/classroom as neat as possible.
7. Students' personal items, (i.e. computers, books, purses) should be stored in personal lockers in the clinic.

(ADEA) Core Competencies

2023

Dental health professionals require interrelated health knowledge in order to deliver ethical and equitable person-centered care. They are members of interprofessional and intraprofessional teams, emphasizing evidence-based practice, quality assurance and informatics. The dental workforce is comprised of dental assistants, dental assistants, dental laboratory technicians, dentists and all advanced and future dental practitioners. All dental health care providers collaborate with one another and related professionals to deliver continuing oral care and support patients by addressing health care issues affecting society. The allied dental professional must have a broad-based education and experience to demonstrate professional and ethical behavior. This includes employing effective communication and interpersonal skills, using emerging trends and technologies, applying critical thinking skills and addressing health care issues. To enhance personal and professional development, including opportunities for career expansion, dental professionals' participation in continuing education and lifelong learning is vital.

Core and Discipline-specific Competencies for the allied dental professions (dental assisting technology) provide characteristics of conduct found among all dental professionals. The Core Competencies include:

- **Professional Knowledge**: 1) Professionalism, 2) Safety, 3) Critical Thinking and 4) Scientific Inquiry and Research
- **Health Promotion and Disease Prevention**: 1) Health Education and Community Connection and 2) Advocacy
- **Professional Development and Practice**: 1) Professional Growth, 2) Business Practices and 3) Leadership

The Core and Discipline-specific Competencies provide a framework for the development of an entry-level curriculum as part of the educational process for the new practitioner. This framework embraces the intent of high-quality and culturally aware care for all persons.

Allied Dental Core Competencies

Professional Knowledge

1. Professionalism

    1.1 Apply professional values and ethics in all endeavors.

    1.2 Adhere to accreditation standards and federal, state and local laws and regulations.

    1.3 Promote quality assurance practices based on accepted standards of care.

    1.4 Demonstrate interpersonal skills to effectively communicate and collaborate with professionals and patients across socioeconomic and cultural backgrounds.

2. Safety

    2.1 Comply with local, state and federal regulations concerning infection control protocols for blood-borne and respiratory pathogens, other infectious diseases and hazardous materials.

    2.2 Follow manufacturers' recommendations related to materials and equipment used in practice.

    2.3 Establish and enforce mechanisms to ensure the management of emergencies

    2.4 Use security guidelines and compliance training to create and maintain a safe, ecofriendly and sustainable practice compatible with emerging trends.

    2.5 Ensure a humanistic approach to care.

    2.6 Uphold a respectful and emotionally safe environment for patients and practitioners.

3. Critical Thinking

    3.1 Demonstrate critical and analytical reasoning to identify and develop comprehensive oral health care solutions and protocols.

    3.2 Apply individual and population risk factors, social determinants of health and scientific research to promote improved health and enhanced quality of life.

4. Scientific Inquiry and Research

    4.1 Support research activities and develop research skills.

    4.2 Use evidence-based decision-making to evaluate and implement health care strategies aligned with emerging trends to achieve high-quality, cost-effective and humanistic care.

    4.3 Integrate accepted scientific theories and research into educational, preventive and therapeutic oral health services.

Health Promotion and Disease Prevention

5. Health Education and Community Connection

    5.1 Endorse health literacy and disease prevention.

    5.2 Communicate and provide health education and oral self-care to diverse populations.

    5.3 Facilitate learning platforms for communities of interest by providing health education through collaboration with dental and other professionals.

    5.4 Promote the values of the dental profession through service-based activities.

    5.5 Evaluate outcomes for future activities supporting health and wellness of individuals and communities.

6. Advocacy

    6.1 Promote an ethical and equitable patient care and practice environment by demonstrating inclusion of diverse beliefs and values.

6.2 Uphold civic and social engagement through active involvement in professional affiliations to advance oral health.

Professional Development and Practice

7. Professional Growth

7.1 Commit to lifelong learning for professional and career opportunities in a variety of roles and settings.

7.2 Engage in research, education, industry involvement, technological and professional developments and/or advanced degrees.

7.3 Demonstrate self-awareness through reflective assessment for continued improvement.

Entry-level Competences for Allied Dental Professionals March 2023 American Dental Education Association

8. Business Practices

8.1 Facilitate referrals to and consultations with relevant health care providers and other professionals to promote equitable and optimal patient care.

8.2 Promote economic growth and sustainability by meeting practice goals.

8.3 Create and maintain comprehensive, timely and accurate records.

8.4 Protect privacy, confidentiality and security of the patients and the practice by complying with legislation, practice standards, ethics and organizational policies.

9. Leadership

9.1 Develop and use effective strategies to facilitate change.

9.2 Inspire and network with others to nurture collegial affiliations.

9.3 Solicit and provide constructive feedback to promote professional growth of self.

Dental Department Core Competencies

1. Graduates demonstrate professional knowledge to provide best practices to patients (ethics, safety, research).
2. Graduates communicate health promotion and disease prevention to diverse populations.
3. Graduates commit to lifelong learning to promote professional growth of self in a variety of roles and settings.

Dental Department Goals

1. Strive for professional, innovative, and educational excellence.
2. Provide trained and competent dental professionals for Mississippi.
3. Instill a desire to maintain competence through life-long learning.
4. Provide high quality preventive and educational services to the surrounding community.

Dental Assisting Technology Curriculum (DAT)

Certificate - Total Semester Credit Hours (46)

First Semester - Fall	**Credit Hours**
DAT 1111 Dental Orientation	1
DAT 1214 Dental Assisting Materials	4
DAT 1313 Dental Science I	3
DAT 1415 Chairside Assisting I	5
DAT 1513 Dental Radiology I	**3**
Total 1st Semester	**16 credit hours**
Second Semester - Spring	
DAT 1323 Dental Science II	3
DAT 1423 Chairside Assisting II	3
DAT 1522 Dental Radiology II	2
DAT 1612 Dental Health Education	2
DAT 1714 Practice Management	4
DAT 1815 Clinical Experience I	**5**
Total 2nd Semester	**19 credit hours**
Third Semester - Summer	
Summer Term I – First 5 Weeks	
DAT 1433 Chairside Assisting III	3
ENG 1113 English Composition I	3
Summer Term II – Second 5 Weeks	
DAT 1822 Clinical Experience II	2
SPT 1113 Public Speaking	3
Total 3rd Semester	**11 credit hours**
Dental Certificate Total Hours	**46**

Additional Academic Coursework needed to earn the Associate of Applied Science (AAS) in Dental Assisting Technology

It is strongly encouraged to enroll in the below listed general education courses prior to entering the DAT program or following program completion.

AAS Additional Coursework	
Humanities/Fine Art Elective	3
Social/Behavioral Science Elective PSY 1513 – General Psychology (recommended)	3
Mathematics/Science Electives BIO 1134 – General Biology I or BIO 2514 A&P (recommended)	3-4
Academic Electives	4-5
Additional AAS General Education Hours Required	**14 credit hours**
AAS Degree in Dental Assisting Technology Total Hours	**60**

Fall Entry

The Dental Assisting Technology (DAT) Program is a one-year technical program of study at the Tradition campus designed to prepare the student for employment and advancement in the dental assisting field. The curriculum requires 46 semester hours of courses that include lecture hours, lab hours, and supervised clinical experiences. During clinical experiences, students will assist the dentist chairside in private practice offices, clinics, state facilities as applicable. As the student successfully progresses through the program, the student will be eligible to sit for the Dental Assisting National Board Certification Exam (DANB). Holding a DANB certification gives you an edge over other dental assistants. Employers prefer job candidates with DANB certification, and recruiters often seek out DANB certificates to fill dental assisting positions. DANB provides lists of certificates to dentists and employers who are looking to hire dental assistants who hold DANB certification. DANB certificates contribute to high-quality oral healthcare. With a DANB certificate, you will enhance your dental team's level of competency, efficiency, reputation and credibility. Employers and patients alike value DANB's certifications. Upon graduation from the program, the student may apply for a Radiology permit which is necessary for taking x-rays in a dental office. If the student desires, an Associate of Applied Science degree may be obtained by completing additional prescribed courses.

Core Performance Standards of a Dental Assistant

There are several important skills and qualities that are beneficial for successful completion of the DAT program and becoming a dental assistant. The following core performance standards provide descriptions of basic cognitive, sensory, affective, and psychomotor requirements. Applicants/students who do not meet one or more of the following standards will be considered on an individual basis in terms of whether reasonable modification/accommodation can be made. Reasonable accommodations will be examined in accordance with the Americans with Disabilities Act (ADA).

· **Interpersonal skills**: Communication is essential in this role, as dental assistants interact with patients, dentists, and other staff members daily.

· **Attention to detail**: Dental assistants must be meticulous and focused when assisting with procedures, taking X-rays, and recording patient information.

· **Organizational skills**: Managing appointments, maintaining records, and keeping track of supplies are all part of a dental assistant's responsibilities.

· **Technical skills**: Knowledge of dental instruments, equipment, and software used in dental practices is crucial for efficient assistance.

· **Dexterity**: Dental assistants often work in small spaces and must have good hand-eye coordination for tasks like handing instruments to the dentist during procedures or mixing up materials.

· **Professionalism**: Maintaining patient confidentiality, adhering to ethical standards, and following safety protocols are key aspects of the job.

· **Adaptability**: Being able to multitask, work in a fast-paced environment, and handle unexpected situations is important in this role.

· **Clinical Skills**: A dental assistant will need to be able to (not limited to):

- Assist patient to chair
- Evaluate health (medical history, take/record vital signs)
- Take X-rays
- Prepare dental treatment area
- Anticipate dentists' procedures
- Pass instruments to dentist, suction (maintain clear field)
- Mix materials
- Take impressions
- Overflow procedures (work with dentures)
- Clean room, organize, and keep well stocked
- Sterilization
- Set up next steps working collaboratively with other dental team members.

By possessing these skills and qualities, individuals can excel as dental assistants and contribute positively to a dental practice.

DAT Application

- Applicants must complete a Dental Assisting Technology Application Packet. The following documents must be on file by July 1 to be considered for admission to the Dental Assisting Technology Program:
- MGCCC application for admission or readmission to DAT (online application)
- An official high school transcript from an approved high school or High School Equivalency score (GED or HiSET), unless the applicant has earned a postsecondary degree documented by an official college transcript.
- An official college transcript from all colleges previously or presently attending
- Achieve a minimum Composite ACT Score of 16 (If the ACT score is less than 16, an applicant can qualify by successfully completing ENG 1113; English Composition I and SPT 1113; Public Speaking, each with a grade of C or higher.)
- Comply with Mississippi law requiring a Criminal Background History Check with Fingerprinting through the Mississippi Department of Health. All students applying to the Dental Assisting program at MGCCC are required to obtain a clear or acceptable Criminal Background Check from the MGCCC Campus Police Department at HC, JC, Perkinston, or GC Campus. The criminal background check policy (including testing dates and times) can be viewed at Criminal Background History Check

Student are encouraged to submit all or parts of the application well in advance of the deadline. Incomplete applications will not be reviewed for admission.

Selection of DAT Applicant

No applicant will be considered unless the minimum admission requirements are met. Applicants who meet all admission requirements are ranked using a point system. Criteria for awarding points can be found on the program webpage. Applicants are ranked according to their total accumulated points, with applicants earning the highest total points receiving priority for admission. Meeting the minimum requirements does not guarantee admission into the program. The number of applicants accepted is limited due to the nature of the program. **Applicants will be notified by letter of their conditional acceptance or non-acceptance.** The conditional acceptance letter will include specific instructions regarding all requirements that must be completed prior to August admission. These requirements are listed below:

- Orientation session
- Satisfactory background check (see Policy on Admission to College of Health Science Program)
- Proof of current immunizations including, but not limited to Hepatitis B vaccination series, Tdap booster and TB skin test (2-step TB skin test is required for all new entering students)
- Acceptable pre-admission drug screen

Student responsibilities

Students who are accepted into the program must:

- Attend DAT orientation session.
- Be aware that, in addition to the regular college fees, Dental Assisting Technology students will incur expenses for such items as uniforms, books, supplies, liability/accident insurance, background check, Hepatitis B vaccination series, and certification examination fees. Fees are not limited to these listed.
- Be responsible for their own transportation to the college campus and community agencies.
- Female students are encouraged to follow the pregnancy policy
- Maintain a grade of 75 in all Dental Assisting Technology core courses to progress in the program. Additionally, a student must obtain a grade of "C" in all DAT co-requisite courses to graduate from the program.

Dental Clinic Guidelines

A. STANDARDS OF CARE (SOC) FOR CLINIC INCUDE:

Access to Care	Patients are accepted as a clinic patient when the patient's treatment needs and medical status are within the scope of the educational program.
Environment	A safe and comfortable patient care environment is provided.
Examination and Diagnosis	Patients accepted for care receive a health history screening, appropriate vital signs, dentist-directed extraoral/intraoral examination, and radiographs or other diagnostic procedures when authorized. Students assist with assessment and report findings to the dentist/faculty; diagnosis remains the responsibility of the dentist.
Medical Emergency	The dental department responds to a patient's emergency medical needs in accordance with dental department and MGCCC policy.
Patient Bill of Rights	Patients are informed of their rights and responsibilities
Patient Dental Records	An electronic dental record is established and maintained that documents all diagnostic and therapeutic actions as significant communication related to patient care.
Preventive Services	Patient support services are provided within the Dental Assisting Technology curriculum and under required dentist/faculty supervision. Services may include chairside assisting, radiography, sealants, fluoride, coronal polishing when permitted, impressions/study models, removable appliance care, infection control, and patient education.
Quality of Care	"Quality of patient care may be defined as the degree to which patient care services increase the probability of desired patient outcomes, decrease the probability of undesired outcomes, and are consistent with current professional knowledge."
Radiology	The dental department uses radiation in a safe and judicious manner.
Treatment Plan	Based upon the diagnoses, sequential dental treatment plan consistent with the level of care being provided is developed that is appropriate to meet the patient's need and is explained to the patient.

Standard	Policy	Assessment/Mechanism
Access to Care:	1. Acceptance: Patients calling MGCCC Dental Clinic are given an appointment for a comprehensive or periodic examination.	1. It is the intent of the program to accept patients whose needs are appropriate to the educational objectives and scope of the Dental Assisting Technology Program.

	2. Refusal: Patients that are not accepted into the program because of difficulty level/complexity of the medical status are provided an explanation and appropriate referrals are made. 3. Emergency: Active patients in the Dental Clinic who present with an emergency are seen as early as possible and appropriate care is rendered or referral is made. 4. Dismissal: Patients may be dismissed or at a minimum dismissed for the remainder of the semester when they: • Cancel 3 times • "no show" for 2 appointments • Refuse to comply with programs no cell phone/recording policy • Present with conditions too advanced for the students' skill level.	2. A referral is made when deemed necessary by the attending clinic dentist.
Environment: A safe and comfortable patient care environment is provided.	1. Patient care provided is consistent with Occupational Safety and Health Administration (OSHA) regulations which require compliance with hazard communication standards. 2. Patient care provided is consistent with the Health Insurance Portability and	1. Specific and detailed infection control guidelines are established for the MGCCC Dental Clinic and radiology areas. Prior to clinic, all students will complete orientation, OSHA training, and have a signed BLOODBORNE PATHOGENS & OTHER COMMUNICABLE DISEASES form on file. 2. Students are required to attend HIPAA awareness prior to clinic. Each student signs a

	Accountability Act (HIPAA) policy. 3. The dental clinic meets the requirements established by the American Disability Act (ADA).	Confidentiality Agreement Form and kept in students file. 3. The American Disability Act is displayed in reception area.
Examination and Diagnosis: Patients accepted for care, receive a comprehensive exam that includes a health history screening, an extra and intraoral examination, and radiographs if deemed necessary, a periodontal exam, routine dental exam, and risk assessment. This examination is consistent with the level of care being provided by the students.	1. Students in the dental clinic perform a thorough examination from which an appropriate dental care plan is generated. 2. When the history or clinical findings warrant the need for medical consultation, the consultation must be completed before treatment begins.	Patients accepted for care receive a health history screening, appropriate vital signs, an extraoral/intraoral examination by the dentist or as specifically directed, and radiographs when authorized. Dental assisting students assist with assessment and document information as directed.
Medical Emergency: The dental clinic responds to a patient's emergency medical needs according to Dental Department Clinic policies and MGCCC policies.	1. Appropriate and current resuscitation equipment and devices are available in the patient treatment area. 2. Clinic faculty and students are all current with CPR certification. 3. Dental faculty address emergency protocol for medical conditions warranting immediate care. 4. Dental faculty maintain continuous reinforcement of didactic medical emergency education.	1. Blood pressure monitor, AED, portable oxygen tank/mask, First Aid Kit, and eyewash stations are located in the dental clinic. Items are checked for content, expiration dates, and AED battery function and findings are entered in the Emergency and Crash Cart Log. 2. Faculty received CPR recertification every two years. Students are required to be certified in CPR prior to clinic. 3. Each operatory is equipped with an "Emergency" medical protocol. 4. Scheduled dentist/student huddles are performed before clinic sessions to discuss patient treatment and possible emergencies. Students are

		assigned mock medical emergency topics which are presented during the huddle.
Patient Bill of Rights: Patients are informed of their rights and responsibilities.	The Patient's Bill of Rights and Responsibilities form includes the services and care patients can expect from the Dental Clinic; the supervision provided; general information regarding the operation of the clinic; fees; availability of patient record; referral policy; and specific rights of the patient.	Patients are provided a copy of the Patient's Bill of Rights and Responsibilities at their first visit.
Patient Confidentiality: Privacy while in the clinic and consistent with law regarding all communications, information and records pertaining to care.	MGCCC Dental Department uses and discloses health information about patients for purposes of treatment, payment and healthcare operations. The Dental Clinic is following HIPAA.	Patients are given a Summary of the Notice of Privacy Practices and are required to sign the MGCCC Acknowledgement of Receipt of Notice of Privacy Practices form which is maintained in the patients record.
Patient Dental Records: A dental record that is established and maintained documents all diagnostic and therapeutic action as significant communication related to patient care.	1. Patient signatures, student and faculty initials document the following forms: Health/medical history, Radiology patient worksheet, Informed consent for treatment, Patient registration, Patients' Bill of Rights, Acknowledgement of receipt of Notice of Privacy Practices, fee sheet, SOAP notes, hard tissue chart, periodontal chart, radiographs, treatment referrals, physician referrals, tobacco cessation, patient information, informed consent, teeth whitening consent form.	1. Records are assessed daily and initialed by dentist and dental faculty on all forms and daily evaluation worksheets. A. The patient and dentist sign the original health history form at the initial visit. At return appointments the health history is reviewed and the medical history update from is signed by the patient, student and faculty B. Upon treatment completion patient notes progress notes are entered in to dental chart by dentist. C. Digital radiographs are printed/mounted, dated, initialed by student and dentist, labeled with patients name and placed in dental chart. D. Exposure information and radiographic approval are

		recorded on the Radiology Patient Worksheet and signed by the patient, student and dentist and updated at each recall appointment. Upon patient request, radiographs may be mailed/emailed to designated dentist.
	2. Patient records confidentially stored in a protected program. Access to these records is restricted to dental personnel who have direct contact with the patient or those who assist the students providing care (i.e. dental clinic receptionist). MGCCC dental program is compliant with the Health Insurance Portability and Accountability Act (HIPAA).	2. Patients are given the opportunity to have copies of their record or may request copies to be mailed/emailed to their attending dentist.
	3. Dental Clinic patient records are randomly audited each semester or upon request. Audit include documented authorization for treatment, authentication of record by students, patient and faculty in all appropriate areas.	3. A chart review is conducted at the end of each semester and will verify if the chart is compliant with correct documentation. Charts are selected randomly and reviewed by the Dental Clinic Support Staff (clinic receptionist). A Chart Review Result form is compiled and discrepancies and correct measures are discussed at faculty meetings and relayed to students (i.e. missing signatures, etc).
Patient Education and Support: **Dentist-directed patient education and preventive support are provided within the Dental Assisting Technology student role.**	1. Patient education and treatment instructions are explained or reinforced as directed by the dentist/faculty. 2. Students do not independently diagnose periodontal disease or perform periodontal treatment.	1. Students reinforce home-care and treatment instructions and document education provided. 2. Students report abnormal findings, patient concerns, or questions requiring diagnosis to the dentist/faculty.

	3. Appropriate follow-up or referral intervals are established by the dentist.	3. The dentist determines treatment and follow-up recommendations.
Quality of Care: Quality of patient care may be defined as the degree to which patient care services increases the probability of desired patient outcomes, decreases the probability of undesired outcomes, and is consistent with current professional knowledge	1. The goal of the dental program is to reduce/eliminate symptoms of oral disease. 2. All patient care provided in the dental clinic is under the direct supervision of a licensed dentist. 3. Patients receive care within an acceptable amount of time and in a sequence appropriate to meet patient needs. 4. Efforts are made to ensure patient care is completed before the semester ends.	1. All components of dental care provided are evaluated at each clinic session by faculty. Students receive checks during patient care. 2. Students must provide rationale to change a treatment plan and approval is obtained at the beginning of the clinic session. 3. Each patient is presented with an informed consent defining treatment options and the amount of appointments necessary to complete treatment. 4. In mid-April, a schedule of appointments will be structured to ensure all patient treatment initiated will be completed. New or maintenance patients who request an appointment in April are informed that the clinic sessions will end the first week of May and treatment may not be completed prior to the end of

		the semester. The patient will have the option to schedule an appointment if they choose.
	5. The faculty and students strive to provide a high level of satisfaction with regard to the patient's oral health.	5. At the end of treatment, patients complete a satisfaction survey to determine their level of satisfaction with the care provided in the dental clinic.
	6. The dental program employs pain control methods to minimize patient anxiety and fear and to assure patient comfort.	6. Pain control and anxiety are alleviated though behavioral methods and approved use of topical, non-injectable or dental administered local anesthesia.
	7. MGCCC Dental Clinic strives to further ensure quality patient care by educating and informing patients of necessary additional dental care. Referral forms are provided by the clinic dentist if additional dental treatment is deemed necessary.	7. When applicable, a dental treatment referral form is completed and signed by the dentist and mailed/emailed to the patient's attending dentist for further treatment. In the case of no attending dentist, the patient receives a copy of his/her referral form and a contact list of area dentist and dental specialists.
Radiology: The Dental Clinic adheres to the ALARA concept and uses radiation in a safe and judicious manner.	1. Radiographic facilities and equipment meet safety standard set by Federal guidelines and the MS State Board of Health.	1. The radiograph equipment is inspected by the MS State Board of Health every three years. The current certificate of inspection is displayed in the radiology treatment area.
	2. Patients are protected from ionizing radiation according to the federal and state guidelines taught in radiology.	2. The clinic dentist follows ADA Guidelines in prescribing radiographs and provided written approval before patient exposure.
	3. A patient radiographic exposure log is kept in the patient record.	3. Exposure information and radiographic approval are recorded on a Radiology Patient

		Worksheet and signed b the patient, student, dentists, and is updated at each recall appointment.
	4. Retakes must be approved by the clinic instructor and exposed with instructor guidance.	4. A retake form is completed by the student, signed by the advising instructor, and turned in to the radiology instructor. All retakes are taken under the supervision of an instructor/dentist.
Treatment Plans: Based upon the diagnosis, a sequential treatment plan consistent with the level of care being provided is developed that is appropriate to meet the patient's needs.	1. Students prepare treatment plans based on the dentist findings during examination.	1. Faculty approves treatment plans following the evaluation of the examination.
	2. Following the examination, students discuss the recommended treatment plan with the patient.	2. Student/patient discussion of the recommended treatment, benefits and number of appointments needed to complete treatment is documented on the patients informed consent and signed by patient, student and instructor.
	3. Treatment plans are modified to reflect changing clinical conditions and patient needs.	3. Changes will be discussed with faculty prior to implementation.
	4. At each return visit the treatment plan is confirmed and, if necessary, adjustments are made.	4. On return visits, the treatment plan is reviewed with assigned faculty at start check.

B. DEFINITION OF CLINIC PATIENTS

1) A new patient is an individual who has never been treated in the dental clinic, or who has been previously treated in the dental clinic but has allowed a time lapse of three years or more to occur since the last visit.
   - All new patients must see dental faculty prior to assessment.
2) A maintenance patient is an individual who is routinely treated in the dental clinic with a time lapse less than three years between visits.
3) A return patient is an individual who is completing a series of dental program services where more than one appointment is required.
4) A pediatric dental patient is a child with a primary or mixed dentition.
5) An adult patient is an individual with a permanent dentition, excluding 3rd molars and retained deciduous teeth (because permanent tooth is missing).
6) A legal adult is an individual who is at least eighteen (18) years of age, a pregnant woman less than 18 years, or a married individual less than 18 years.
   - Age categories are as listed:
     Pediatric— 2-9 years of age
     Teen (Adolescent)— 10-20 years of age
     Adult— 21-64 years of age
     Geriatric— 65+ years of age
   - Special Needs- “patients with a physical or medical disorder will require increased awareness and attention and possibly modification of clinical care by the dentist and dental staff.” (Robinson, 2024).
7) For dental clinic purposes a completed case is an individual who has received all recommended services for which consent was obtained.

C. HEALTH RELATED ISSUES

1) ASA Physical Classification System (adapted by Margaret J. Fehrenbach, RDH, MS, from the American Society of Anesthesiologists and Malamed, Medical Emergencies in the Dental Office).

ASA I	Patients are considered to be normal and healthy. Patients are able to walk up one flight of stairs or two level city blocks without distress. Little or no anxiety. Little or no risk. This classification represents a "green flag" for treatment. The supervising dentist will not need to be made aware of this patient's health history before treatment.
ASA II	Patients have mild to moderate systemic disease or are healthy ASA I patients who demonstrate a more extreme anxiety and fear toward dentistry. Patients are able to walk up one flight of stairs or two level city blocks, but will have to stop after completion of the exercise because of distress. Minimal risk during treatment. This classification represents a "yellow flag" for treatment. The supervising dentist will need to be made aware of the patient's health history before treatment. *Examples:* well-controlled non-insulin controlled diabetes, epilepsy, asthma, and/or thyroid conditions; ASA I with a respiratory condition, pregnancy, adults with stage 2 hypertension and/or active allergies
ASA III	Patients have severe systemic disease that limits activity, but is not incapacitating. Patients are able to walk up one flight of stairs or two level city blocks, but will have to stop in route because of distress. If dental care is indicated, stress reduction protocol and other treatment modifications are indicated. This classification represents a "yellow flag" for treatment. The supervising dentist will need to be made aware of the patient's health history and may want to examine patient and/or have medical consultation before treatment. *Examples:* angina pectoris, myocardial infarction or cerebrovascular accident history, insulin dependent diabetes, congestive heart failure, chronic obstructive pulmonary disease, and/or adults with stage 2 hypertension.
ASA IV	Patients have severe systemic disease that limits activity and is a constant threat to life. Patients are unable to walk up one flight of stairs or two level city blocks. Distress is present even at rest. Patients pose significant risk since patients in this category have a severe medical problem of greater importance to the patient than the planned dental treatment. Whenever possible, elective dental care should be postponed until such time as the patient's medical condition has improved to at least an ASA III classification. This classification represents a "red flag" - a warning flag indicating that the risk involved in treating the patient is too great to allow elective care to proceed. The supervising dentist will need to be consulted before proceeding with treatment. *Examples:* unstable angina pectoris, myocardial infarction or cerebrovascular accident within the last six months, high blood pressure, severe congestive heart failure, chronic obstructive pulmonary disease, or uncontrolled epilepsy, diabetes, or thyroid condition.
ASA V	Patients are moribund and are not expected to survive more than 24 hours with or without an operation. These patients are almost always hospitalized, terminally ill patients. Elective dental treatment is definitely contraindicated; however, emergency care, in the realm of palliative treatment may be necessary. This classification represents a "red flag" for dental care and any care is done in a hospital situation.
ASA VI	Applies to clinically dead patients; therefore, it is not applicable to the delivery of dental hygiene services.

NOTE: These ASA classifications should be thought of as "relative," not as "absolutes". They are largely dependent on a careful and thorough dialogue history with the patient, as well as the procedure to be conducted (e.g. removal of all four wisdom teeth with I.V. sedation vs. the taking of bitewing radiographs).

2) American Dental Association (ADA) **Antibiotic Prophylaxis Procedures**:

a) American Heart Association (AHA) in 2021, issued revised guidelines* pertaining to antibiotic coverage of patients prior to dental treatment. The AHA concluded that research does not indicate a link between dental procedures and patients developing endocarditis.

(i). Therefore, patients requiring antibiotic coverage prior to dental treatment include those presenting with the following:

1. Prosthetic cardiac valves, including transcatheter-implanted prostheses and homografts.
2. Prosthetic material used for heart valve repair, such as annuloplasty rings, chords or clips.
3. Previous IE.
4. Unrepaired cyanotic congenital heart defect (birth defects with oxygen levels lower than normal) or repaired congenital heart defect, with residual shunts or valvular regurgitation at the site adjacent to the site of a prosthetic patch or prosthetic device.
5. Cardiac transplant with valve regurgitation due to a structurally abnormal valve.

b) The American Academy of Orthopedic Surgeons (AAOS) and ADA are in the process of developing new evidence-based clinical guidelines for orthopedic implants. ADA's Clinical Practice Guideline for Prosthetic Joints (2015): In general, for patients with prosthetic joint implants, prophylactic antibiotics are not recommended prior to dental procedures to prevent prosthetic joint infection.

For patients with a history of complications associated with their joint replacement surgery who are undergoing dental procedures that include gingival manipulation or mucosal incision, prophylactic antibiotics should only be considered after consultation with the patient and orthopedic surgeon. * To assess a patient's medical status, a complete health history is always recommended when making final decisions regarding the need for antibiotic prophylaxis.

3) Blood Pressure

a) General Guidelines

• Blood pressure should be taken and recorded on all new patients 3 years old and over. Patients will have BP recorded, reported to the patient, and must be entered into the patient's record at each appointment.

• Guidelines to refer an adult patient for hypertensive evaluation are:

- 140/90 - Not an emergency, but patient is to be checked by a faculty member.
- 160/95 - Retake and confirm blood pressure. Consult dentist for necessary treatment/referral.

• Any referral due to an elevated blood pressure will be determined by the attending dental faculty.

• If patient is referred for blood pressure evaluation or for any type of medical clearance, further dental treatment will not be performed until written clearance is obtained from the patient's physician (form).

b) Adult guidelines:

Classification	Systolic	Diastolic
Normal	<120	<80
Elevated	120-129	<80
Hypertension		
Stage 1 hypertension	130-139	80-89
Stage 2 hypertension	>140	>90
Hypertensive Crisis	>180	>120

2017 American College of Cardiology/American Heart Association

c) Pediatric 'normal' guidelines:

Age group:	Systolic	Diastolic
1-2 Toddler	85-106	41-62
3-5 Preschooler	90-110	47-70
6-12 School-age	90-121	59-78
13 + Adolescent	102-124	64-80

2024 University of Iowa Guidelines

D. CLINIC PROCEDURAL FLOW

1) Set up

a) Unit set-up

• Students should not present in the clinic before 8 a.m. or after 4:00 p.m. without faculty, Monday through Friday.

• Unit preparation is permitted prior to the beginning of clinic as long as it does not conflict with another clinic/teaching session.

b) Paper work

- Students should have available the necessary paperwork prior to seating the patient. This paper work may include items such as:
    - Feedback/Data Entry
        - The top portion of the Feedback/Data Entry forms should be completed prior to the first instructor check.
    - Student worksheets
        - Review of the Record Worksheet
        - New Patient Worksheet
        - Patient Risk Assessment Worksheet
    - Dental charting

• Medical Emergency Laminated Materials (if applicable)

c) Materials Needed for Clinic

• Students are to purchase and have available for each clinic session ultra/fine blue and red (permanent) ballpoint ink pen. These pens are to be used in clinic when documenting services on the Patient Treatment Plan/Consent Form or Patient Referral Forms. (Felt-tip pens are not permissible.)

• Personal safety glasses are to be purchased by each student. The safety glasses available in the Dental Clinic are for patients only.

• Optional: Regular sized blood pressure cuffs and stethoscope are to be purchased by students. Pedo and extra-large cuffs are available in the dental clinic.

d) Review of Record

• Students are to begin a review of the patient record at 8:30/12:30.

• At 8:30/12:30, the students will meet with their assigned faculty for a "huddle" in which each student will give a summary of their patient's previous dental history.

• No patient names will be used during this huddle.

• The purpose of this huddle is to –

o help students assimilate the patient information and previous treatment within the record in order to provide a more comprehensive care plan for the patient.

o discuss potential health concerns and strategies in the event there is a medical emergency. The corresponding laminated medical emergency sheet should be removed from the mobile cart and placed so that the student and faculty can readily access them in the event of a medical emergency.

o provide an opportunity for the student to alert the assigned faculty of problem areas that the student feels she is in need of faculty assistance.

o alert the faculty of the student's intent to perform a required demonstration

• There will be no review of record for a student performing a competency test; however, the student shall be present during huddle

2) Treatment

a) General Appointment Flow

• Health/Dental History (HH)

• Extra/Intra Oral Examination (EIX)

• Radiographs (FMX, BW, PA, PAN)

• Hard Tissue (restorative) Charting (HT)

Periodontal concerns: Students do not independently diagnose or treat periodontal conditions. Any observed concern is reported to the dentist/faculty and documented as directed.

Dentist-directed dental risk assessment and clinical findings

• Treatment Plan (TxPlan)

• Consent

- Oral Imaging (if applicable)
- Study Models (if applicable)
- Counseling (if applicable)

Patient Oral Health Education (as directed)

- Pain Management (Nitrous oxide, Oraqix®, or local anesthesia provided by DMD)
- Dental Pathology Confirmation (HT ✓)
- Fluoride Treatment (Fl Tx)
- Dismissal

b) Specific Treatment Procedure and Checks

Listed below is the procedural flow that students are expected to follow during clinic sessions. Certain procedures require either the assigned dental faculty or the clinic dentist to evaluate.

<u>Student Expectations by Procedure with Checks:</u>

1. Greet and seat patient

- Patients are to be seated promptly at 8:45/12:45. However, patients may not be seated until the dental faculty is present.

2. HIPAA form signed by patient in electronic record.

3. Health History

- Review and document health/dental history with patient.
  - New form
    - All new health histories completed by patients must be reviewed and signed by the dental faculty. This also includes the new health history maintenance patients are required to complete every three years.
    - All new patients must be examined by the dentist prior to beginning treatment.
  - Maintenance/returning patient
    - All maintenance patients and return patients' health histories are reviewed and signed by dental faculty.

4. Radiographic approval

- If radiographs are deemed necessary, the student should obtain verification of radiographic approval by the dentist in electronic treatment plan and the paper treatment plan/consent form.

5. Radiograph Exposure

- After approval, the student may sign up for radiographs and continue with the patient assessment until the student is ready to escort the patient to the radiology room.
  - The student operator may not sign up for radiographs prior to dentist approval and/or appropriate faculty checks.

- Any special instructions should be verbally given to the student at this time. Example: modified FMX or vertical BW
- The student is responsible for verifying the type and number of radiographs approved by the dental faculty by reviewing the Patient Treatment Plan/Consent form prior to radiographic exposure

6. Patient Risk Assessment

At this check student will also get TxPlan then it is verified/signed by dentist

- Identify the patient's current behaviors, risk factors, and potential problems to develop a treatment plan unique for the patient

7. TxPlan & Consent

- Obtain confirmation of the dentist's findings and approval of the treatment plan from dental faculty/dentist, and obtain informed consent from the patient.

8. Intraoral imaging

- Opportunities for intra-oral photography are available.
- Sterile retractors and reflectors are stored in the sterilization room.
- Check out camera. Students are responsible for ensuring the camera is properly handled.
- A faculty member is responsible for downloading digital images and forwarding the images to the appropriate student.

9. Study Models

- If taken on a return visit, the student must obtain a HH and reassessment check prior to initiating study models.
- Study models should be handled according to the criteria listed under student roles in this handbook.

10. Counseling

- Nutritional
    - A dietary analysis will be completed on a clinic patient as a required demonstration.
    - Additionally, dietary analysis may be performed at any time based on the oral risk assessment.
- Tobacco use assessment and patient education, when indicated and when directed by the dentist/faculty.
    - When indicated, based on the patient's level of motivation for cessation, the patient is counseled and/or referred appropriately and documented to follow up.

11. Patient Oral Health Education

- Patient education and home-care instructions are reinforced after the dentist-directed treatment plan has been approved and the patient has consented.

Oral Hygiene Instructions MGCCC

I. Minimum Suggestions for Personal Plaque Control Based on Presenting Problem

Patient Presentation	*Personal Aids*
Healthy dentition with no bone loss	Bass or Modified Bass Floss/tape
Interproximal spaces with recession	Bass or Modified Bass Floss/tape Interdental aid – must fill embrasures or provide complete access interproximally
Removable Appliances	Non-fluoridated, low abrasive cleaning agent Denture brush Soak in denture cleaner Leave out (in water or soak) overnight Examine mouth regularly
Active Orthodontics	Bass and Charter's Appropriate toothbrush Floss threader/tufted floss/electric flosser/powered water irrigator/possibly end tufted brush Consider additional modalities - Rx F Tpaste/ fluoride varnish
Crown and Bridge	Bass Patient friendly interdental and pontic modality
Implants	Bass Floss (criss-cross) or appropriate interdental aid No metal; if using interdental brush, use one with plastic coated stem
Sensitive teeth due to recession [a hierarchy beginning the with easiest]	Bass or Modified Bass (check brushing technique type and amount of Tpaste, exposure to sweets and soda) Appropriate interdental aid (avoid metal) Consider: dentifrice for sensitive teeth, OTC fluoride gel, Rx fluoride toothpaste
Pediatric patient	Rolling Stroke for young child on self Rolling stroke and/or Bass for caregiver Non-fluoridated (edible) toothpaste or gel, such as First Teeth or Orajel for child who swallows paste
Furcations	Class I – Bass technique usually with end tufted Class II – Interdental brush/PerioPik/Brush Pik Class III – Same as Class II Class IV - Some furcas may be threaded
Coated Tongue Partially erupted teeth (ex: 3rd molars)	Tongue scraper, possibly with tongue gel End-tuft brush Syringe for irrigating Consider Peroxyl or chlorexidine
Crowded teeth	End-tuft brush Waxed floss/tape Consider Listerine
Xerostomia	Bioténe products - mouthwash, toothpaste, and/or gum Oralbalance - saliva substitute gel
Physical limitations	ETB or brush that has a modified handle Electric flosser/floss holder Pulsed oral irrigator Antimicrobial rinse or swab
Rampant Caries	Bass or Rolling Stroke Fluoride modality Dietary counseling Interproximal aid appropriate to mouth

12. Dismissal

- Regardless of the stage of completeness of treatment during a clinic session, a student must have a dismissal check prior to the patient leaving the clinic. Dismissal checks are at 10:45/2:45.
- All patients are to be out of the treatment chairs by 11:00/3:00.

13. Student Departure

- Students must immediately take instruments to sterilization. If someone is available they can work on them, but students are responsible for prepping his/her own instruments.
- Clean stations, check sterilization. It is common courtesy to assist others who might be delayed due to unforeseeable circumstances. Work as a team.
- Everyone departs the clinic by 11:30/3:30.

c) Subsequent Appointment Information

1. Treatment Plan of a Patient in Dental Pain or Needing Extractions

• When a patient is in dental pain, the cause of the pain is treated first.

• When a dental problem exists that involves all four quadrants, the patient must seek dental care prior to the initiation of dental care that will provided by the MGCCC clinic.

• When a dental problem exists in one, two or three quadrants, treatment in those quadrants is withheld until proper dental care is provided.

2. Reassessment Evaluation for **Return** Appointments Encompasses the Following Procedural flow: The student should

• Reassess the HH.

• Reassess the patient's oral condition prior to initiating treatment. The assigned faculty member should either stay with the student and observe the procedure or have the student inform the faculty when the procedure is complete.

• This reassessment includes:

o A cursory intraoral assessment.

o Brief visual exam for any new condition that may have developed and/or contradicts treatment.

o Reassessment does not require another complete EIX, but instead reviews any suspicious areas previously noted or that has developed.

o A review of the patient's oral hygiene.

o Obtain a faculty check prior to initiating any treatment outside the realm of the reassessment. For example: Students may not sign up for radiographs until after the reassessment has been check by the assigned faculty.

3. Exception to the Number of Faculty Checks

• With the assigned faculty member's approval, a student waiting for a faculty check may proceed on to another procedure.
• At faculty discretion, faculty may allow a student to continue care during a clinic session without receiving instructor checks at the customary points in treatment.
• However, health history checks are always given prior to initiating any invasive procedure.
• Likewise, dismissal checks are always needed.

E. CLINIC ATTENDANCE

- Clinical experiences provide the student an opportunity to apply information presented in didactic and laboratory courses and to develop the skill necessary to perform as a dental assistant. Unfortunately, no one has ever developed a short cut that will replace the hours of actual experience needed to master a new skill. Students will attain skill proficiency in dental assisting only through many hours of supervised practice providing care for patients who possess a wide range of oral conditions. Students are to use every clinical session in its entirety for patient treatment.
- Regular clinic attendance is a student's obligation. No right or privilege exists that allows students to be absent for a given number of clinics. An all-day clinic will count as two missed clinic sessions. Absences will be made up at rotation sites. Make-up sessions cannot be during regular clinic hours.
- Extenuating circumstances for absences will be taken into consideration and assessed on an individual basis by **the director.** Extenuating circumstances will be fully documented and will not substitute for the required patient treatment time. Extended absences related to student illness (physician documentation), illness of a student's immediate family member, or death of a student's immediate family member, will be made up at the discretion of director. Immediate family member is defined as the spouse, parent, stepparent, brother or sister, child, stepchild, grandchild, grandparent, son- or daughter-in-law, mother- or father-in-law, or brother- or sister-in-law.
- A student leaving clinic early due to illness must have been present for at least half of the clinic session to receive full credit for the clinic. The student must obtain permission to leave from the assigned faculty and supervising faculty. Documentation must be made on the Daily Feedback/Data Entry form.

Notification:

- In the event a student is absent, the student is responsible for notifying the **clinic director** and the clinical receptionist in person **prior** to the start of clinic. (Do not email or leave a voice mail)

Tardiness:

- It is expected that all students be prompt to all clinical sessions. Tardiness will be documented on the daily Feedback/Data Entry form as a component of professionalism.
- Two sessions in which the student is tardy (in excess of 15 minutes) will count as one absence. Excessive tardiness for three (3) sessions will result in five (5) points being deducted from the final grade and the student will be required to make up the clinic session.

- For each additional incidence of tardiness, the student will have two (2) points taken off the final grade and the student will be required to make up the clinics.

Rotation Site:

- In the event the student is scheduled to be at a rotation site, the student is responsible for notifying the contact person at the site as well as the clinic director prior to the start of the clinic. Students must call themselves and not relay the message through another student. Phone numbers are listed in the clinical rotation section of the syllabus.
- Absence from a rotation site is considered a missed clinic and will have to be made up.

Special Occasion:

- Prior knowledge of a special occasion/circumstance in which the student wishes to miss clinic, must be approved by **director**. The student will be required to make up the clinic **prior** to missing the session.

Make-up Clinics:

- Make-up sessions should be completed within two weeks of the missed clinic. Exceptions must be approved by the clinic director.
- Opportunities to make up the missed session(s) are to be discussed with the clinic director.
- Students are responsible for calling a rotation site and setting up the make-up session. The student is then to email the clinic director with the information.
- An evaluation form must be completed during the make-up session and turned into the clinic director.
  Failure to follow protocol will result in the generation of a feedback sheet detailing the area of concern.

F. CLINIC PARTICIPATION

Dental Clinic (DC):

- Appointment scheduling is the responsibility of the clinic receptionist; however, the clinic receptionist and the student are to work as a team in order to ensure the utmost patient contact time for the student. In event of a cancellation of a return patient, the clinic receptionist may contact the student via email for student patient preferences for filling the appointment. However, if time does not allow for this or the student does not respond in a timely manner, the clinic reception will make every effort to fill the cancellation with another patient.
- Patients who have not arrived at the DC within 15 minutes after their designated appointment time should be contacted by the dental student.
- All patient "no show" or cancellations must be documented promptly in the patient record with the appropriate signatures.
- In the event of a late patient cancellation or "no show", a student may receive credit for the patient care session by completing one of the following activities (with assigned faculty permission and documentation on the Feedback/Data Entry form).
  - **First "no show" or cancellation,** the student must practice principles of instrumentation on a typodont for the entire clinic session. Faculty documentation on feedback sheet is

required. In the event that the assigned faculty request the student do something other than this, the faculty must document why they had the student perform the other duty.

- Assist a classmate: *Two Sessions Only*
- Help in sterile
- Expose, process, mount, and grade a FMX on DXTR (if applicable) or on another student's patient
- Complete a radiographic interpretation assignment with the dentist
- Complete a computer search to answer a patient dilemma or a clinic question (topic and a short summary of information found must be included on the daily feedback form)
- Complete the following activities: work on dental record quality assurance or take impressions on another student

- Students are not to take breaks, study, leave the clinical area for non-related purposes (ex. go home early or run personal errands), or use computer for non-related clinical purposes (ex. check home email or play games).
- Students assisting peers are not to have personal conversations which exclude the patient. An example would be students discussing weekend plans or another class. Students are not to huddle in groups during clinic.
- When available, student Receptionist/Clinical Assistant (RCA) will prepare the instruments brought to the sterilization room by 10:45/2:45. After this time the student rendering care is responsible for preparing his or her own instruments.
- If applicable, paper records are to be filed in the filing cabinets by the operator prior to the end of the clinic session.

Rotation Sites:

- Students are expected to attend all rotation sites and to engage in patient treatment for the duration of the appointment. Each rotation site is unique in the information that students may gain from the site.
- The duration of the appointment is defined as at least up until normal clinic check-out times.
- Students are advised that arriving late or leaving the rotation prior to the regular clinic checkout time will result in a documented no patient treatment.
- If the rotation site feels the student did not receive an adequate experience due to the student's untimely arrival/departure or the student's lack of participation, the rotation can opt to have the student repeat the session as a "make-up" clinic.
- Patient treatment may involve chairside assisting, radiography, front-office observation, sterilization/instrument processing, and observation of dentists and other dental team members.
- In the event a rotation site cancels on the day the student is scheduled to attend, the student is to automatically report to the Dental Clinic. Failure to do so will be counted as an absence.
    - Students will be notified via email of rotation site cancelations. Therefore, it is the student's responsibility to check their email prior to a scheduled rotation site

G. STUDENT GREIVANCES

Occasionally a situation will arise where a student may not be satisfied with their instructor's evaluation of their performance or behavior in clinic. The chain of command for coming to a peaceful agreement is as follows:

- The student meets with the instructor to discuss the situation. If the grade is the result of a faculty team, then the student's peer advisors should be consulted.
- If an acceptable agreement was not reached, then a meeting should be arranged between the student, faculty, and clinic director.
- If this still does not produce an acceptable agreement, a meeting will be arranged between the student, faculty, clinic director, and department chair.
- Counseling Forms should be completed during each step by the faculty and the student.

H. THE PATIENT RECORD

- All information is housed in an Electronic Record. If the information is not directly put in, it will be scanned in to the record. The Dental Clinic utilizes the ADA CDT 2024 Codes for documentation of procedures performed. Detailed coding information is provided in lecture courses.

I. CLINIC FEES

- Clinic fees are based on services provided through the Dental Assisting Technology clinical program. Services may include, when appropriate: patient health history and vital signs, dental charting, radiographs as authorized by the dentist, chairside assisting, impressions and study models, coronal polishing when permitted and assigned, fluoride treatment, sealant application, removable appliance/denture care, patient education, and other dentist-directed dental assisting procedures.
- Adult $40, Child $20, Edentulous $20
- If a patient agrees to be a testing patient for a clinical competency examination, fees will be waived. If the patient is a current student or employee of MGCCC (shows badge), fees will be waived. However, if the patient cancels or "no shows" their appointment, the fees will be reinstated.
- Additional clinic fees: Sealants $5, Oral Chemotherapeutics $5, Tooth Whitening $50

J. CLINIC USE

- Students may occupy the Dental Clinic only during scheduled clinic sessions, laboratory hours, or scheduled special functions.
- Under no circumstances are any procedures to be performed outside of scheduled clinic or laboratory time unless an instructor has agreed and is physically present.
- Additionally, the clinic director must approve outside use of the clinic or laboratory prior to the session.

K. EQUIPMENT USE

1) Telephone

• One phone and computer are designated for use by the clinic receptionist. The additional telephones in the office/consultation room may be used for consultation with a patient's physician, confirming appointments, and emergency situations.
• Casual use of the phone by students, faculty, and staff during a clinic session is inappropriate.
• Cell phones must be turned off during all clinic or clinic related sessions.

2) Computer

• The computer in the office/consultation room should be used solely for the purpose of viewing patient digital radiographs. Additionally, each dental operatory is equipped with a computer. These computers are used for entering patient information into the electronic record, viewing patient radiographs, and charging service fees. Use of these computers for personal reasons such as checking emails is strictly forbidden.

L. PROFESSIONAL ATTRIBUTES

The following are some behaviors that the faculty determines to be essential components of professionalism for dental students to assure quality patient care. Each behavior demonstrating professionalism may have many examples. Representative examples of each behavior are given below but are not all-inclusive.

1) Team approach

- Remains in clinic until end of the session and supports faculty/peers as needed
- Willingly accepts to treat patient in the event of scheduling problems
- Offers assistance to peers in cleaning up units to facilitate timely departure
- Looks for ways to support other team members by identifying problems, volunteering, assisting and maintaining confidential communications

2) Positive verbal and nonverbal communication

- Maintains direct eye contact and open-body positions, as culturally appropriate
- Establishes common ground: voice level, primary language, avoids physical barriers to effective communication (i.e. mask or shield)
- Makes appropriate introductions, i.e. introduces patient to faculty
- Uses active listening skills, such as paraphrasing, answering and asking patient questions
- Uses informative, empathetic tone of voice
- Includes the patient in any discussions regarding his/her treatment
- Addresses patient by last name, unless patient request otherwise
- Maintains appropriate professional conversation with the patient that is relevant to the delivery of dental care
- Refrains from socializing with other clinicians
- Maintains physical, emotional and mental composure

3) Attentive to feedback

- Self-evaluates treatment with respect to the patient care process
- Recognizes limitations and gains clarification of the need to modify treatment in areas of limitation
- Ask for instructor feedback

- Accepts feedback with objective and positive attitude
- Incorporates feedback into future clinical experiences
- Demonstrates a genuine, consistent interest in modifying behavior

4) Protocol adherence

- Is consistently punctual
- Follows patient record protocol
    - o Complete documentation
    - o Timely documentation
    - o Documentation of referrals
    - o Obtains appropriate signature authorizations
- Charges out treatment before escorting patient to receptionist (ensures payment)
- Follows chain of command (i.e. consults with assigned faculty prior to seeking another faculty's assistance)
- Follows principles of body ergonomics
- Efficient operation of instruments and equipment
- Follows infection control guidelines
    - o Maintaining a clean, neat operatory during patient treatment
    - o Complete daily/weekly maintenance as directed

5) Appearance*

Maintains clean, neat appearance of self and treatment area, See clinic dress code

6) Clinical case management

- Prepared to begin and end clinic session on time
- Maximizes clinic time
    - o advance planning for patient and equipment needs
    - o plans treatment appropriate to the amount of time per task
- Follows treatment plan or follows appropriate protocol to amend treatment plan
- Utilizes critical thinking skills
- Seeks consultation when appropriate and follows up on recommended referrals/consultations
- Demonstrates interest in patient needs and concerns
- Maintains patient confidently
- Efficiently uses "no patient" treatment time
- Works with the clinic receptionist as part of a team to ensure the utmost patient contact time
- Does not leave clinic prior to the end of the clinic session without assigned faculty permission

M. FACULTY SUPERVISOR

- During each clinic session, a full-time faculty member will be designated to act as the supervising faculty.
- Students should first consult their assigned section faculty in the event a problem or question arises pertaining to patient treatment or procedural flow. The section faculty will then make

the determination as to whether the faculty supervisor needs to be consulted about the issue. The faculty supervisor will make the determination as to whether it is necessary to contact the director.

- In the event that a student is sick or there is a conflict with patient scheduling, the faculty supervisor will make the final decision as to which student will treat the additional patient.

N. STUDENT/ FACULTY CLINIC ROLES FOR DOCUMENTATION IN DENTAL RECORD

General Information

1. **Patient Bill of Rights and Responsibilities**/Notice of Privacy (**HIPAA)-** take home

MGCCC wants to send all our patients' home with information that lets them know they are a valued part of the dental team. This information sheet explains their rights as a patient *to gain appropriate care without regard to race, sex, color, religion, marital status, age, national origin, or disability; to receive treatment that meets the standards of care that exist in the dental community at large; to be addressed by your proper name and without undue familiarity and to be assured that your individuality will be respected and that your treatment will be confidential; to know the names of the student providers directly responsible for your care; to ask questions and receive answers concerning any aspect of your dental care; to voluntarily consent to or refuse treatment; to have the nature of dental treatment procedures, alternatives, risks, and benefits explained before treatment; to request and receive an estimate of planned dental treatment costs; to withdraw consent and discontinue treatment in a timely manner; to receive planned dental care within a reasonable time; and to have all medical and dental history kept confidential.*

The information sheet provides the services the program may provide: medical and dental history review, vital signs, dental charting, radiographs as authorized by the dentist, chairside assisting, impressions and study models, sealant application, fluoride application, coronal polishing when permitted, removable appliance and denture care, patient education, treatment-room preparation, infection control and sterilization procedures, and other procedures within the Dental Assisting Technology curriculum and the student's level of instruction.

The information sheet then lists expectations of the patient from the faculty, staff, and students. These include but are not limited to: *respect, cooperative, considerate; provide complete and accurate information requested; Keep/show for appointments; understand fees; follow instructions given by students; express concerns, complaints, problems as soon as possible; recognize we are an educational institution; we do not provide all dental care/make referrals; understand our limits.*

Finally, as a student of MGCCC, you have a legal and ethical responsibility to safeguard the privacy of all patients and protect the confidentiality and security of all health information. Protecting the confidentiality of patient information means protecting it from unauthorized use or disclosure in any format—oral/verbal, fax, written or electronic/computer. Patient confidentiality is a central obligation of patient care. Any breaches in patient confidentiality or privacy may result in disciplinary action, up to and including dismissal from the dental program.

Student:

• Ensure that each patient has signed/completed the **Acknowledgement** of Patient Bill of Rights and Responsibilities and HIPAA Notice of Privacy.

• Obtain patient signature

Faculty:

• Confirm patient has signed/completed the Acknowledgement of Patient Bill of Rights and Responsibilities and HIPAA Notice of Privacy.

2. General Consent

The purpose of General Consent is to inform the patient that the Mississippi Gulf Coast Community College, Dental Clinic is a teaching facility and that services will be provided by students under direct supervision of licensed dentist and dental faculty. Patients are agreeing to a screening of medical and dental assessments that will aid in the development of a dental treatment plan. This form requests that patients consent to photographs, professional observations, and radiographs. Informed consent will be obtained following approval of the treatment plan by the attending faculty member. The General Consent is completed by the patient and scanned into the patient record by the receptionist.

Students:

• Ensure the General Consent is signed/completed

Faculty:

• Assist students with questions patients may have

• Confirm completeness/documentation

3. Demographics

The purpose of Demographic Data is to provide the Dental Clinic with residential information, appointment contact information, and emergency contact information. This form is completed by the patient and data is entered into the electronic record by the receptionist.

Student:

• Ensure that the information has been updated

Faculty:

• Assist the student as needed

• Confirm information has been updated

Adult Dental Record

4a. Adult Health and Dental History

Information ascertained from the health and dental history is essential in planning and implementing treatment to the patient. It is important for the provider to realize the correlation that exists between overall health and oral health. Patients, however, many times cannot or will not provide complete information when answering some health or dental questions; therefore, it is the duty of the student clinician to use appropriate interview skills to ensure collection of complete and accurate data.

Student:

• Create an atmosphere that exemplifies confidentiality
• Ensure that a new health and dental history is completed every three (3) years
• **New Patient Endorsement** (upload form with dentist/patient signature)
• Examine the Health History for any positive response or blank responses
• Examine the Dental History for responses that are pertinent to the treatment of the patient or blank responses
• Evaluate Medications
• Take and record vital signs
• Establish ASA
• Ensure the patient, student, and dentist signatures uploaded/saved

Faculty:

• Review health and dental history
• Signature

Pediatric Dental Record

4b. Pediatric Health History

Information ascertained from the health and dental history is essential in planning and implementing treatment to the patient. It is important for the provider to realize the correlation that exists between overall health and oral health. Patients, however, many times cannot or will not provide complete information when answering some health or dental questions; therefore, it is the duty of the student clinician to use appropriate interview skills to ensure collection of complete and accurate data. With a child, this may have to be done with a parent or guardian.

Student:

• Create an atmosphere that exemplifies confidentiality for patient and parent/guardian
• Ensure that a new health and dental history is completed every three (3) years.
• Examine the Health History for any positive response or blank responses
• Examine the Dental History for responses that are pertinent to the treatment of the patient or blank responses.
• Take and record vital signs
• Ensure the patient (parent/guardian), student, and dentist signatures uploaded.
• Save data

Faculty:

• Review health and dental history.
• Signature

Adult Dental Record

5. Health History and Maintenance Update (HH&MU)

A summary of the patient's health and dental history is important for emergency care and to highlight any health or dental condition that may contraindicate invasion oral health care.

Student:

Initial Health/Dental History

• Note and expand upon all positive responses found in the Health History

• Note and expand upon all positive responses found in the Dental History

• Consult with dentist/faculty the list of health concerns on the preceding page to determine significant medical or drug concerns to be noted with a yellow highlighter*

• Maintenance All ASA classifications are to be highlighted in yellow

• Review all components of the health and dental history

• Update changes the health or dental history on the HH&MU page.

• Update no changes in the health or dental history on the Progress Notes page stating that all components of the health/dental history were reviewed and the patient indicated no changes Return

• Review health and dental history with patient and note changes on the HH&MU page and no changes on the Progress Notes page. Date and sign the HH&MU page

Faculty:

• Review and confirm findings

• Date and sign Dental Record Heath History Notes and Maintenance Update Page (paper record only)

*A list of health or dental conditions that warrant highlighting includes but is not limited to:

- o Active allergies (i.e. latex, drugs)
- o AIDS/HIV
- o Angina pectoris
- o Asthma
- o Cerebrovascular accident
- o Chronic obstructive pulmonary disease
- o Congestive heart failure
- o Diabetes mellitus
- o Epilepsy
- o Hepatitis
- o High blood pressure
- o Myocardial infarction
- o Pacemakers or implanted defibrillators
- o Pregnancy (projected delivery date)
- o Thyroid o Tuberculosis
- o Conditions warranting antibiotic pre-medication

Drugs which might cause adverse reactions during dental treatment (i.e. blood thinners, etc)

Adult Dental Record

6. Medication Summary

A summary of medications (whether prescription, over the counter, or herbal), is necessary in the assessment and delivery of dental care to the patient. It is important to correlate the reason

for taking a medication, possible dental side effects, and whether the patient is compliant in taking the medication.

Student:

- List all medications including
    - Name
    - Type
    - Dosage
    - Reason for taking
    - Significant dental effects
    - Level of compliance in taking the medication
    - Date discontinued

It is important to know whether the physician discontinued the medication or if the patient discontinued it on their own without physician approval

- All blanks must be complete. If there are no significant dental effects, the student should indicate by "none" or "NA".
- Ensure faculty signature

Faculty:

- Ensure that all necessary information is present
- Signature

Adult Clinical Examination (ACE)

One of the purposes for patient assessment is to develop a plan of care for the patient. It should include prevention, education, and supportive therapies. To develop an accurate plan of care for the patient, it is imperative that patients receive a comprehensive examination which includes the observation of the patient's overall appearance and a thorough examination of the oral structures. In addition, accurate collection of periodontal data and the use of radiographs are important to assess the current periodontal status as well as provide an overview on the progression of disease. Radiographs and visual observation are instrumental to determining an accurate representation of the patient's dental pathology. Data based on the patient's current behaviors, risk factors, and potential problems is integrated with data collected during the oral examinations to help formulate an individualized oral hygiene plan.

Adult Dental Record

7a. EIX/Occlusal/Radiographic Evaluation

The student is expected to:

- Examine the extra and intra-oral structures.
    - Record all abnormal findings in the appropriate area.
    - A description/drawing of any abnormalities should be given.
- Record additional information appropriately: Angles classification, overbite, overjet, openbite, crossbite, fremitis, and removable appliances

• Resolved abnormalities are now considered within normal limits and are noted in the SOAP notes.
• Assess the need for radiographs
Faculty are expected to:
• Assist students in identifying abnormal findings
• Confirm notations
• Ensure that data is accurately recorded in the appropriate areas

Pediatric Dental Record

7b. Pediatric Clinical Exam (EIX/Occlusal/Radiographic Evaluation)

The student is expected to:
• Examine the extra and intra-oral structures.
    o Record all abnormal findings in the appropriate area.
    o A description/drawing of any abnormalites should be given
• Record additional information appropriately: Angles classification, overbite, overjet, openbite, crossbite, fremitis, and removable appliances
• Resolved abnormalities are now considered within normal limits and are noted in the SOAP notes
• Assess the need for radiographs
Faculty are expected to:
• Assist students in identifying abnormal findings
• Confirm notations
• Ensure that data is accurately recorded in the appropriate areas

Dental Record (Adult and Pediatric)

8. Caries, Periodontal, Oral Cancer Risk Assessment (Patient Risk Assessment)

After recording assessment (HH, EIX, Perio, Caries),
The student is expected to:

- Inquire about the patient's habits and history. This is where the students can use their findings to link to issues and/or disease. What may have been the cause and what can they offer in assistance to make a change.

For example: If there are several carious lesions found, what are the patient's habits that may be contributing to caries and need for restoration. What can the patient change to prevent cavities in the future?

- Develop a plan for improvement

Faculty are expected to:
• Review the students attempt and help the student evaluate assessment, link conditions, gauge patient habits, establish personal preventive plan

Dental Record (Adult and Pediatric)

10. Patient Treatment Plan/Consent

Data collected during the health/dental history review, extra/intraoral examination, dental charting, radiographs, dentist-directed risk assessment, and dental pathology are used to support the dentist's treatment plan and the patient's dental care. Students document information and communicate findings to the dentist/faculty.

Student is expected to:

• Utilize data from the health and dental history, extra/intraoral examination, dental charting, radiographs, dentist-directed assessment, and dental pathology to support the dentist's treatment plan.

• Date and check the individual blank spaces specific for the treatment of the patient

• Interact with the patient to

- o Educate the patient on the impact that health and dental concerns have on the oral disease
- o Educate the patient on the planned goals, cost, number of appointments, and expected outcomes (do not promise the patient a specific outcome)
- o Use visual aids when appropriate
- o Make the patient an active participant in the implementation of the treatment plan

• Have the dentist and patient date and sign treatment plan/consent form and upload

Faculty are expected to:

• Help the student integrate all components of the comprehensive/periodic examination to develop a treatment plan to meet the patient's oral needs

• Listen as the student presents the treatment plan to the patient to ensure that the patient is aware of the planned treatment, cost, and potential outcomes.

• Ensure that the patient is aware of the current status of their oral health

• Dental faculty sign and date the consent form along with the patient

Adult Dental Record

11a. Dental Charting Examination (Hard Tissue)

Student is expected to:

- Chart all missing teeth
- Draw existing restorations in blue
- Chart decay identified by dentist in red
- Call out existing/needs to dentist
  - Get dentist confirmation/signature

Faculty

- Faculty can help check/confirm missing teeth/ answer questions at progress check
- Dentist is to grade charting and how well they call it out.

Pediatric Dental Record

11b. Pediatric Dental Pathology

Student is expected to:

- Chart all missing primary teeth, circle unerupted permanent teeth
- Draw existing restorations in blue
- Chart decay identified by dentist in red
- Call out existing/needs to dentist
    - Get dentist confirmation/signature

Faculty

- Faculty can help check/confirm missing teeth/ answer questions at progress check
- Dentist is to grade charting and how well they call it out.

12. Counseling

In the event the patient needs counseling, students should seek the appropriate form for guidance

- **Tobacco Dependence:** upload into patient record
- **Dietary Analysis:** upload assessment into the patient record

Dental Record (Adult and Pediatric)

13. SOAP Notes

Student is expected to:

Write an inclusive daily progress note in this format:

- S: *Subjective*
    - What the patient tells you about current condition in narrative form. The history or state of experienced symptoms are recorded in the **patient's own words**. It will include all pertinent and negative symptoms under review of body systems.
    - Pertinent Medical history, surgical history, family history, social history along with current medications and allergies are often recorded here; however, our charts have a separate page for that.
- O: *Objective*
    - Date that is measurable
        - Vital signs, pulse, respiration
        - Findings from physical examinations, such as posture, bruising, and abnormalities
        - Results from laboratory tests
        - Measurements, such as age and weight of the patient.
- A: *Assessment*
    - Quick summary of the Patient
        - With main symptoms/diagnosis including a differential diagnosis
        - Your impression & evaluation of the patient’s affect, desires, ability to change, comply
            - How receptive to OH instructions?

- Were they anxious?

- P: *Plan*
  - Everything that was done today

Faculty are expected to:

- Review what the students have written and advise changes before both student and faculty sign.

14. Referrals

A patient may need to be referred out for a variety of reasons. It is the student's responsibility to retrieve the correct form to send with the patient (Medical Consult, Premedication, Blood Pressure, Oral Pathology, TB, and General to include Restorative/Perio/Pedo/Ortho/Endo). It is also the student's responsibility to make sure the dentist has signed it. When the patient returns with the signed form students/faculty/receptionist make sure it is uploaded.

O. Dental Record Clinic Forms/Worksheets

- Dental Record Descriptions
- Patient Bill of Rights/HIPAA
  - Acknowledgement of Bill of Rights/HIPAA
- General Consent
- Demographics
- Health History
  - Adult
  - Pediatric
  - New Patient Endorsement
- Health History Notes
- Medication Summary
- Caries, Periodontal, Oral Cancer Risk Assessment (Patient Risk Assessment)
- Treatment Plan Consent Form
- Dental Charting
  - Adult
  - Pediatric
- Counseling
  - Tobacco Dependence
  - Dietary Analysis
- SOAP Notes
- Referrals (patient (Medical Consult, Premedication, Blood Pressure, Oral Pathology, TB, and General to include Restorative/Perio/Pedo/Ortho/Endo)

PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

Mississippi Gulf Coast Community College (MGCCC) Dental Clinic provides patient centered care that considers your cultural traditions, personal preferences and values, family situations, and life-style. You are a valued and integral member of the MGCCC Dental Team.

The faculty, staff, and student providers of the Dental Clinic are here to provide you with the best dental treatment possible. We believe that because you have entrusted us with your dental care, you have a just claim, or right, to receive the following considerations from the MGCCC Dental Clinic.

You have the right to the most appropriate care the school can provide for your problem, without regard to race, sex, color, religion, marital status, age, national origin, or disability.

You have the right to receive treatment that meets the standards of care that exist in the dental community at large.

You have the right to be addressed by your proper name and without undue familiarity and to be assured that your individuality will be respected and that your treatment will be confidential.

You have the right to know names of the student providers directly responsible for your care.

You have the right to ask questions and to receive answers at any time concerning any aspect of your dental condition or care.

You have the right to voluntarily consent to or refuse any treatment and to expect that the nature of each dental treatment procedure, its alternative, its risks and benefits, and the risks and benefits of no treatment be disclosed prior to your decision.

You have the right to request and receive an estimate of the cost of all planned dental treatment and to be informed of any changes in the cost before any treatment begins.

You have the right to withdraw consent and to discontinue treatment in a timely manner.

You have the right to receive all planned dental treatment within a reasonable time. Any referral recommendations are from our professional judgement, but please know you have the right to see any dentist for those recommendations.

You have the right to receive immediate care in the case of a dental hygiene emergency from your student provider or you can call _____.

You have the right to have all your medical/dental history kept confidential.

Some of the services the Dental Assisting/Hygiene Programs at Mississippi Gulf Coast Community College may provide include: *Assessment of Medical and Dental History, Assessment of Periodontal and Dental Diseases, Oral Hygiene Education, Radiographs (X-rays), Non-Surgical Periodontal Therapy, Polishing, Topical Fluoride Application, Chemotherapeutics, Sealant Application, Tobacco Cessation Assistance, Nutritional Counseling, Nitrous Oxide Sedation, Impressions and Study Models, and Bleaching Trays*

In return for the aforementioned considerations, the faculty, staff, and student providers of MGCCC Dental Clinic have a just claim, or right, to expect that you, the patient, will fulfill the following responsibilities in order to help us accomplish our mutual goal of providing you with the best dental treatment possible.

We have the right to expect that you will be respectful, cooperative and considerate of student providers, faculty, staff, and other patients at MGCCC Dental Clinic without regard to race, sex, color, religion, marital status, age, national origin, or disability.

We have the right to expect that you will provide complete and accurate information regarding your past and current health status and any medications that you are currently taking.

We have the right to expect that you will be available for care and keep scheduled appointments and arrive for appointments on time.

We have the right to expect that you will understand that fees will be charged for each dental treatment procedure and that you will pay for treatment as treatment is provided.

We have the right to expect that you will cooperate with and follow the instructions of the student providers who are directly responsible for your care and that you will ask questions if you do not understand those instructions.

We have the right to expect that you will express concerns, complaints, or problems as soon as they arise to your student provider or clinic faculty.

We have the right to expect that you will recognize that MGCCC Dental Clinic is an educational institution and that dental treatment may proceed at a pace slower than sometimes anticipated.

We have the right to expect that you understand our clinic provides dental hygiene care and does not provide the recommended/needed dental treatment. **We also have the right** to make referral recommendations based on patient needs.

We have the right to expect that you will understand that there are limits to the success or permanence of dental treatment.

•Please feel free to give us feedback by taking our Patient Satisfaction Survey.

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

Commission on Dental
401 N. Michigan Ave., Suite 3300
Chicago, IL 60611

HIPAA NOTICE OF PRIVACY

The Health Insurance Portability and Accountability Act (HIPAA) protects individuals' medical records and other health information, also known as protected health information (PHI). Mississippi Gulf Coast Community College (MGCCC) Dental Clinic has instilled appropriate safeguards to ensure the protection of this data, as well as set limits and conditions on the uses of this data without authorization. The Act also gives individuals rights over their PHIs, including rights to examine and/or obtain a copy of records.

We may use/disclose PHI:

For treatment: We may use and disclose PHI for your treatment and to provide you with treatment-related health services. For example, we may disclose PHI to doctors, nurses, technicians, dentists, or other personnel (including outside our office) who are involved in your medical/dental care and need the information to provide you with care.

For payment: We may use and disclose PHI for billing.

For Health Care Operations: We may use and disclose PHI for health care operations purposes. For example, we may use PHI with other entities who have a relationship with you to ensure quality and comprehensive care.

Appointment Reminders/Services: We may use PHI to contact you to remind you of an appointment or tell you about health-related benefits/services that may interest you.

Individuals Involved in Your Care or Payment for Your Care: When appropriate, we may share PHI with a person who is involved in your medical/dental care or payment for your care, such as a family member. We may also notify your family about your location or general condition or disclose such information to an entity assisting in emergency relief effort.

Research: Under rare circumstances, we may use and disclose PHI for research. In the event of any such research, a project would undergo special approval requiring the researcher to remove any modifiers that would be recognizable, and to not remove or make any copies of PHI.

Special Situations:

- *As required by law (international, federal, state, or local)*
- *To avert a serious threat to health or safety*
- *Military & Veterans (release PHI required by military command)*
- *Workers' Compensation*
- *Public Health Risks (only if you agree or required by law)*
- *Health Oversight Activities (audits, investigations, inspections,licensure)*
- *Data Breach Notification Purposes*
- *Lawsuits and Disputes*
- *Law Enforcement*
- *Coroners, Medical Examiners and Funeral Directors (to identify deceased)*
- *National Security and Intelligence Activities (if requested by law)*
- *Protective Services for the President and Others*
- *Inmates or Individuals in Custody*

ACKNOWLEDGEMENT

_____ I acknowledge that I am offered a copy and have been made aware of the Patient Bill of Rights and Responsibilities practiced at Mississippi Gulf Coast Community College in the Dental Department that explains **rights as a patient**: *to gain appropriate care without regard to race, sex, color, religion, marital status, age, national origin, or disability; to receive treatment that meets the standards of care that exist in the dental community at large; to be addressed by your proper name and without undue familiarity and to be assured that your individuality will be respected and that your treatment will be confidential; to know names of the student providers directly responsible for your care; to ask questions and to receive answers at any time concerning any aspect of your dental condition or care; to voluntarily consent to or refuse any treatment and to expect that the nature of each dental treatment procedure, its alternative, its risks and benefits, and the risks and benefits of no treatment be disclosed prior to your decision; to request and receive an estimate of the cost of all planned dental treatment and to be informed of any changes in the cost before any treatment begins; to withdraw consent and to discontinue treatment in a timely manner; to receive all planned dental treatment within a reasonable time. Any referral recommendations are from our professional judgement, but please know you have the right to see any dentist for those recommendations; to receive immediate care in the case of a dental hygiene emergency from your student provider or you can call our clinic; have the right to have all your medical/dental history kept confidential.*
The information sheet then lists **expectations of the patient from the faculty, staff, and students**. These include but are not limited to: *respect, cooperative, considerate; provide complete and accurate information requested; Keep/show for appointments; understand fees; follow instructions given by students; express concerns, complaints, problems as soon as possible; recognize we are an educational institution; we do not provide all dental care/make referrals; understand our limits.*

_____ I am aware of the treatment this program may provide: *Assessment of Medical and Dental History, Assessment of Periodontal and Dental Diseases, Oral Hygiene Education, Radiographs (X-rays), Non-Surgical Periodontal Therapy, Polishing, Topical Fluoride Application, Chemotherapeutics, Sealant Application, Tobacco Cessation Assistance, Nutritional Counseling, Nitrous Oxide Sedation, Impressions and Study Models, and Bleaching Trays.*

_____ I acknowledge that I am offered a copy of the HIPAA Notice of Privacy Practices. MGCCC has a legal and ethical responsibility to safeguard the privacy of all patients and protect the confidentiality and security of all health information. Protecting the confidentiality of patient information means protecting it from unauthorized use or disclosure in any format—oral/verbal, fax, written or electronic/computer. Patient confidentiality is a central obligation of patient care.

*Signature of Patient or Representative: _____

Description on Personal Representative Authority (if applicable): _____

We attempted to obtain written acknowledgement of receipt of our Bill of Rights/Notice of Privacy Practices, but MGCCC was unable to obtain acknowledgment because:

_____

Employee Signature: _____ *DOB:*_____*Date:* _____

Dental Assisting Technology

General Consent

The dental assisting technology program at Mississippi Gulf Coast Community College provides an academic and clinical curriculum to educate dental assistants. Clinical services performed by students are requirements for professional preparation. All services are performed by students under direct supervision of the attending dentist and dental assisting faculty. Normally, students require more time to complete a case than an experienced dentist or dental assistant.

Students are required to obtain a medical and dental history of each patient before initiating dental assisting procedures. Such information is confidential and considered essential to plan and implement appropriate dental services for each patient.

I hereby make application as a teaching patient for the Department of Dental Assisting Technology, Health Professions at Mississippi Gulf Coast Community College. I fully understand and accept all legal implications of a teaching facility, and agree that records are the property of the State, and will further hold the State, its representatives and students harmless pursuant to the endeavor, while at the same time, I understand and expect acceptable treatment of such teaching facility under the guidance of a regularly licensed and registered dentist.

___ I consent to the taking of any and all photographs or televising of procedures during the course of treatment for dental, scientific, educational, or research purposes, providing my identity is not revealed by the pictures or by descriptive texts accompanying them.

___ I consent to professional observation of services performed for the purpose of advancing dental assisting education.

___ I further accept that:

a. Radiographs are taking for the purpose of evaluation and education

b. All radiographs are the sole property of MGCCC Department of Dental Assisting but may request a paper copy.

___ I have been given a Patient Information form explaining the guidelines for patient treatment in the dental clinic and the patient bill of rights.

_____	_____	_____
Signature	Date	Witness

Patient Name: _____
Date:_____

Demographic Data

Name: _____
(Last) (First) (Middle)

Please check:

Title: ☐Mr. ☐Mrs. ☐Ms. ☐Dr.

Sex: ☐Male ☐Female Race: _____

Date of Birth: _____/_____/_____

Social Security Number: _____/___/_____

Home Address: _____

_____

Occupation: _____

Business Address: _____

_____

Telephone Numbers:

Home: ( ) _____-_____; Work: ( ) _____-_____; Cell: ( ) _____-_____

Emergency Contact Information:

Name: _____

Relationship: _____

Telephone number: _____

MGCCC
Mississippi Gulf Coast Community College

Patient Name: _____
Birth Date: _____

Health History:

Please circle the best answer, "Yes,", "No", or "Don't Know" to the following questions and comment where indicated. Accurate answers are important so that we may provide you with the best possible care. Thank you.

GENERAL HEALTH STATUS

1. Are you currently under the care of a physician?.....Yes / No / DK
   If so, Name of your Physician _____Office Number:_____
2. Date of last medical examination:_____/_____
3. Are you pregnant?(women only)..... Yes / No / DK
4. Have there been any changes in your health in the past year?..... Yes / No / DK
5. Have you ever been hospitalized or had a serious illness?..... Yes / No / DK
6. Are you taking or have you recently taken prescription or non-prescription medication(s)?..... Yes / No / DK
   If yes, what medication(s)?_____
7. Are you allergic to any medication(s)?.....Yes / No / DK
   If yes, what medication(s)?_____
8. Do any members of your family (parents, brothers, and sisters) have a history of any major medical illness?.....Yes / No / DK
9. Do you use any form of tobacco?.....Yes / No / DK
   If yes, are you interested in stopping tobacco use? .....Yes / No / DK
   Tobacco use: Current Former Never
   Motivation to Quit: On the scale below "0" represents no motivation to quit and "10" represents extreme motivation to quit. (circle below)
   0 1 2 3 4 5 6 7 8 9 10
   Amt./Day:_# packs_____# cigars _____#dips_____# bowls_____
10. Do you drink alcohol?.....Yes / No / DK
11. Have you ever been treated for substance abuse (e.g.,alcohol, drugs, tobacco)?.....Yes / No / DK
12. Has a mental health professional (e.g.,counselor, psychiatrist, psychologist, social worker) ever treated you for a problem?.....Yes / No / DK

MEDICAL HISTORY

13. DERMATOLOGIC PROBLEMS
    Do you have or have you ever had:
    a. ..Eczema..... Yes / No / DK
    b. ..Psoriasis..... Yes / No / DK
    c....Skin rashes..... Yes / No / DK
    d. ..Other allergy(ies) or skin problem(s)..... Yes / No / DK
14. CARDIOVASCULAR PROBLEMS
    Do you have or have you ever had:
    a. ..High or low blood pressure..... Yes / No / DK
    b. ..Heart attack..... Yes / No / DK
    c....Heart surgery..... Yes / No / DK

MGCCC
Mississippi Gulf Coast Community College

Patient Name: _____
Birth Date: _____

d. ..Pacemaker or defibrillator..... Yes / No / DK
e. ..Heart murmur..... Yes / No / DK
f. ...Rheumatic fever or heart disease..... Yes / No / DK
g. ..Scarlet fever..... Yes / No / DK
h. ..Congenital heart disease..... Yes / No / DK
i. Stroke..... Yes / No / DK
j. Other cardiovascular problem(s)..... Yes / No / DK

15. RESPIRATORY PROBLEMS

Do you have or have you ever had:

a. Tuberculosis.....Yes / No / DK
b. Test for tuberculosis.....Yes / No / DK
c. Asthma..... Yes / No / DK
d. Emphysema..... Yes / No / DK
e. Sinus problems.....Yes / No / DK
f. Other respiratory problem(s)..... Yes / No / DK

16. GASTROINTESTINAL PROBLEMS

Do you have or have you ever had:

a. Swallowing problems..... Yes / No / DK
b. Peptic ulcer.....Yes / No / DK
c. Blood in stool.....Yes / No / DK
d. Frequent sore throats.....Yes / No / DK
e. Other gastrointestinal problem(s).....Yes / No / DK

17. HEMATOLOGIC PROBLEMS

Do you have or have you ever had:

a. Anemia..... Yes / No / DK
b. Leukemia..... Yes / No / DK
c. Hemophilia..... Yes / No / DK
d. Sickle cell disease or trait ..... Yes / No / DK
e. Jaundice or hepatitis..... Yes / No / DK
f. Hepatitis vaccine..... Yes / No / DK
g. Excessive bleeding following tooth extraction..... Yes / No / DK
h. Blood transfusion..... Yes / No / DK
i. Other blood problem(s).....Yes / No / DK

18. GENITOURINARY PROBLEMS

Do you have or have you ever had:

a. Kidney or bladder problems.....Yes / No / DK
b. Sexually transmitted disease(s) (e.g. syphilis, gonorrhea, genital herpes, HIV infection).....Yes / No / DK

MGCCC
Mississippi Gulf Coast Community College

Patient Name: _____
Birth Date: _____

c. Prostate problems..... Yes / No / DK
d. Other genitourinary problem(s)..... Yes / No / DK

19. MUSCULOSKELETAL PROBLEMS

Do you have or have you ever had:

a. Arthritis..... Yes / No / DK
b. Osteoporosis..... Yes / No / DK
c. Joint replacement..... Yes / No / DK
d. Back or neck injury..... Yes / No / DK
e. Other muscle or bone problem(s)..... Yes / No / DK

20. ENDOCRINE AND METABOLIC PROBLEMS

Do you have or have you ever had:

a. Diabetes..... Yes / No / DK
If yes, circle appropriate response: Type I Type II
b. Thyroid disorder..... Yes / No / DK
c. Sjögren's syndrome..... Yes / No / DK
d. Other hormone or gland problems(s)..... Yes / No / DK

21. NEUROLOGIC PROBLEMS

Do you have or have you ever had:

a. Epilepsy..... Yes / No / DK
b. Alzheimer's disease..... Yes / No / DK
c. Parkinson's disease..... Yes / No / DK
d. Other neurologic problem(s)..... Yes / No / DK

22. SENSORY PROBLEMS

Do you have or have you ever had:

a. Visual problems..... Yes / No / DK
b. Glaucoma..... Yes / No / DK
c. Cataracts..... Yes / No / DK
d. Hearing problems..... Yes / No / DK
e. Other sensory problem(s)..... Yes / No / DK

23. OTHER

Do you have or have you ever had:

a. Cancer or cancer treatment..... Yes / No / DK
b. Other tumor or growth..... Yes / No / DK
c. Unexplained weight loss..... Yes / No / DK
d. Chronic fatigue syndrome..... Yes / No / DK
e. Sleep disorder..... Yes / No / DK
f. Fever of unknown origin..... Yes / No / DK
g. Allergic reaction to latex (rubber) or metals..... Yes / No / DK

MGCCC
Mississippi Gulf Coast Community College

Patient Name: _____
Birth Date: _____

h. Reaction to local anesthetics..... Yes / No / DK

i. Frequent nosebleeds..... Yes / No / DK

j. Have you ever required antibiotic premedication prior to dental treatment?..... Yes / No / DK

24. Do you currently have any medical condition(s) or health problems(s) not listed in the previous questions?..... Yes / No / DK

DENTAL HISTORY

25. What is your main reason(s) for coming to the dental hygiene clinic?_____

_____

26. Date of your last dental exam_____/_____/_____

27. Date of last dental radiographs (i.e. x-rays)?_____/_____/_____

28. Do you seek dental care only when you have a problem? ..... Yes / No / DK

29. Have you ever avoided seeking dental care for financial reasons?..... Yes / No / DK

30. Have you ever avoided seeking dental care because of fear or anxiety?..... Yes / No / DK

31. Have you been satisfied with your previous dental care?..... Yes / No / DK

32. Are you pleased with the appearance of your teeth?..... Yes / No / DK

33. Do you have or have you ever had:

a. Cracked teeth..... Yes / No / DK

b. Loose teeth..... Yes / No / DK

c. Gum Disease (e.g., gingivitis, periodontitis, pyorrhea, trench mouth)..... Yes / No / DK

d. Xerostomia (dry mouth)..... Yes / No / DK

34. Have you ever had:

a. Gum surgery..... Yes / No / DK

b. Oral surgery..... Yes / No / DK

c. Partial or full dentures..... Yes / No / DK

d. Orthodontic treatment (braces)..... Yes / No / DK

e. Dental implants..... Yes / No / DK

35. Have you ever had an injury to your face or jaw?..... Yes / No / DK

I have read and understand the above questionnaire and have answered all questions to the best of my ability. If my health or medications change, I will immediately inform my provider.

Patient Signature (or person legally authorized to sign for patient):_____

Patient Name: _____
Birth Date: _____

Pediatric Health History:

PEDIATRIC HEALTH HISTORY

The following information about your child's health history is very important for us to provide the best possible dental care in a safe way. Incorrect information may be dangerous to your child's health. All questions must be answered completely and correctly. If you don't understand a question, or are unsure of the answer, or want to discuss it with the dentist, circle its number or letter. This health questionnaire will become a part of the patient's dental treatment records and will be considered confidential information.

Name of your child's physician:_____Office Phone:_____
Address:_____

1.	Is your child in good health?.....	Yes	No	Don't Know
2.	Does your child have a health problem?.....	Yes	No	Don't Know
3.	Has your child ever been hospitalized?.....	Yes	No	Don't Know
	If yes, explain_____			
4.	Has your child had an operation under general anesthesia?.....	Yes	No	Don't Know
	If yes, explain_____			
5.	Date of your child's last visit to your physician?_____ Reason for the visit?_____			
	_____			
6.	Is your child currently receiving treatment or regular medical care by a physician?	Yes	No	Don't Know
	_____			
7.	List medications your child has taken in the past:_____			
	_____			
	List all daily medications your child currently takes:_____			
8.	Is your child allergic to or had any unusual reactions to any medications?.....	Yes	No	Don't Know
	Explain_____			
9.	Were there any problems at birth?_____ Weight at birth_____			
10.	Has your child ever had or been treated by a physician for:			

a.	heart disease.....	Yes	No	DK
b.	rheumatic fever.....	Yes	No	DK
c.	anemia.....	Yes	No	DK
d.	bleeding/hemophilia.....	Yes	No	DK
e.	blood transfusion.....	Yes	No	DK
f.	hepatitis.....	Yes	No	DK
g.	aids, aids-related, or HIV positive.....	Yes	No	DK
h.	liver disease.....	Yes	No	DK
i.	kidney disease.....	Yes	No	DK
j.	diabetes.....	Yes	No	DK
k.	arthritis.....	Yes	No	DK
l.	seizures.....	Yes	No	DK
m.	asthma.....	Yes	No	DK
n.	tonsil or adenoid problems.....	Yes	No	DK
o.	sleep problems.....	Yes	No	DK
p.	cleft lip/cleft palate.....	Yes	No	DK
q.	speech/hearing problems.....	Yes	No	DK
r.	eye problems.....	Yes	No	DK
s.	skin problems.....	Yes	No	DK

If yes, explain_____

Please complete reverse side

Patient Name: _____
Birth Date: _____

11.	Has your child experienced recent rapid growth?.....	Yes	No	DK
12.	If female, has your child reached menarche (first monthly period)?.....	Yes	No	DK
13.	Do you consider your child to be (circle one) advanced in learning progressing normally a slow learner			
14.	What grade is your child in?_____ School child attends_____			
15.	Are there any other problems about your child's health?.....	Yes	No	DK
	If yes,explain_____			

DENTAL HISTORY

16.	What is your major concern about your child?_____			
	_____			
17.	Date of your child's last visit to dentist?_____			
	Reason for visit_____			
18.	Date your child last had x-rays taken?_____			
19.	Has your child experienced an unusual reaction to dental medication or anesthesia?.....	Yes	No	DK
20.	Has your child experienced prolonged bleeding following dental treatment?.....	Yes	No	DK
21.	Has your child had any other complications following dental treatment?.....	Yes	No	DK
	If yes, explain_____			
22.	Has your child had any injury to the teeth, jaw or face?.....	Yes	No	DK
23.	Are you happy with the appearance of your child's teeth?.....	Yes	No	DK
24.	Do your child's gums bleed with brushing?.....	Yes	No	DK
25.	Are any of your child's teeth sensitive to hot, cold or eating.....	Yes	No	DK
26.	Does your child complain of toothaches?.....	Yes	No	DK
	If yes, explain_____			
27.	Does your child experience pain or clicking in the jaw joints?.....	Yes	No	DK
28.	Are there any sores or growths in your child's mouth?.....	Yes	No	DK
29.	Was your child bottle fed?.....	Yes	No	DK
	If yes, at what age was it stopped? _____			
30.	Was your child breast fed?.....	Yes	No	DK
31.	Has your child sucked fingers, thumb, or a pacifier?.....	Yes	No	DK
32.	Is there fluoride in your drinking water?.....	Yes	No	DK
33.	Are your child's teeth brushed at least once a day?.....	Yes	No	DK
34.	Do you use a toothpaste that contains fluoride?.....	Yes	No	DK
35.	Do you give your child any other form of fluoride?.....	Yes	No	DK
36.	Has your child inherited any family dental characteristics?.....	Yes	No	DK
37.	Do you think your child will cooperate for dental hygiene treatment?.....	Yes	No	DK
38.	Do you have any other dental concerns or complaints?.....	Yes	No	DK
	If yes, explain_____			
	_____			

Signature of Parent: I understand the need for these questions to be answered truthfully to the best of my knowledge. The answers I have given are accurate. I also understand it is very important to report any changes in my child's medical or dental status to the student and attending faculty at the earliest possible time, and I agree to do so. I give permission to the dental hygiene department to obtain from my physician any additional information regarding my child's medical history needed to provide my child the best dental hygiene treatment possible.

Person Completing this Form: Signature_____Date_____

Relationship to Patient:_____

Patient Name: Date:

New Patient Endorsement

Health History:

Conditions: Pre-Med: _____

Blood Pressure: _____

Pulse: _____

Respiration: _____

ASA: _____

Dentist approval to treat: _____ Immediate Referral: _____

Treatment Plan:

□ Oral Examination
□ Radiographs Type: FMX: _____ w/ H /V BWs BW: _____ H/V PA: _____ PAN: Other: _____ Dentist approval: _____
□ Perio Therapy (4341/4910) □ Prophy (1110/1120)
□ Oral Hygiene Inst.
□ Fluoride Treatment Type: Tray Varnish
□ Re-eval of Perio. Tx
□ Chem. Agent
□ Impressions
□ Anesthesia
□ Sealant(s) #'s _____
Restorative/Periodontal Needs: □ None indicated □ Referral:

I have been informed of my oral health status and of services recommended. I authorize the services to be provided by the dental hygiene student. If further treatment is recommended, I understand that it is my responsibility to seek dental care from a facility/clinic outside of the MGCCC Dental Clinic.

Patient/Guardian: _____

Dentist: _____

MGCCC
Mississippi Gulf Coast Community College

Patient Name: ____________________
Birth Date: ________________________

Health Notes and Maintenance Updates:

Date	Item #	Notes Highlight Indicates significant medical, drug, or dental concern	Student Signature Faculty Signature

Mississippi Gulf Coast Community College

Patient Name: ____________________
Birth Date: ________________________

Medication Summary:

Directions: List medications preferably generic & brand. Circle how obtained. Enter date you first record the medication. Write in reason medication is used. List side effects significant to oral care and oral health. Circle level of compliance reported by patient. If patient has discontinued medication, write in the date you receive this information.

Medication_______________________________________ Rx OTC Herbal Date __________

Reason medication is taken____

Dentally significant effects____

____

Compliant Partially compliant Minimally compliant Date discontinued__________________

Medication_______________________________________ Rx OTC Herbal Date __________

Reason medication is taken____

Dentally significant effects____

____

Compliant Partially compliant Minimally compliant Date discontinued__________________

Medication_______________________________________ Rx OTC Herbal Date __________

Reason medication is taken____

Dentally significant effects____

____

Compliant Partially compliant Minimally compliant Date discontinued__________________

Medication_______________________________________ Rx OTC Herbal Date __________

Reason medication is taken____

Dentally significant effects____

____

Compliant Partially compliant Minimally compliant Date discontinued__________________

Clinical Examination:

EXTRAORAL EXAMINATION
➔FINDINGS ARE CONSIDERED WITHIN NORMAL LIMITS UNLESS SPECIFIED BELOW:

General Physique (body build, posture, gait)	Ears, Nose, Eyes, Skin
Facial (salivary glands, lymph nodes, muscles)	Neck/Throat (thyroid, muscles, lymph nodes)
TMJ (clicks, crepitus, deviations, limitation, range of motion)	Other:

Pediatric Clinical Examination:

EXTRAORAL EXAMINATION
➔FINDINGS ARE CONSIDERED WITHIN NORMAL LIMITS UNLESS SPECIFIED BELOW:

General Physique (body build, posture, gait)	Ears, Nose, Eyes, Skin
Facial (salivary glands, lymph nodes, muscles)	Neck/Throat (thyroid, muscles, lymph nodes)
TMJ (clicks, crepitus, deviations, limitation, range of motion)	Other:

Caries, Periodontal, Oral Cancer Assessment (CPOCA) MGCCC

Date: _____ Patient: _____ Student: _____

CARIES RISK (Please circle responses)		**PERIODONTAL AND ORAL CANCER RISK**	
Medical History: • Significant medical condition o Sjogren's syndrome • Xerostomia o Product used : _____ • Radiation therapy (_____) • Physical Disability (_____) • Eating Disorder (_____)	 No Yes No Yes No Yes No Yes No Yes	History of: • **Oral Cancer** • HPV • Tobacco Use o Type: o Frequency: o Age began: o Former smoker • Alcohol Use o How often • Diabetes o Type o A1C reading • Immunodeficiency o _____ • **Periodontal disease** • If self: When? o Treated o Current status	 No Yes Self Family No Yes Self Family No Yes Self Family _____ _____ _____ No Yes No Yes Daily Weekly Social No Yes 1 2 _____ No Yes No Yes Self Family _____ No Yes Stable Active
Predisposing Conditions: • Plaque/Calculus • Exposed Roots • Missing teeth • Tooth anatomy • Appliances: (_____)	 No Yes No Yes No Yes No Yes No Yes		
Caries and Restorations • Restoration w/in 12 months • Crown/bridges w/in 12 months • Caries o Incipient o Obvious • White spots	 No Yes No Yes No Yes No Yes No Yes No Yes	Are there medications that can impact oral status or health? No Yes If yes, see medication summary page.	
Dietary Habits • Sugar b/w meals o # snacks/day • Sugar beverages Protective Factors: • Fluoridated H_20 • Fluoridated toothpaste • Fluoridated mouthwash • Adequate salivary flow • Sugar free gum	 No Yes _____ No Yes No Yes No Yes No Yes No Yes No Yes	Ethnicity:_____ Age: _____ Plaque: Light Moderate Heavy Calculus: Light Moderate Heavy Any **sensitivity**? _____ Frequency dental visits _____ Date last cleaning: _____	
Current Oral Care: • How often brush? o Type bristle: • Type toothpaste? • How often floss?	 _____ _____ _____ _____		

PERSONAL PREVENTIVE TX PLAN

Mechanical: Manual/ Power _____ Floss _____ Aides_____ Irrigation_____ Other: _____	Chemical: OTC: Toothpaste Rinse _____ Rx: Toothpaste Rinse_____ Desensitization_____ Xylitol gum/mints No Yes Xerostomia_____	Professional: Chemotherapeutics _____ Desensitization _____ Fl Tx _____ Sealants_____ Recall: _____

TREATMENT PLAN/CONSENT FORM

Patient Name: _____

○ **Oral Examination**
○ **Radiographs** Type: FMX: _____ w/ H / V BWs BW: _____ H / V PA: ____ PAN: ____ Other: _____ Dentist Approved: _____
○ **Patient Oral Health Education:**
○ **Fluoride Treatment** Type: Tray Varnish
○ **Impressions**
○ **Sealant(s)** #'s _____
Restorative/Dental Needs: **[ ] None indicated** **[ ] Referral:**

Date: _____

I have been informed of my oral status and of services recommended. I authorize the services to be provided by the dental assisting student. If further treatment is recommended, I understand that it is my responsibility to seek dental care from a facility/clinic outside of the MGCCC Dental Clinic.

Patient/Guardian: _____

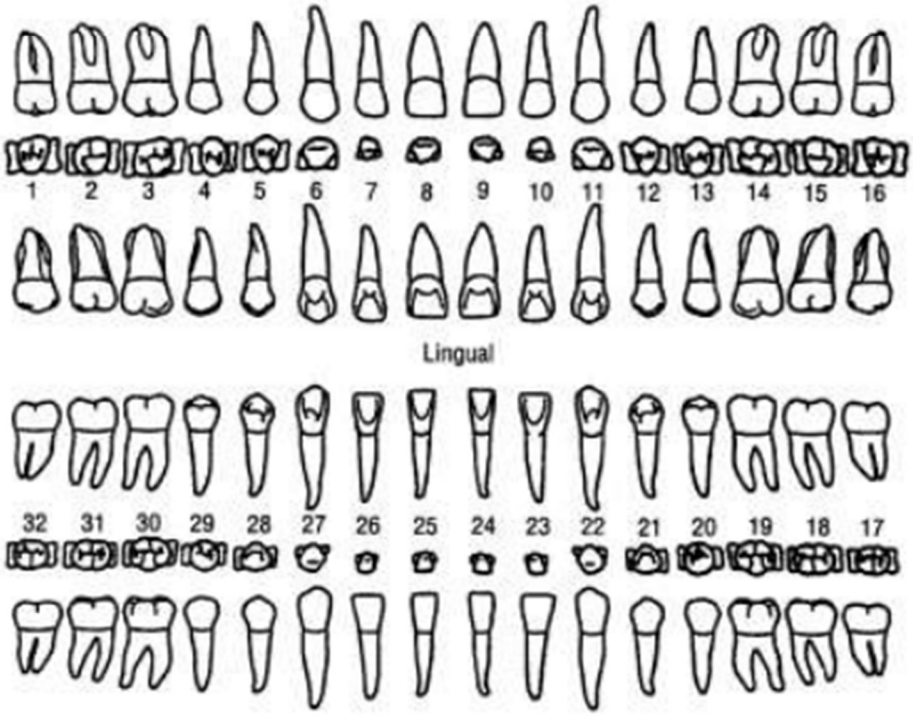
Dentist: _____

Student: _____

MGCCC
Mississippi Gulf Coast Community College

Patient Name: _____
Birth Date: _____

Dental Examination:



Attending Dentist and Date: _____

Date: _____		Date: _____	
01 _____	17 _____	01 _____	17 _____
02 _____	18 _____	02 _____	18 _____
03 _____	19 _____	03 _____	19 _____
04 _____	20 _____	04 _____	20 _____
05 _____	21 _____	05 _____	21 _____
06 _____	22 _____	06 _____	22 _____
07 _____	23 _____	07 _____	23 _____
08 _____	24 _____	08 _____	24 _____
09 _____	25 _____	09 _____	25 _____
10 _____	26 _____	10 _____	26 _____
11 _____	27 _____	11 _____	27 _____
12 _____	28 _____	12 _____	28 _____
13 _____	29 _____	13 _____	29 _____
14 _____	30 _____	14 _____	30 _____
15 _____	31 _____	15 _____	31 _____
16 _____	32 _____	16 _____	32 _____
Dentist: _____		Dentist: _____	

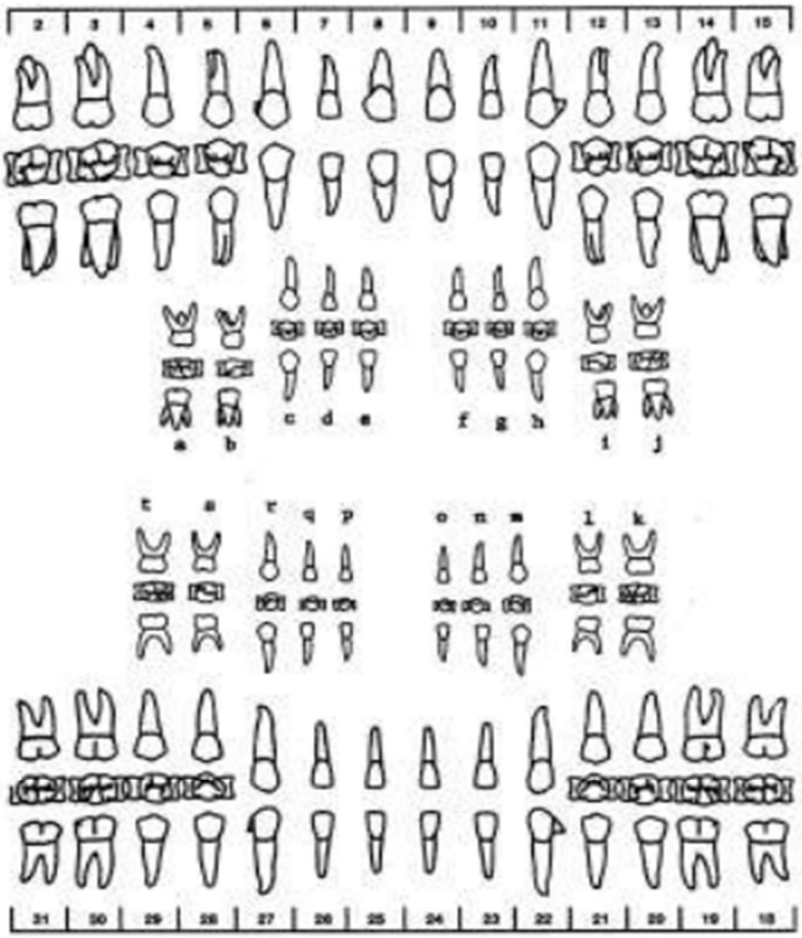
Sealant(s) Approval Date:	Sealant(s) Approval Date:	Sealant(s) Approval Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Patient Name: _____

Birth Date: _____

Mississippi Gulf Coast Community College

Pediatric Dental Pathology Examination:



Update:	
02	18
03	19
04(a)	20(k)
05(b)	21(l)
06(c)	22(m)
07(d)	23(n)
08(e)	24(o)
09(f)	25(p)
10(g)	26(q)
11(h)	27(r)
12(i)	28(s)
13(j)	29(t)
14	30
15	31

Update:	
02	18
03	19
04(a)	20(k)
05(b)	21(l)
06(c)	22(m)
07(d)	23(n)
08(e)	24(o)
09(f)	25(p)
10(g)	26(q)
11(h)	27(r)
12(i)	28(s)
13(j)	29(t)
14	30
15	31

Sealant(s) Approval Date:	Sealant(s) Approval Date:	Sealant(s) Approval Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attending Dentist Signature and Date: _____

Attending Dentist Signature and Date: _____

Attending Dentist Signature and Date: _____

Patient Name: _____
Birth Date: _____

SOAP Notes:

PROGRESS NOTES

Student Signature And Date	Faculty Signature And Date	NOTES

Dental Assisting Technology

Tobacco Dependence Form

ASK- Ask about tobacco use at every visit

- Do you currently use tobacco or have you used in the last 6 months?
  - Yes
    - Cigarettes
      - How many cigarettes on a typical day? _____
    - Chewing tobacco or snuff
      - How many days does a tin last you? _____
    - Vape
      - How long does it last? _____
- How long have you been using tobacco?
- How soon after waking do you first use?
- Have you ever tried to quit before?

ADVISE- Advise all tobacco users to quit

- Relationship with dental health and tobacco
  - #1 cause of Periodontal disease is tobacco use
    - Signs of Periodontal disease? Y/N

ASSESS- Assess readiness to quit

- Quitting is one of the most important things you can do for oral health
  - On a scale of 1-10, 0 being 'not ready to quit' and 10 being 'ready now', how would you rate your feelings about quitting?

Not ready to quit	Should consider quitting some day	Should quit but not quite ready	Thinking about cutting down or quitting	Have cut down and seriously considering quitting	Ready to quit now
0 ----------	1 ---------- 2 ----------	3 --------- 4 ----------	5 ---------- 6 ---------	7 ---------- 8 ----------	9 ---------- 10

    - 5 or less- "what has to happen to move up the scale?"
  - Are you interested in quitting in the next 2 weeks/30 days?

ASSIST- Assist your patient with quitting (Research indicates Coach + Med= Best Success)

- Set quit date: _____
- Counsel
  - Encourage to tell family/ friends
  - Anticipate challenges like withdrawal
  - Remove tobacco products from environment/avoid triggers (alcohol/stress)
- Medication
  - Prescription: Buproprion SR150, Chantix
  - OTC: Patch (21/14), Gum (4/2), Lozenge (4/2), Inhaler, Spray
- Refer Quitline 1-800- QUIT NOW
  - Indirect- give referral information

ARRANGE-

- Direct- you call/fax and make referral
- Follow-up

Patients Not Ready to Quit:

- Relevance - Encourage personal relevance (children/health)
- Risks- Ask them to list negative consequences (Acute: perio, Long-term: cancer)
- Rewards- Ask them to list benefits of quitting (health, save money, set example)
- Roadblocks- Provide solutions (withdrawal, weight gain, depression, support)
- Repetition (Ask again at next appointment)

Dental Assistant Technology

Nutritional Counseling Form

ASSESS- Assess the need for nutritional counseling

- Examine physical statue (overall appearance)

  Age: _____ Height: _____

  Weight: _____ BMI: _____

- Observes/Questions patient's nutirional awareness
  - Psychological : _____
  - Educational : _____
  - Cultural : _____
  - Social : _____
  - Medical : _____
  - Economic : _____
  - Knowledge : _____
  - Activity level : _____
- Explores the patient's record
  - Health History
    - Diseases/Conditions (Pregnancy): _____
    - Medications:_____
  - EIX
    - Lesions/Pathology/Dentures/Ortho: _____
  - Caries risk
    - Caries (new/recurrent/incidence):_____

ASK- Ask the patient if they are willing to participate in a nutritional evaluation

- Student has asked the patient to fill out a 3-day diet diary of everything that was chewed or consumed.

ANALYZE- Analyze the patient's dietary habits

- Evaluates the patient's dietary habits (typically using a 3 day diary)
  - Student uses a program _____ to analyze patient's nutrition.

- Deficiencies/Excesses
  - Food groups (grains, fruits, vegetables, milk, meat/beans): _____
  - Macronutrients (carbohydrates, proteins, fats): _____
  - Micronutrients (vitamins, minerals): _____

ASCERTAIN- Discuss a nutritional plan to meet the needs of the patient

- Uses assessment criteria to establish a nutritional plan to meet patient's needs.
  - motivational strategies: _____
  - patient's input and personal preferences: _____
  - suggestions/strategies that address nutrient deficiencies/excesses: _____
  - suggestions/strategies that reduce the cariogenicity of the diet, *when applicable; addresses snack consumption*: _____
    - beneficial foods replacements: _____
    - what can happen if improvement is not made (link assessment problems): _____

ADVISE- Communicate findings with the patient

- Explains the relationship between the pH of saliva, the caries process, and cariogenic potential in patient's diet.
- Explains to the patient the relationship between patient's dental problems and the types, amounts, and times foods are consumed.
- Utilizes effective communication skills: Active listening and uses terminology understood by the patient.
- Keeps instructor apprised of the patients' assessment and recommendations; instructor shouldn't have to prompt or ask any questions.

ASSIST/ARRANGE- Arranges session to **counsel** patient with beneficial dietary changes

- Explores: Builds rapport (positive, polite, affirming, open ended questions, seats patient at eye level, uses visual aids)
- Guides: Determines motivation level, reasons for change, and commitment level
- Chooses: Provides multiple options, rolls with resistance, anticipates barriers
- Reflection: Self evaluates ability to impart knowledge to patient (summarizes, asks questions to verify the patient understands, and plans to monitor progress)

Dental Assisting Technology

Patient Referral Form

Directions: The student will complete the referral form by filling in all requested information. In the "comments" section, the student will indicate information or procedures that require dentist or medical evaluation and any care that remains to be completed. Give the patient the original form and place a copy in the patient record.

Patient Name: _____ Date: _____

Referred to: _____

The following radiographs are available in the MGCCC Dental Clinic:

_____ FMX Date of Radiographs _____

_____ BW's Date of Radiographs _____

_____ PA's Date of Radiographs _____

_____ PANO Date of Radiographs _____

Referral: (Please provide a brief description of needs_

Restorative: _____

Perio: _____

Pedo: _____

Ortho: _____

Oral Path: _____

Endo: _____

Other: _____

Comments: _____
_____
_____

Next MGCCC Dental Clinic appointment: _____ _____
Dentist Signature

Dental Assisting Technology

Blood Pressure Evaluation

Dear Dr. _____

Your patient, _____, has presented to our clinic on _____ with a blood pressure reading of _____. The above-named patient has indicated the he/she is under your care.

If in your opinion the blood pressure reading is appropriate for him/her to receive dental services, please indicate by signing and initialing the appropriate space. Conversely, if your patient's blood pressure is not controlled and should not receive dental services at this time, initial the appropriate space. Please not that this is a teaching institution and procedures take longer than in a private dental setting. The patient will not be allowed to continue dental treatment in our clinic until documentation is received.

Thank you,

_____

Attending Dental Faculty

_____ The patient's blood pressure is under control and he/she may receive dental services.

_____ The patient's blood pressure is **not** controlled and he/she is **not** to receive dental services at this time.

_____

Examining Physician's Signature and Date

Dental Assisting Technology

Antibiotic Prophylaxis

Dear Dr. _____

Your patient, _____, has given us a history of a conditions which indicates that he/she may be in a category for which the American Heart Association (AHA) recommends antibiotic endocarditis prophylactic coverage. The AHA recommends such antibiotic coverage prior to any dental procedure likely to induce gingival bleeding, which includes virtually all dental services except simple adjustments of orthodontic appliances or shedding of primary teeth.

Please indicate whether this patient requires antibiotic prophylaxis by checking "Yes" or "No" below. The attending faculty in the dental clinic will assume responsibility for prescribing the appropriate medication and dosage as per AHA recommendations.

Thank you,

_____

Attending Dental Faculty

_____ Yes, I recommend that this patient have antibiotic prophylaxis.

_____ No, it is not necessary for this patient to have antibiotic prophylaxis.

_____ Medical diagnosis for this patient is: _____

_____

Examining Physician's signature and date

Dental Assisting Technology

Medical Consultation

Dear Dr. _____

_____

(Patient's full name) (Date of Birth)

Presented in our clinic on _____ for dental services with _____

_____

_____.

Our protocol indicates a need for a medical consultation before we can continue treatment. Please complete the information requested and any additional comments in the space below.

_____

Attending Dental Faculty

_____ The patient's medical condition is under control and he/she may receive dental services.

_____ The patient's medical condition is **not** under control and he/she **should not** receive dental services at this time.

_____

Consulting Physician's Signature

I hereby give my permission for the release of pertinent medical information and/or records, for the purpose of treatment only, to the Mississippi Gulf Coast Community College Dental Clinic and staff.

_____

Patient signature/date

Dental Assisting Technology

ORAL PATHOLOGY CONSULTATION/REFERRAL

Patient Name: _____ Date: _____

Age: _____ Sex: _____ Race: _____

Pertinent Medical and Behavioral History: _____

_____

_____

Description and History of Lesion: _____

_____

Location:	**Size:**
Color:	**Shape:**
Borders:	**Surface:**
Consistency:	**Symptoms:**
Duration:	**Onset:**
Frequency:	**Previous Treatment:**

Other Pertinent Information: _____

_____

Clinical Differential Diagnosis: _____

_____

Management Indicated: _____

_____

Student: _____ Faculty: _____

Follow-Up Remarks: _____

_____

Date: _____ Student: _____ Faculty: _____

Dental Assisting Technology

Tuberculosis (TB) Form

To Whom It May Concern:

_____ reported to our clinic for dental services today with a
(Patient's name)

history of a positive TB test and subsequent follow-up treatment at your facility. We provide care in open clinics involving other patients and students and treatment usually generates significant aerosols; thus, we require written medical consent before rendering treatment.

Sincerely,

_____
Attending Dental Faculty

☐ The patient poses no risk of communicable disease to students or other patients and should be treated routinely

☐ The patient should be treated with special precautions.

Specify: _____

_____

_____

☐ Other: _____

_____
Consulting Physician's Signature/Date

Dental Assisting Technology Program

REQUEST FOR RELEASE OF RECORDS

I hereby authorize the Department of Dental Assisting Technology Program release the following:

____ Radiographs ____ Copy of Patient Record

____ Diagnostic Casts ____ Other _____

Specify

Which are part of the record of:

Name of Patient: _____

Chart Number:_____

Records are to be released to:

Name: _____

Address: _____

Phone Number: _____

Permission given voluntarily and with full knowledge:

_____ _____

Signature of Patient or Legal Guardian

Date

P. STUDENT/ FACULTY CLINIC ROLES FOR TECHNIQUE OF PROCEDURES

Educational growth toward professional entry-level competency includes development of three key domains: knowledge, skills, and attitudes. Didactic information and professionalism will be linked with clinical skills to deliver comprehensive quality dental assisting skills.

The comprehensive patient care philosophy is broadened to incorporate three areas:

1. treatment is planned and delivered to best meet the needs of the patient;
2. treatment is delivered in a way that considers the well-being of the student/clinician and patient;
3. treatment is delivered considering the interests of the institution.

Competency examinations, professional evaluations, and didactic examination will be developed to assess the student's ability to deliver competent comprehensive dental care. Based on the above three foundational areas, a critical treatment error is committed whenever any of the following occur:

1. a patient's welfare has been jeopardized,
2. the student has been placed at risk, and/or
3. the institution has been placed at risk.

Competent healthcare delivery is defined as the consistent delivery of care without critical errors. Therefore, this section is designed at assist the student in delivery of treatment and self-assessment. Assigned instructors will serve to guide educational growth using the procedural standards described in this section. Faculty feedback will serve to advise the student as to their clinical progress with regards to what has been described above as the determination of a critical error. A critical error is defined as an incorrectly performed procedure that has the potential to do harm to the patient, student, or faculty. **Critical errors** are indicated by an asterisk (*) and result in termination of the competency and or procedure.

CRITICAL ERRORS

Critical error is defined as an incorrectly performed procedure that has the potential to do harm to the patient, student, or faculty.
The following components have been deemed critical errors and will result in the termination of the competency.

Health History
- Failure to alert faculty to any positive responses, contraindications, or complications in the patient's health history which if allowed continuing would most probably result in harm to the patient's well being.

Infection Control
- Cross contamination of equipment, supplies, or instruments which if allowed continuing would most probably result in harm to the patient, student, or faculty.

Extra/Intra Oral Examination
- Failure to detect and/or alert faculty of a significant pathology that could potentially harm the patient or contradict treatment.

Periodontal Probing
- Apply excessive force with the periodontal probe which if allowed to continue would most probably result in damage due to penetration of the junctional epithelium.

Calculus Detection
- Consistent use of the wrong end of the ODU explorer which if allowed to continue would most probably result in harm to the patient's tissue.
- Consistent failure to adapt the tip of the instrument against the tooth surface, which if allowed to continue would most probably harm the patient's tissue.

Hard Deposit—Manual
- Excessive angulation of the face of the instrument of great than 90°, whcih if allowed to continue would most probably result in harm to the patient's tissue.

Hard Deposit—Ultrasonic
- Failure to recognize contraindications that if allowed to continue would most probably result in harm to the patient, restorations, tooth structure, and/or soft tissue.
- Failure to select the appropriate insert tip, tune, adjust and/or maintain the appropriate power and water flow which if allowed to continue would most probably result in harm to the patient, restorations, tooth structure, and/or soft tissue.

Polishing—Rubber Cup
- Failure to replenish the appropriate polishing agent as needed which if allowed to continue would most probably cause harm to the vitality of the tooth.

Polishing—Air Powder
- Failure to recognize contraindications which if allowed to continue would most probably result in harm to the patient, restorations, tooth structure, and/or soft tissue.

Topical Fluoride
- Failure to take measures to ensure that the patient does not swallow excess amounts of fluoride which could have the potential to cause severe illness to the patient (includes failure to observe the patient throughout the procedure).

STUDENT/FACULTY CLINIC ROLES BY PROCEDURE

HEALTH HISTORY AND VITAL SIGNS

Student Role

The student is expected to:

1. Assemble the necessary armamentarium.
2. Use the appropriate infection control procedures. *
3. Begin general assessment upon meeting the patient. This assessment includes but is not limited to:
    a. General physique
    b. Communication skills
4. Seat the patient in an upright position.
    a. Establish good rapport
    b. Maintain eye contact
5. Review general consent and HIPAA forms for signatures.
6. Determine the need for a new health history. *
7. Review, obtain, and record the health history using an interview format.
    a. Use non-leading questions
    b. Use terminology understood by patient
    c. Demonstrate active listening
    d. Address blank spaces, don't know, and positive responses on the health history and dental history forms.
8. Record (update) health history and dental history information on the appropriate form. *
9. Record (update) information on the Medication Summary form. *
10. Take and accurately record vital signs: *
    a. Blood Pressure
        i. Sanitize stethoscope earpieces (do not spray sanitizer directly into the earpieces)
        ii. Seat patient in a comfortable position with the arm at heart level
        iii. Select appropriate arm and sphygmomanometer, i.e. cuff size
        iv. Place the lower edge of the cuff on the bare arm of the patient, one-inch above the antecubital fossa
        v. Secure the deflated cuff evenly and snugly with no more than two fingers looseness
        vi. Obtain palpatory systolic reading if previous systolic is unknown
        vii. Close the air lock valve
        viii. Pumps the value quickly to inflate the cuff until radio pulse ceases, and then inflates 30mm Hg more.

ix. Place the stethoscope over brachial artery

x. Position the stethoscope earpieces with the tips directed anteriorly (the order of above steps ix and x are interchangeable)

xi. Release the air lock to allow the meter to drop 2-3 mm per second, noting the systolic and diastolic readings.

xii. Express residual air quickly from the cuff

xiii. Record readings and whether the right or left arms was used.

b. Pulse

i. Locate the radial pulse with the tips of the fingers

ii. Count the pulse for one clocked minute

c. Respiration

i. Take respiration as an extension of the pulse by holding the pulse as though if assessing the pulse

ii. Observe the patient's chest rise during inhalation

iii. Count the number of inhalations for one clocked minute

11. Alert the faculty/instructor of any positive responses, contraindication, or complications. *
12. Obtain the appropriate signatures.
    a. Patient
    b. Student
    c. Faculty
13. Maintain confidentiality concerning all information. *
14. Demonstrate professional conduct.*
15. Make a complete, accurate, dated chart entry in the electronic record. *
16. Self-evaluate procedure according to criteria and identify methods for improvement.

<u>Faculty Role</u>

The faculty is expected to:

1. Review the information recorded on the history form/computer.
2. Review important aspects of history with the patient the patient to ascertain that the history has in fact been updated and accurately reflects the patient's current status.
3. Review vital sign information.
4. Ask the student to verbalize the purpose, contraindications, and/or side effects of medications that influence the dental care.
5. Ask the student to explain how information in the history will be used in planning treatment and in determining the need for medical consultations.
6. Make the appropriate notations on Daily Feedback form so that students can review the notations in an endeavor to improve his/her skills daily and future faculty can monitor student progress.

EXTRAORAL/INTRAORAL EXAMINATION (EIX)

Student Role

The student is expected to:

1. Assemble the armamentarium.
2. Complete health history and vital sign assessment prior to beginning the ExtraOral/ IntraOral Examination (EIX). *
3. Use the appropriate infection control procedures.*
4. Use the correct patient, operator, and equipment positioning.
5. Explain to the patient the purpose of the examination and how the procedure is to be done. Continue the explanations throughout the procedure. *
6. Examine all extraoral and intraoral structures using a systematic approach. *
7. Identify, describe, and record abnormal conditions. *
8. Question the patient for the following if a deviation from normal is identified: *
    a. Onset
    b. Duration
    c. Pain/tenderness
    d. Possible causes
9. Assess and record occlusion, removable appliances, and need, type and reason for radiographs.*
10. Assess the need for referrals for abnormal conditions. *
11. Alert the faculty of any deviations from normal. *
12. Obtain the appropriate signatures.
13. Demonstrate professional conduct. *
14. Make complete, accurate, dated chart entry in the electronic record. *
15. Self-evaluation procedure according to criteria and identify methods for improvement

Faculty Role

The faculty is expected to:

1. Ensure that the student explains the purpose and nature of the procedure to the patient.
2. Ensure that the student explains to the patient the areas and structures being examined. The purpose of the student-patient exchange is to keep the patient informed and involved in the procedure.
3. Ensure that the patient understands this examination does not replace the need for examination by a medical professional.
4. Examine the data and confirm the findings.
5. Ask the student to explain how the findings will be used in planning treatment and in determining the need for further consultation.
6. Make the appropriate notations on Daily Feedback form so that students can review the notations in an endeavor to improve his/her skills daily and future faculty can monitor student progress.

PATIENT RISK ASSESSMENT AND DENTAL FINDINGS

Student Role

The student is expected to:

1. Assess the patient's current behaviors and risk factors to develop a list of potential problems. *
2. Integrate information obtained from the health history, EIX, dental charting, and dentist-directed assessment to identify patient education needs and information that should be communicated to the dental faculty or dentist. *
3. Determine what patient education or chairside information will be reinforced during the appointment under the direction of the dental faculty or dentist. *

appointment. *

4. Provide patient education appropriate to the student's role and level of instruction and refer clinical questions to the dentist or faculty. *

This includes evaluating the patient's skill development and the patient's compliance. *

Faculty Role

The faculty is expected to:

1. Ensure that the student has interviewed the patient to obtain the necessary information and record the findings.
2. Ensure that the student provides patient education that accurately reflects the dentist's findings, treatment recommendations, and the student's role.

integrates the patient's goals and needs.

4. Assess the student's ability to communicate dental health information appropriately and to recognize when a question or finding requires referral to the dentist.

demonstration of oral skill(s) to the patient.

4. Make the appropriate notations on Daily Feedback form so that students can review the notations in an endeavor to improve his/her skills daily and future faculty can monitor student progress.

CLINICAL AND RADIOGRAPHIC CHARTING OF EXISTING CONDITIONS

Student Role

The student is expected to:

1. Review the patient assessment data to determine contraindications or alterations in procedure. *
2. Assemble the armamentarium.
3. Use appropriate infection control procedures. *
4. Use correct patient, operator, and equipment positioning.
5. If applicable, remove patient's dentures and/or partials. *
6. Explain all procedures and rationale to the patient. *
7. Visually examine the teeth. *
8. Utilize the patient's most current types of radiographs. *
9. Chart dental conditions in accordance with current charting protocol. Record and date findings on the appropriate form. *
10. Question the patient concerning any deviations from the normal to ensure accurate and complete information. *
11. Confirm dental findings with the dental faculty using concise, clear terminology. *
12. Provide pertinent, individualized patient education in respect to clinical findings. *
13. Demonstrate professional conduct. *
14. Make complete, accurate dated chart entry in the electronic record. *
15. Self-evaluate procedure according to criteria and identify ways in which technique can be improved.

Faculty Role

The faculty is expected to:

1. Ensure that the student explains the purpose and nature of the procedure to the patient.
2. The purpose of the student-patient exchange is to keep the patient informed and involved in the procedure.
3. Observe instrumentation.
4. Examine the data and confirm the findings.
5. Make the appropriate notations on Daily Feedback form so that students can review the notations in an endeavor to improve his/her skills daily and future faculty can monitor student progress.

DENTAL TREATMENT PLAN/INFORMED CONSENT

Student Role

The student is expected to:

1. Review patient record and diagnostic aids, noting information which will influence dental treatment such as but not limited to: *
    a. Chief complaint
    b. EIX
    c. Dental pathology
    d. Dentist-directed diagnostic findings and treatment recommendations
2. Under faculty/dentist direction, assist with the patient's treatment plan by:
    a. Reinforcing patient education and treatment instructions
    b. Further referral if indicated

3. Indicate procedures using CDA codes.
4. Discuss treatment plan with dental faculty using the correct terminology.
5. Under the supervision of the dental faculty, assist the dentist in presenting the treatment plan to the patient to include procedures planned, time requirements, approximate costs, short-term and long-term goals, and future recommendations.

include: summation of assessment information, procedures planned, time requirements, approximate costs, short-term, long-term goals, and future recommendations.

6. Obtain the patient, student and dental faculty signatures and date on the Treatment Plan/Informed Consent Form. *
7. Take the signed Treatment Plan/Informed Consent Form to the clinical receptionist to scan into the patient's electronic record. *
8. Demonstrate professional conduct. *
9. Self-evaluate procedure according to criteria and identify methods for improvement.

Faculty Role

The faculty is expected to:

1. Confirm that the treatment plan reflects the dentist's diagnosis, prescribed treatment, and appropriate patient education.

and that the plan best meets the needs of the patient.

2. Guide the student in understanding the treatment plan and the dental assistant's role in communicating and supporting the dentist's recommendations.

treatment plan and rationale behind the plan.

3. Sign treatment plan. (dental faculty)
4. Listen as the student verbalizes the plan to the patient.
5. Make the appropriate notations on Daily Feedback form so that students can review the notations in an endeavor to improve his/her skills daily and future faculty can monitor student progress.

PATIENT ORAL HEALTH EDUCATION

Student Role

1. Review the dentist-directed patient education needs and current patient information. *
2. Seat patient in an upright position.
3. Reinforce appropriate oral health and home-care information provided by the dentist or faculty. *
4. Select appropriate patient education materials consistent with the dentist's recommendations and the student's level of instruction. *
5. Explain recommended home-care aids and techniques within the student's educational preparation and refer questions about diagnosis or treatment to the dentist or faculty. *
6. Encourage the patient to demonstrate understanding of recommended home-care techniques and provide supportive feedback within the student's role. *
7. Select appropriate pamphlets to support oral health, nutritional, tobacco cessation, or treatment-related education as directed.
8. Consider and use the following principles of learning:
    - -Create an environment/rapport which enhances instruction
    - -Vary rate of instruction to each patient's needs
    - -Encourage patient to actively participate
    - -Provide immediate and positive feedback
9. Use a patient-centered approach to reinforce the information provided by the dentist and encourage appropriate daily oral health practices. *
10. Consider and use the following principles of communication:
    - -Eye contact -Tone of voice -Verbal and nonverbal behavior and appropriate terminology
11. Review and summarize the education provided, confirming patient understanding and referring clinical questions to the dentist or faculty.
12. Demonstrate professional conduct. *
13. Make complete, accurate, dated chart entry in the electronic record. *

Faculty Role

1. Ensure that the student relates dentist-directed assessment information to the patient education provided.
2. Confirm that patient education materials and recommendations are appropriate to the student's role.
3. Periodically listen as the student explains the purpose of the procedure to the patient.
4. Ensure that the student uses a combination of patient education techniques:
    a. Observe the current practices of the patient
    b. Introduce the new techniques or modifications
    c. Allow adequate supervised practice by the patient.
    d. Use study models or other approved teaching aids as indicated.
5. Ensure that patient education is consistent with the dentist's treatment recommendations and the student's scope of practice.
6. Review documentation of Patient Oral Health Education in patient record for thoroughness.
7. Make the appropriate notations on Daily Feedback form so that students can review the notations in an endeavor to improve his/her skills daily and future faculty can monitor student progress.

CORONAL POLISHING

Student Role

The student is expected to:

1. Review patient assessment to determine contraindications to treatment. *
2. Assemble armamentarium.
3. Use appropriate infection control procedures. *
4. Explain the procedure and provide appropriate individualized patient education. *
5. Use correct patient, operator, and equipment positioning.
6. Perform coronal polishing only when prescribed/authorized, within the student's level of instruction and applicable supervision requirements. *
7. Select the appropriate polishing agent consistent with the patient's needs and existing restorations. *
7. Provide the patient with safety glasses.*
8. Perform polish utilizing correct technique. Use the appropriate polishing agent according to stain classification and restorations on teeth/surfaces selected for polishing. *
9. Complete procedure by utilizing dental floss throughout the mouth.
10. If applicable, clean removable dentures or other removable appliances and return to patient. (Refer to section on cleaning removable appliances.)
11. Demonstrate professional conduct. *
12. Make complete, accurate, dated chart entry in the electronic record. *
13. Self-evaluate procedure according to criteria and identify methods for improvement.
14. Clean up treatment area and armamentarium.

Faculty Role

The faculty is expected to:

1. Confirm patient appropriateness.
2. Ensure that the student explains the purpose and nature of the procedure to the patient.
3. Observe instrumentation.
4. Check the end-product for stain and plaque removal and tissue condition.
5. Ensure proper chart documentation.
6. Make the appropriate notations on Daily Feedback form so that students can review the notations in an endeavor to improve his/her skills daily and future faculty can monitor student progress.

FLUORIDE TREATMENT

Student Role

1. Review patient's history and assessment to determine indications for fluoride treatment. *
2. Use appropriate infection control procedures. *
3. Assemble the armamentarium:
4. Explain the procedure and provide appropriate individualized patient education, emphasizing cooperation required to ensure maximum benefits and post-treatment instructions. *
5. Observe the patient during treatment. *
6. Tray technique: *
    a. Position patient in an upright position
    b. Select appropriate size tray
    c. Fill tray approximately ¼ full with fluoride gel or foam
    d. Dry mandibular and maxillary arches thoroughly with compressed air and seat tray. Instruct patient to lift tongue, close and gently chew on trays to distribute gel or foam interproximal
    f. Insert saliva ejector
    g. Leave in place for four (4) minutes, unless otherwise approved by faculty
    h. Remove trays and aspirate remaining fluoride. Patient should expectorate any remaining fluids
    i. Checks for adverse reactions
    j. Remind patient not to eat or drink for 30 minutes.
7. Varnish
    a. Obtain single-dose packet
    b. Dry mouth using gauze or gentle air
    c. Apply a thin coat using a disposable applicator brush
    d. Instruct patient not to eat or drink for 30 minutes, avoid rough foods that day, and avoid brushing and flossing for a minimum of 4 hours after
8. Demonstrate professional conduct. *
9. Make complete, accurate, dated chart entry in the electronic record specifying: *
    a. Type of fluoride (APF or NaF)
    b. % of fluoride (1.23%, 2%, or 5%)
    c. Method used (tray or paint-on, i.e. varnish).
10. Accurately document any adverse reaction if present. *
11. Have faculty check patient's intraoral tissue after Fl tx and before dismissal. *
12. Self-evaluate procedure according to criteria and identify methods for improvement.

Faculty Role

1. Confirm patient appropriateness.
2. Ensure that the student explains the purpose and nature of the procedure to the patient.
3. Observe application technique.
4. Check patient's intraoral tissues for adverse reaction.
5. Ensure accurate documentation in patient's record.
6. Make the appropriate notations on Daily Feedback form so students can review the notations in an endeavor to improve his/her skills daily and future faculty can monitor student progress.

PIT AND FISSURE SEALANT APPLICATION

Student Role

The student is expected to:

1. Review patient assessment to determine contraindications to treatment. *
2. Explain the procedure and rational to the patient and/or parent (if patient is under 18 years of age). *
3. Use the appropriate infection control procedures. *
4. Assemble the armamentarium.
5. Use correct patient, operator, and equipment positioning.
6. Confirm current bitewing radiographs have been taken, procedure has been treatment planned and the faculty has made appropriate chart entry. *
7. Maintain dry field (free of saliva and debris) during application to provide adequate vision, sealant retention and patient comfort. *
8. Follow procedures for application outlined in the manufacturer's guidelines. *
9. Evaluate the applied sealant for overfill and underfill. *
10. Use floss to check access to interproximal areas.*
11. Have dental faculty evaluate finished product. *
12. Demonstrate professional conduct. *
13. Make complete, accurate, dated chart entry in the electronic record including: *
    a. Teeth sealed
    b. Surface(s) of teeth sealed
    c. Type of sealant materials (light vs. chemical, opaque vs. clear)
    d. Any complications with placement.
14. Clean up treatment area and armamentarium.

Faculty Role

The faculty is expected to:

1. Ensure that the student explains the purpose and nature of the procedure to the patient.
2. Confirm that the dentist has prescribed the procedure.
3. Observe the dry field technique and sealant application.
4. Ensure the dental faculty evaluate the end product to verify occlusion is maintained.
5. Ensure accurate documentation in patient's record.
6. Make the appropriate notations on Daily Feedback form so that students can review the notations in an endeavor to improve his/her skills daily and future faculty can monitor student progress.

CLEANING REMOVABLE APPLIANCES/COMPLETE DENTURES

Student Role

1. Assemble the armamentarium.
2. Use the appropriate infection control procedures. *
3. Explain the procedure to the patient and provide appropriate individualized patient education regarding care of remaining teeth, if any, and appliance cleaning regimen at home. *
4. Ask patient to remove the appliance:
    a. Give patient a tissue
    b. Provide a private environment for removal
    c. Respect patient's wishes not to talk or be seen without appliance.
5. Examine the appliance and patient. Seek consultation from the attending dentist regarding ill-fitting appliances, ulcerations, inflammation, cracked or broken appliances before placing the appliance in the ultrasonic cleaner. *
6. Use appropriate techniques to clean removable appliances/complete dentures which minimize the danger of dropping the appliance and may include but are not limited to: *
    a. Brushing to remove loose debris
    b. Immersion in a container holding a solvent to loosen deposits
    c. Immersion of container in a solution in an ultrasonic cleaner
    d. Use of prophy jet for heavy stain
    e. Use an approved denture/appliance brush or other appropriate method for stubborn debris; **do not** use periodontal instruments on patients or appliances.
7. Check appliance to insure no visible calculus or stain; smooth outer surfaces for patient comfort, and absence of all polishing and cleaning agents. *
8. Display safe storage of appliances when out of the mouth and immerse in diluted mouthwash until end of appointment. *
9. Rinse appliance at end of appointment and return to patient.
10. Demonstrate professional conduct. *
11. Make complete, accurate, dated chart entry in the electronic record. *
12. Assess procedures and outcomes and determine ways to improve the patient's daily cleanin routine.

Faculty Role

1. Listen as the student explains the purpose and nature of the procedure to the patient.
2. Expect that the student will use a combination of patient education techniques:
    a. Observe the current practices of the patient
    b. Introduce the new techniques or modifications
    c. Allow adequate supervised practice by the patient
3. Check end product.
4. Ensure student return appliance to patient.
5. Make the appropriate notations on Daily Feedback form so that students can review the notations in an endeavor to improve his/her skills daily and future faculty can monitor student progress.

STUDY MODELS

Student Role

1. Review patient assessment information to determine contraindications and/or modification to treatment. *
2. Prepare the study model procedure as directed by the dentist or faculty and based on the clinical purpose of the model.
3. Assemble the armamentarium.
4. Use the appropriate infection control procedures. *
5. Use appropriate patient, operator, and equipment positioning.
6. Request the patient to use a mouthrinse.
7. Examines the oral cavity for factors that may influence the size or preparation of the impression tray and the procedures to be carried during impression making. *
8. Prepares the impression trays by
    a. Selecting the appropriate size tray*
    b. Positions self correctly for try-in
    c. Applies a wax rim around the borders of the tray
    d. Neatly applies adhesive spray if necessary.
9. Spatulate the impression material to insure maximum strength and quality.
10. Seat the impression tray correctly by *
    a. Rolling the tray into the patient's mouth
    b. Stand in an appropriate position for making mandibular and maxillary impressions
    c. Manipulate the soft tissue for muscle trim for the development of a vestibule
    d. Maintain support of the tray until the impression material is set.
11. Remove the impression tray in the recommended manner for both the mandibular and maxillary impressions.
12. Disinfect the impressions prior to pouring up. *
13. Assist the patient in cleaning the mouth and face.
14. Trim the study models following guidelines for clinical evaluation.
15. Utilize the study models for appropriate patient education.
16. Demonstrate professional conduct. *
17. Make complete, accurate, dated chart entry in the electronic record. *
18. Self-evaluate procedure according to criteria and identify methods for improvement.

Faculty Role

1. Ensure that the student explains the purpose and nature of the procedure to the patient.
2. Observe the manipulation of the alginate materials and attainment of the impression(s).
3. Complete impression evaluation form and return to patient coordinator.
4. Evaluate the finished study models.
5. Make the appropriate notations on Daily Feedback form so that students can review the notations in an endeavor to improve his/her skills daily and future faculty can monitor student progress.

Student Receptionist/Clinical Assistant (RCA)

Student Role

1. Arrive at clinic at 8:00/12:00.
2. Time is split between the clinical receptionist and **clinical assistant** (main focus here)
3. Check in with clinical reception (may need help checking in patients)
4. Help confirm patient appointments; however, only the clinical receptionist may make an appointment, this includes writing it in the appointment book.
5. Assist student in cleaning radiology room between patients
6. Dispense supplies and stock supplies in the clinic
7. Clean partial/full dentures and return to student operator
8. Prepare non-sterile instruments that have been brought to the sterilization room (PPE).

Student Radiographer

Student Role

1. Arrive at clinic at designated time (as stated in syllabus)
2. *Complete and document Quality Assurance test at the beginning of the day.
3. *Follow the radiographic sign-up sheet in the order of patient sign-up unless otherwise instructed by faculty
4. Use appropriate infection control guidelines throughout the clinical session.
5. Retrieve patient from student operator and confirm type and number of radiographs needed
6. *Complete the Radiology Exposure Log in the Radiology Room prior to exposure
7. Return the patient to the clinic operatory as soon as the last radiograph is exposed
8. Mount, evaluate need for retakes, and consult with dentist/dental faculty pertaining to the need for retakes.
9. Students may not erase and re-expose a radiograph without permission from faculty
10. Procure authorization for retake(s) by the dentist and document in the Exposure Log
11. Request radiographs be graded by the appropriate assigned faculty
12. Turn in grade sheet preferably on same day as radiographs exposed; however, if extenuating circumstances occur, radiographs must be turned in within one week Failure to turn in a radiograph grade or in an untimely manner will result in a “0” grade for the radiographs and an “1” in professionalism on the feedback sheet.

Faculty / Clinic Supervisor Role for Student Receptionist/Clinical Assistant and Student Radiographer

1. Confirm student arrival & periodically observe
2. Assist students with difficulties
3. Grade and sign feedback sheet based upon/ Evaluate
    a. Completion of Quality Assurance (QA) test/duties
    b. Complete documentation of QA log and Rad Exposure Log
    c. Radiographs for diagnostic quality
    d. Faculty grade radiographs taken on patients within the faculty’s section
    e. Professionalism of student

DENTAL DEPARTMENT EMERGENCY PROCEDURES:

NON-MEDICAL EMERGENCY PROCEDURES

A. In the event of inclement weather (e.g. hurricanes, storms, floods, etc.) students are directed to check the college website for information about the college closing. If the college closes due to inclement weather, all School of Nursing and Health Professions classes and clinicals are cancelled. Check the same resource to check when the classes will resume. During an emergency, MGCCC will endeavor to keep students informed through the Connect- ED system, the Web site and the college's toll-free number 1-866-735-1122. To ensure notification through Connect-ED, students are asked to visit Web Services by logging in through the college Web site to update emergency contact information. In the event that the main Web site becomes unavailable, a back-up site will be available at http://mgccc.blogspot.com. If evacuation becomes necessary, students and employees who evacuate will find important updates through the local television, radio and newspapers as well as the Mississippi Public Broadcasting's state-wide network of radio and television affiliates. MPB's radio frequencies are listed on all state evacuation signs. To enhance communication efforts, please review the following checklist:

   • To ensure notification visit Web Services by logging in through the college website. Once you have logged in to the secure area, update your emergency notification information at the bottom, left-hand side of the page under the Personal Information tab. It will ask you to provide both a cell phone number and emergency email address. You will receive emergency information as a telephone call/voice mail, as a text message and as an email message.

   • Employees and students are encouraged to check the website, check the MGCCC Facebook page and follow the college's Twitter feed or call the college's toll-free phone number, 1-866-735-1122, for periodic college updates during severe-weather situations.

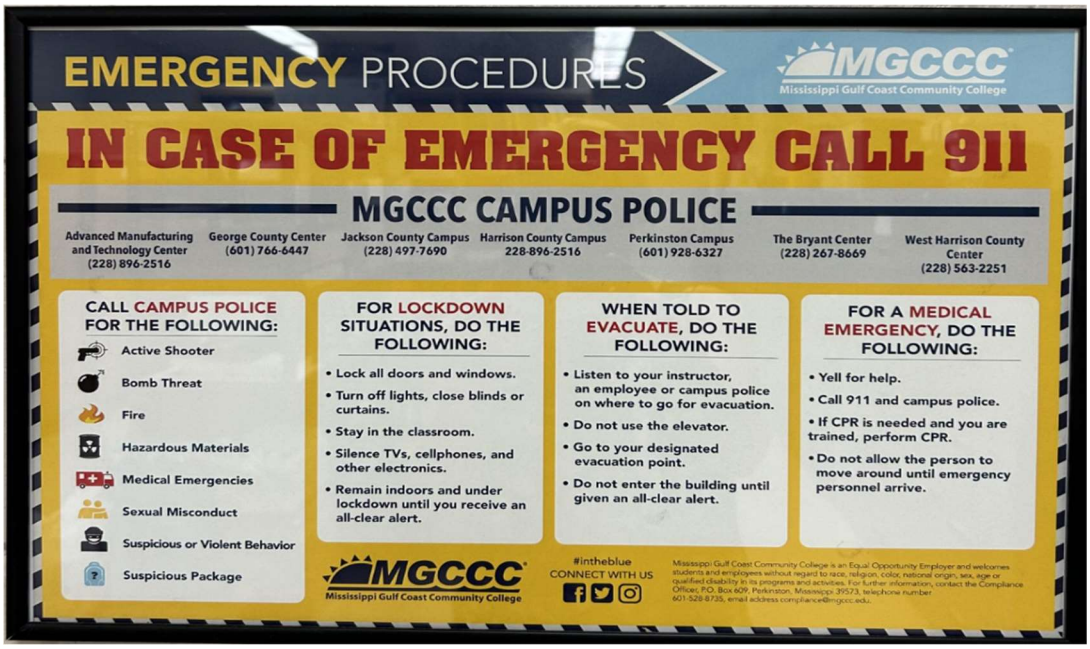
   • If evacuation becomes necessary, students and employees who evacuate will find important updates through local television, radio and newspapers as well as the Mississippi Public Broadcasting's statewide network of radio and television affiliates. MPB's radio frequencies are listed on all state evacuation signs. The safety of our employees and students is of the utmost importance to our institution and we will continue to keep you informed as more information is available

B. For other emergencies, call 911. Campus Police at the Bryant Center, 228-267-8669, should be alerted for:
   - Active shooter
   - Bomb threat
   - Fire
   - Hazardous material
   - Sexual misconduct
   - Suspicious/violent behavior or package

     1. For Lockdown Situations:

- Lock doors and windows
- Turn off lights, close blinds
- Silence electronics
- Remain in lockdown until ‘all-clear’ is received

2. When told to Evacuate:
   - Listen to instructor/police on where to go
   - Go to designated evacuation point
   - Do not enter building until “all-clear’
3. Emergency Procedures Poster:



4. Evacuation Plan:

C. See website for additional emergency information: https://mgccc.edu/about/campus-police-safety/

MEDICAL EMERGENCY PROCEDURES:

A. In the event of a medical emergency (may be identified by one or more of the following signs or symptoms) call 911.

- Change in voice tone
- Incoherence
- Severe headache
- Chest Pain
- Nausea
- Shortness of breath
- Faintness
- Perspiration
- Stupor
- Hives
- Pallor
- Vertigo

B. Dental Clinic Patient Protocol when impeding medical emergency is identified:

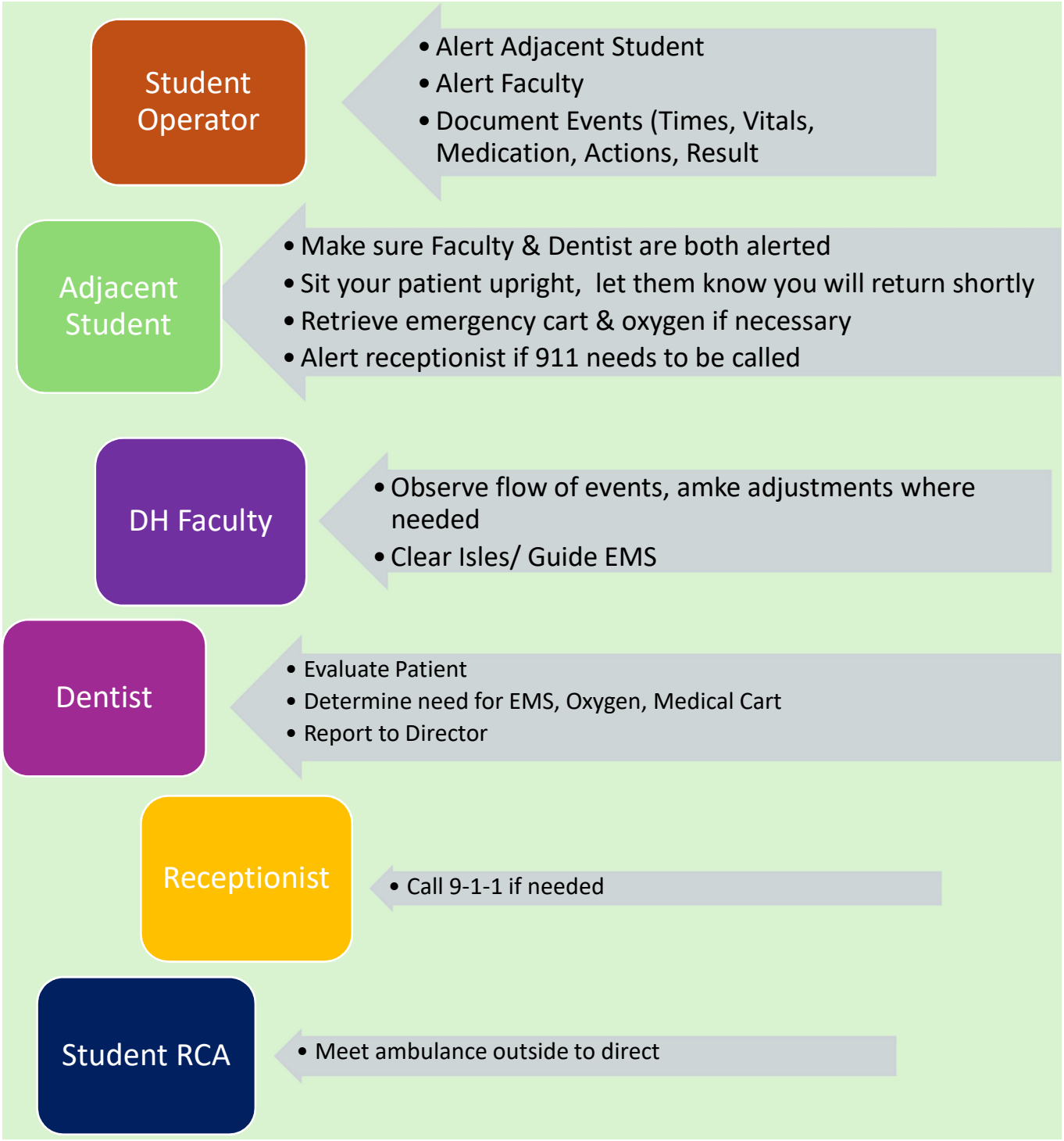
1. Stop all dental treatment.
2. Send for nearest clinical faculty member and attending dentist, and then retrieve emergency cart and/or oxygen. The adjacent/nearest student may be enlisted to assist in contacting appropriate personnel. The student operator should not leave the patient and unless otherwise directed, should monitor and

record vital signs and note the length of time between major changes in treatment.

3. Begin basic life support if indicated.
4. If assistance outside the dental clinic is needed. The dental receptionist/clinical faculty member will activate Emergency Medical System 911 if directed by clinical faculty /dentist. If outside assistance is summoned a student will be directed to direct emergency crews on arrival.
5. Notify anyone accompanying patient or individual designated as emergency contact.
6. All medical emergencies must be reported immediately to the Dental Director, Incident reports must be completed as soon as possible. Incident reports and progress notes in the patient record should be complete, factual and signed by the attending dentist. The emergency cart for the dental clinic is located on the wall outside sterilization.

C. Guides

PATIENT EMERGENCY PROTOCOLS



Allergic Reactions

Signs & Symptoms

Mild:

- Urticaria (hives)
- Pruritus (itching)
- Angioedema (swelling below skin)
- Erythema
- Rhinitis
- Coughing

Severe:

- Dyspnea
- Wheezing
- Cyanosis (bluish color)
- Hypotension
- Chest discomfort
- Shock
- Respiratory Depression
- Chest or throat constriction
- Difficulty swallowing

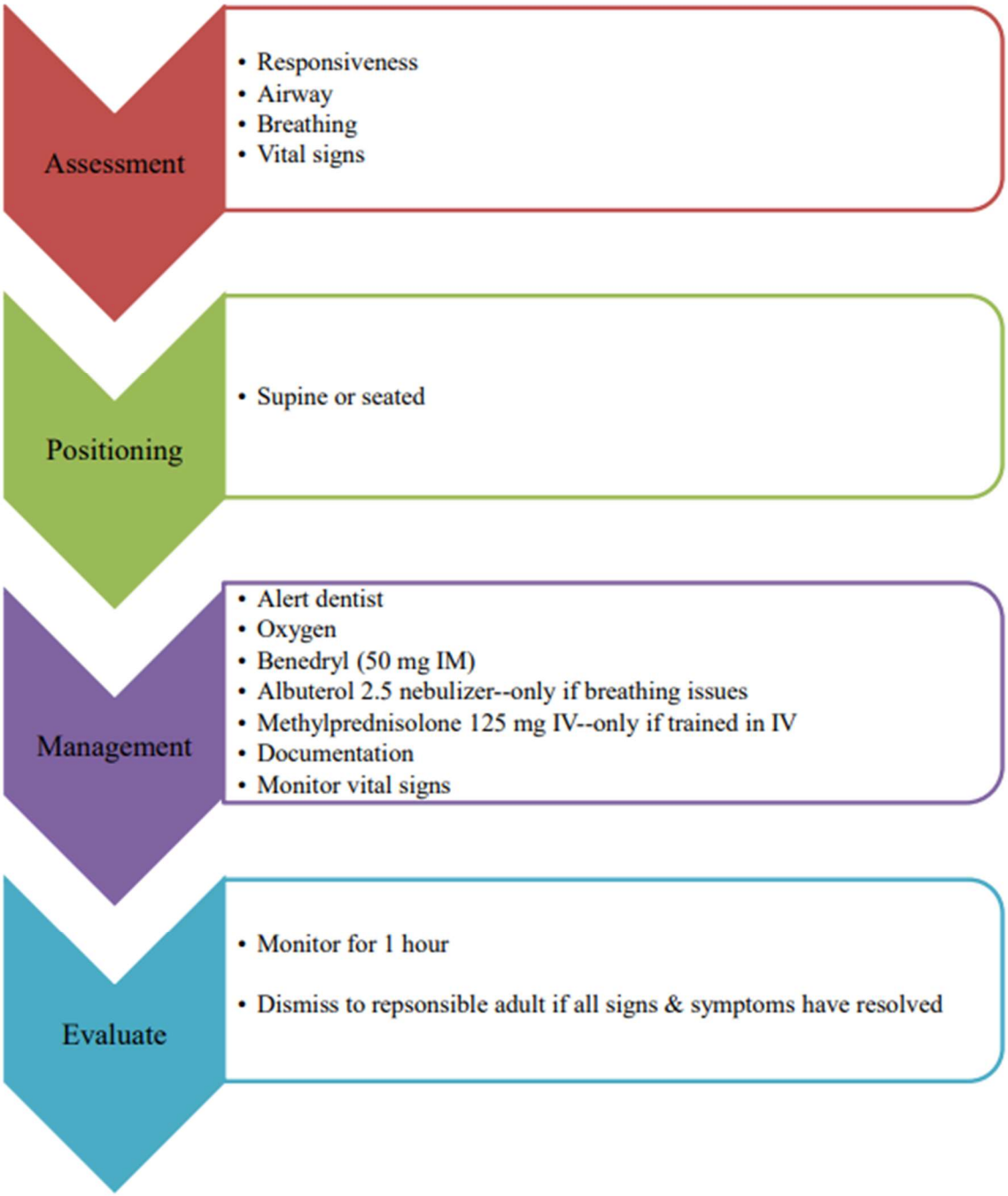
Onset—slow or sudden

Location—skin, nose, mouth, body parts (look for the cause/etiology)

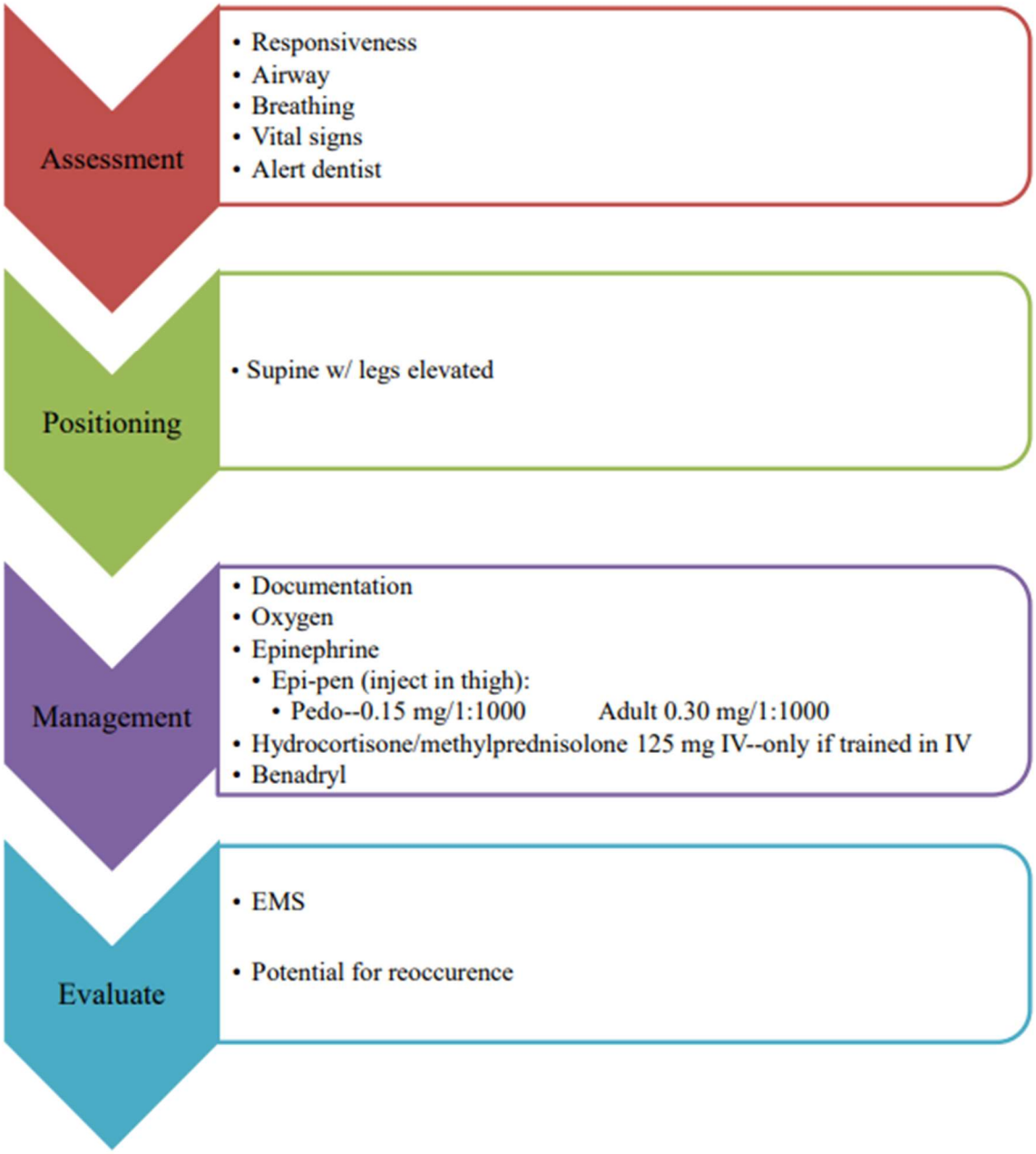
Distribution—localized or generalized

Rule Out:
Insect sting
Food allergy
Medication allergy
Contact Dermatitis—soap, detergent, lotion, etc.

Allergic Reactions--Mild



Allergic Reactions--Severe



Angina/Myocardial Infarction

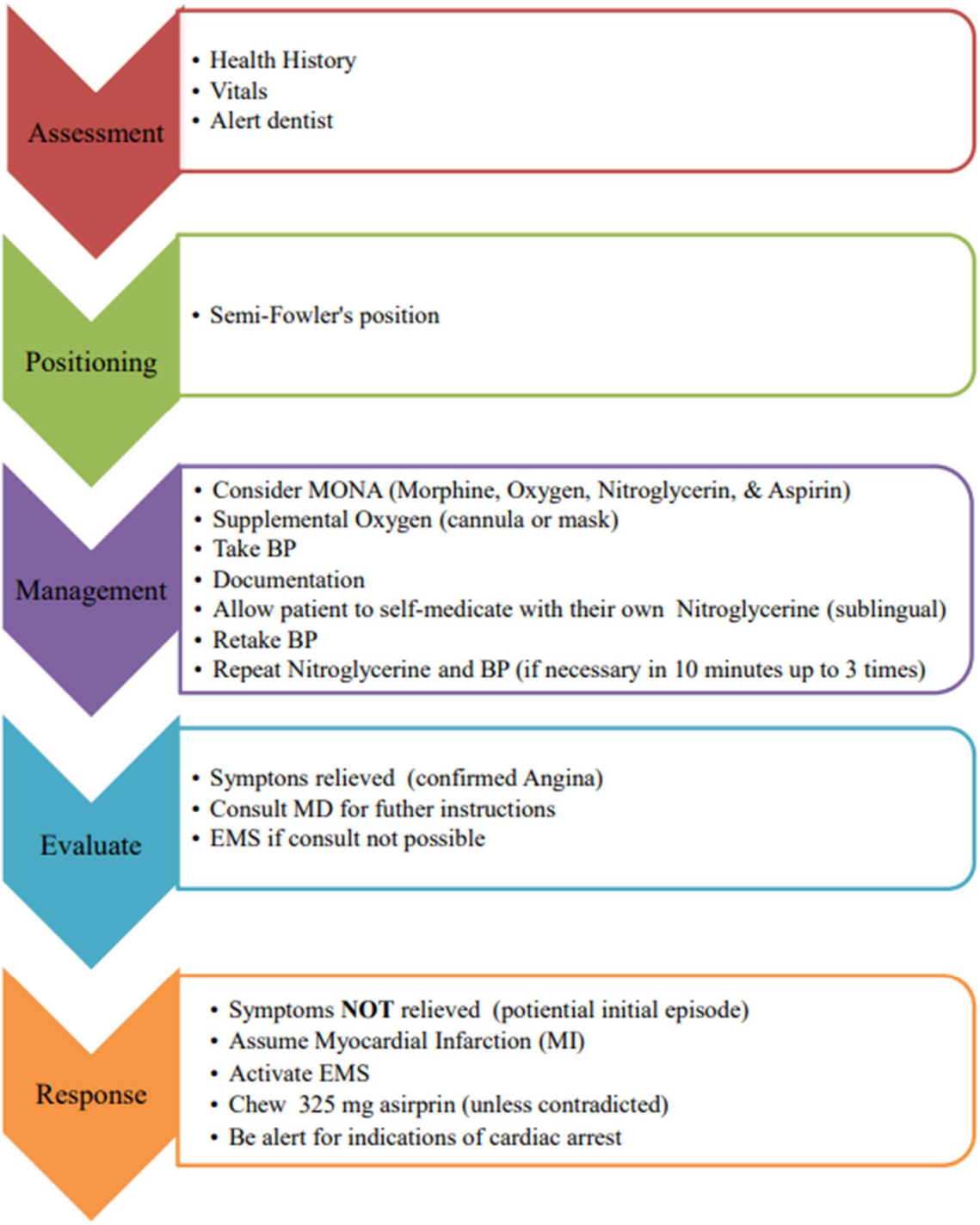
Signs & Symptoms:

- Chest pain and/or pressure
- Radiating pain to right arm, back, or jaw
- Shortness of breath
- Sweating
- Indigestion
- Sense of doom

Chronic, stable angina always displays a similar pattern.

An *initial angina attack* is considered unstable and should be treated as an emergency.

Angina/Myocardial Infarction



Asthma

Signs & Symptoms

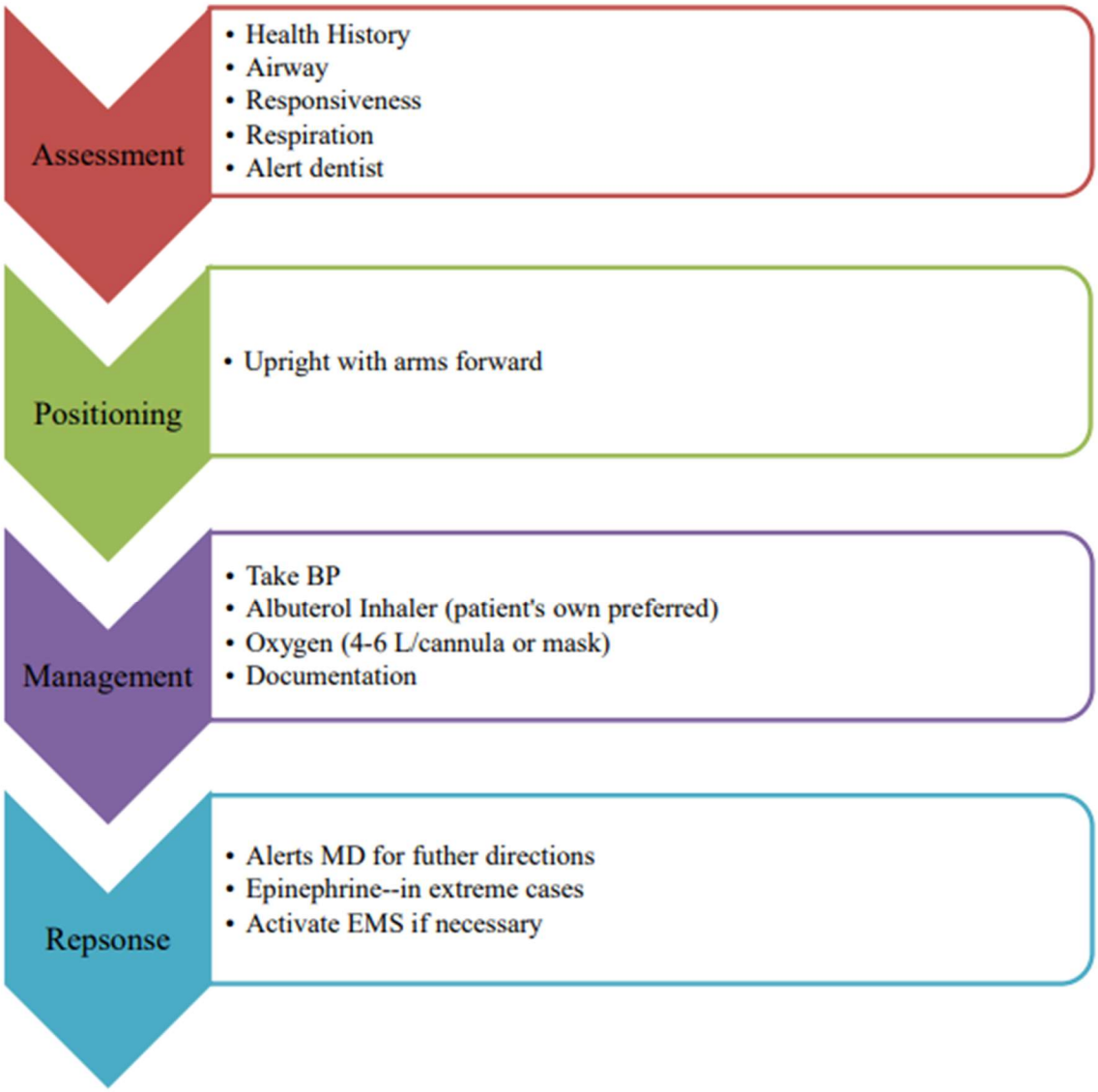
Mild:

- Congestion/thickness in chest
- Coughing
- Wheezing
- Dyspnea (shortness of breath)
- Anxiety
- Tachycardia (rate more than 100 beats/minute)

Severe:

- Intensely labored breathing
- Cyanosis
- Perspiration
- Flushing of face
- Fatigue
- Confusion

Asthma


Assessment
• Health History
• Airway
• Responsiveness
• Respiration
• Alert dentist
Positioning
• Upright with arms forward
Management
• Take BP
• Albuterol Inhaler (patient's own preferred)
• Oxygen (4-6 L/cannula or mask)
• Documentation
Repsonse
• Alerts MD for futher directions
• Epinephrine--in extreme cases
• Activate EMS if necessary

Cardiac Arrest

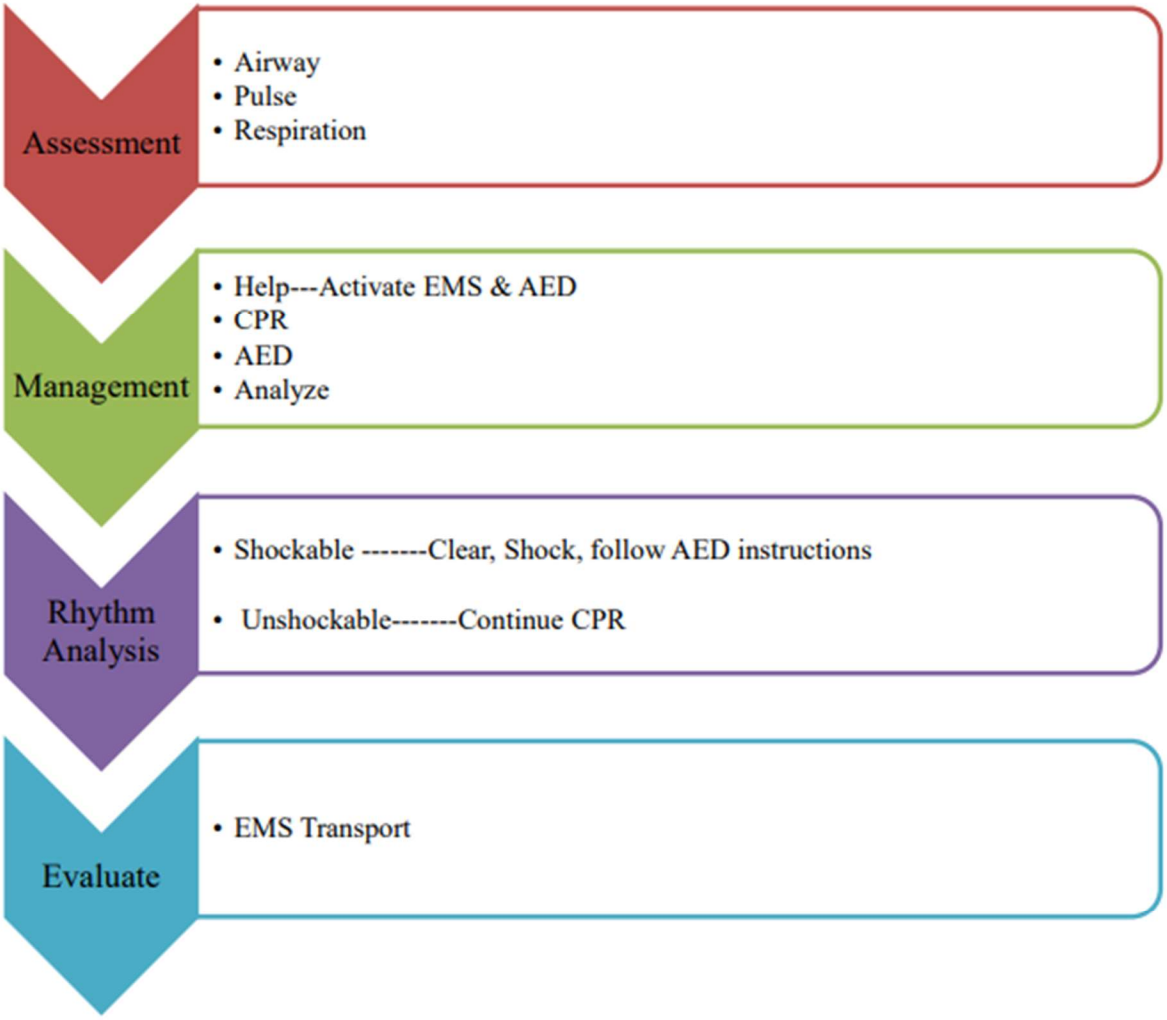
Signs & Symptoms

Unresponsive

No Pulse

No respiration

Cardiac Arrest



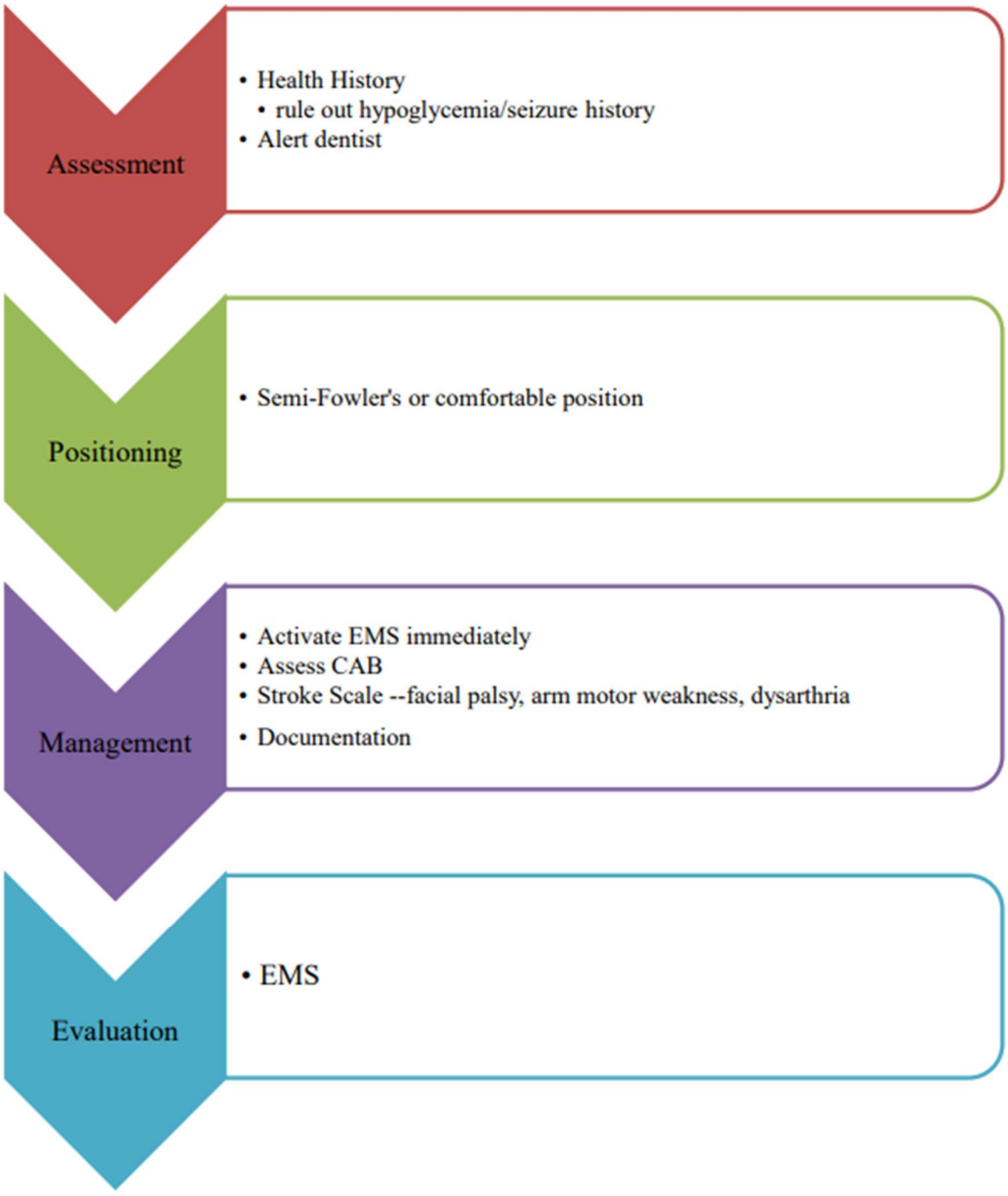
2 Rescuers	Adult	Child	Infant
Rhythm	30:2	30:2	15:2
Rate	100-120/min	100-120/min	100-120/min
Compression Depth	2-2.4 inches	2 inches	1.5 inches

Cerebrovascular Accident (CVA)

Signs & Symptoms

- Impaired speech
- Headache
- Disorientation
- Dizziness
- Chills/sweating
- Convulsions
- Nausea/vomiting
- Weakness
- Paralysis

CVA


Assessment
• Health History
• rule out hypoglycemia/seizure history
• Alert dentist
Positioning
• Semi-Fowler's or comfortable position
Management
• Activate EMS immediately
• Assess CAB
• Stroke Scale --facial palsy, arm motor weakness, dysarthria
• Documentation
Evaluation
• EMS

Diabetes

Signs & Symptoms

Hypoglycemia: (*low blood sugar*)—can lead to ***Diabetic Shock***

- Confusion
- Lethargy (weakness)
- Agitation
- Hunger
- Nausea
- Sweating
- Tachycardia (more than 100 beats/minute)
- Cold, clammy skin
- Fruity breath

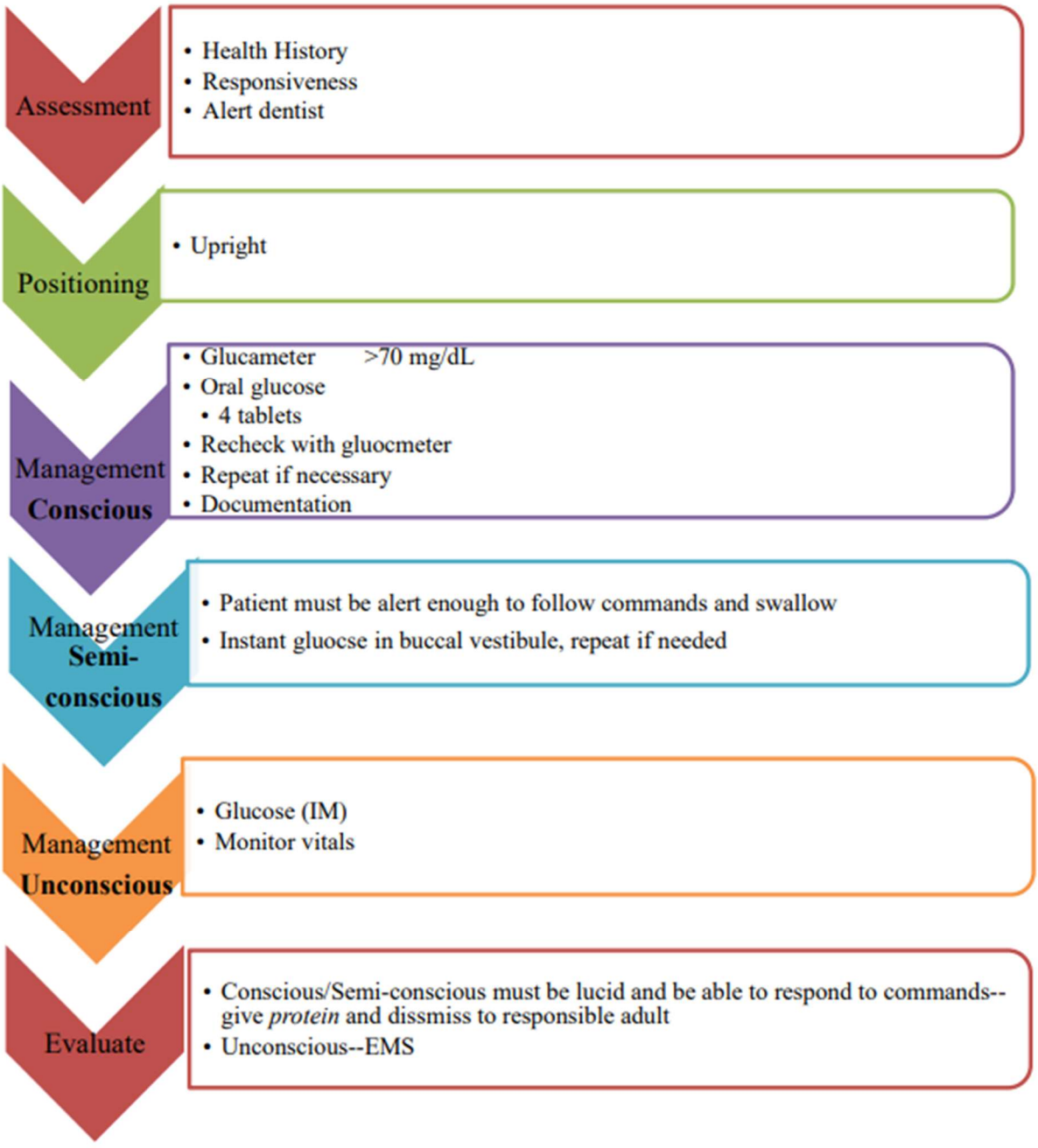
Hyperglycemia*:** (*elevated blood sugar*)—can lead to ***Diabetic Coma

- Fatigue
- Headache
- Blurred vision
- Nausea
- Tachycardia (more than 100 beats/minute)
- Hypotension
- Confusion
- Hot, dry skin
- Rapid respiration

Treat all diabetic like problems as diabetic shock.

If unsure, give every patient a *sugar challenge.* "It is better to be too sweet than not sweet enough."

Diabetes: Hypoglycemia

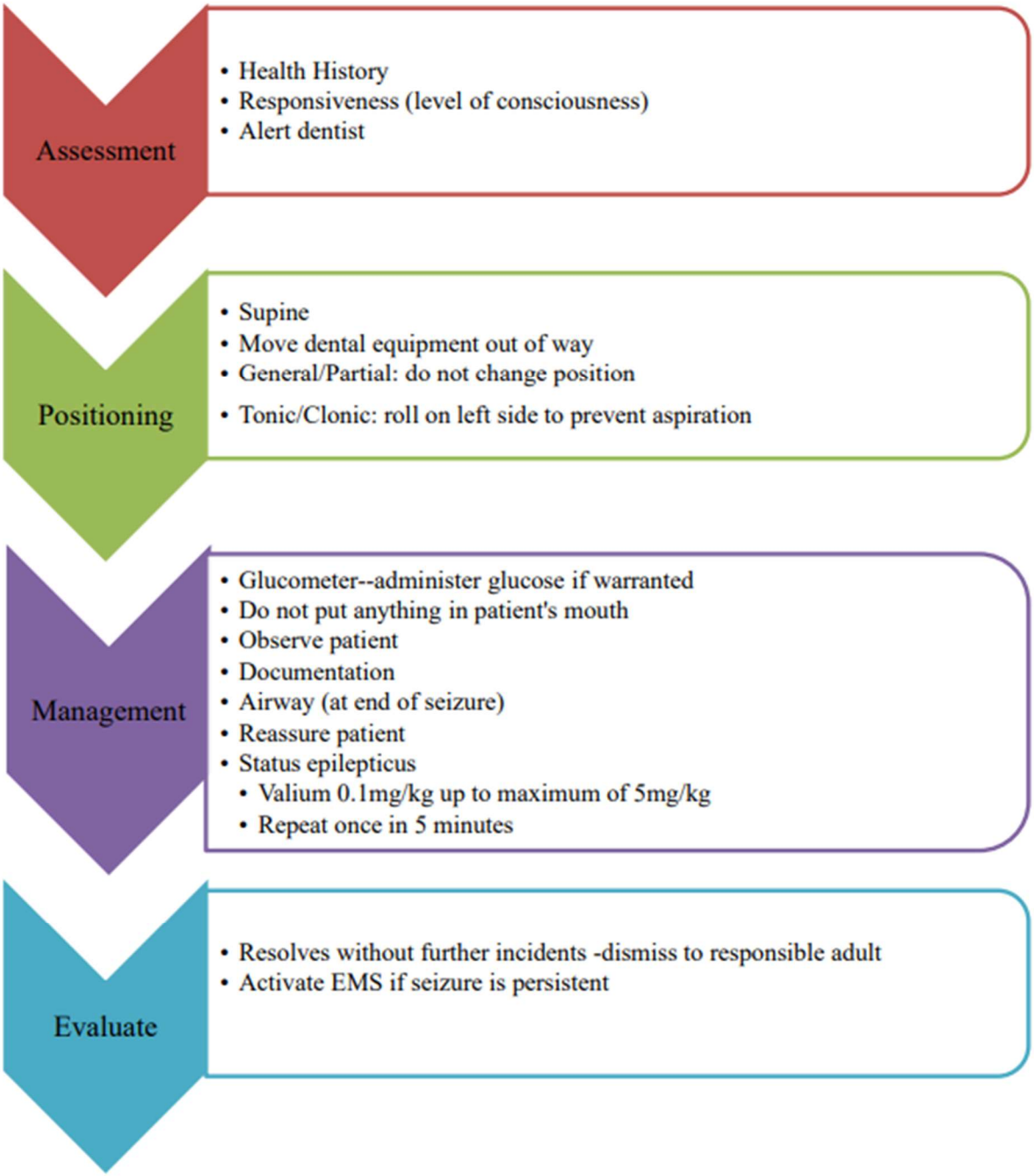


Epilepsy & Seizures

Signs & Symptoms

- Blinking or eye roll
- Blank stare
- Automatism (lip smacking, unintelligible speech)
- "Epileptic cry" (loud cry in tonic-clonic seizure phase)
- Sudden onset of immobility
- Body shaking and tightening
- Clinched jaw
- Convulsion
- Incontinence

Epilepsy & Seizures



Hyperventilation

Signs & Symptoms

Cardiovascular:

- Palpitations
- Tachycardia,
- Precordial discomfort (left side)

Neurologic:

- Dizziness
- Altered consciousness
- Altered vision
- Numbness in extremities

Respiratory:

- Shortness of breath
- Chest pain
- Dry mouth

GI:

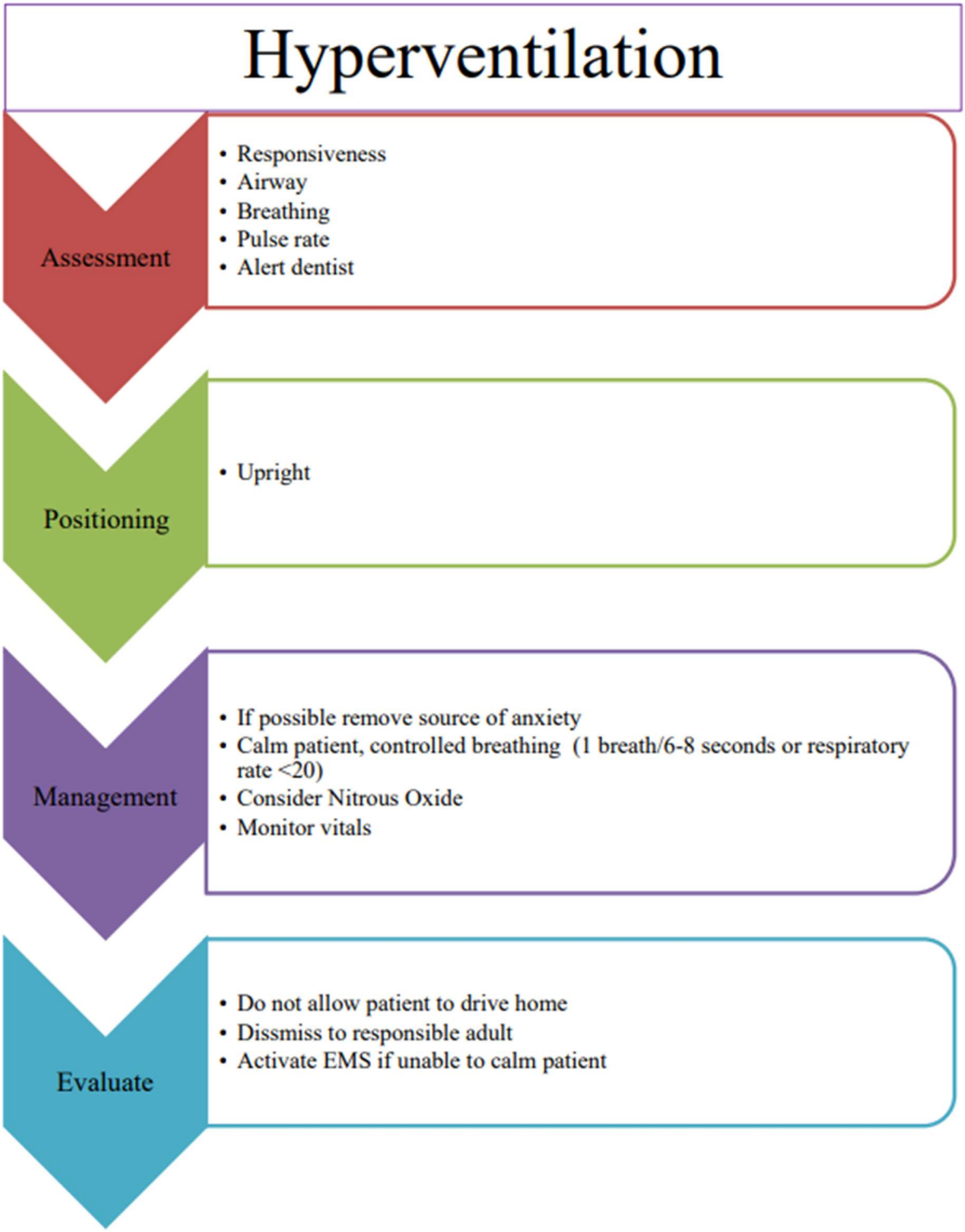
- Lump in throat
- Epigastric pain

Musculoskeletal:

- Muscle pain
- Cramps
- Tremors
- Stiffness

Psychological:

- Tension
- Anxiety


Hyperventilation
Assessment
• Responsiveness
• Airway
• Breathing
• Pulse rate
• Alert dentist
Positioning
• Upright
Management
• If possible remove source of anxiety
• Calm patient, controlled breathing (1 breath/6-8 seconds or respiratory rate <20)
• Consider Nitrous Oxide
• Monitor vitals
Evaluate
• Do not allow patient to drive home
• Dissmiss to responsible adult
• Activate EMS if unable to calm patient

Syncope

Signs & Symptoms:

Pre-syncope

- Sweating
- Rapid Breathing
- Disorientation
- Tachycardia (more 100 beats/minute)

Syncope

- Temporary loss of consciousness

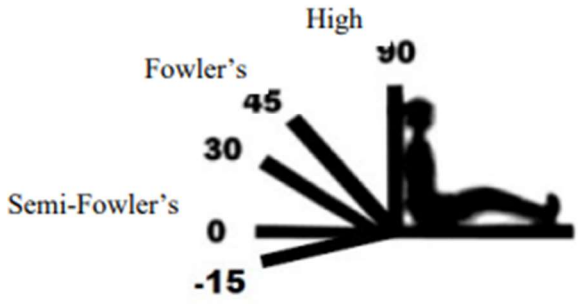
Rule out hypoglycemia.

High Fowler's position is when the patient's torso is positioned at approximately 80-90 degrees

Fowler's position is when the patient's torso is positioned in a semi-upright sitting position approximately 45-60 degrees

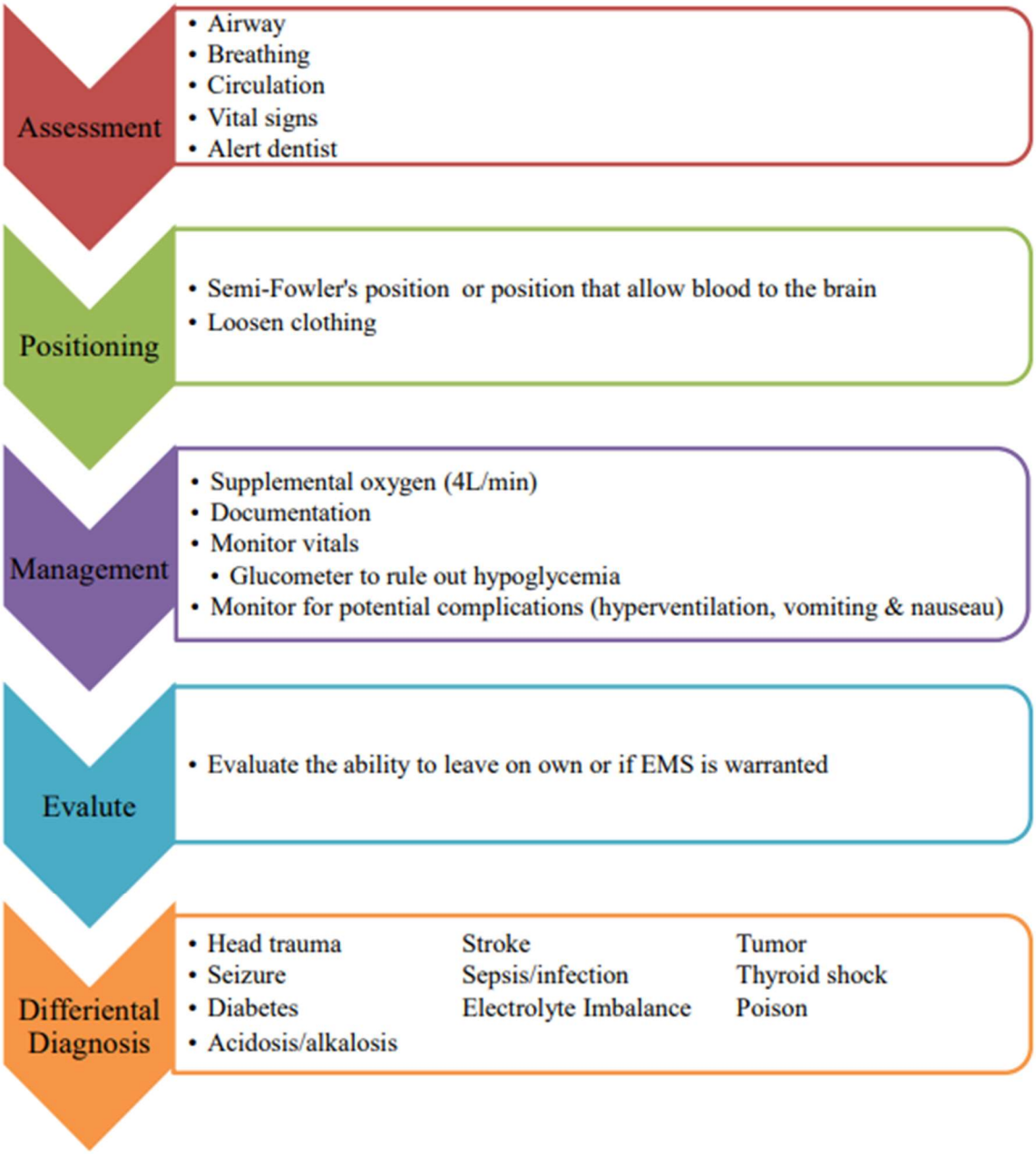
Semi-Fowler's position is when the patient's torso is positioned approximately 30 to 45 degrees

Trendelenburg positon is when the patients torso is position at a negative 15-30 degrees (head is lower than feet).



Trendelenburg

Syncope


Assessment
• Airway
• Breathing
• Circulation
• Vital signs
• Alert dentist
Positioning
• Semi-Fowler's position or position that allow blood to the brain
• Loosen clothing
Management
• Supplemental oxygen (4L/min)
• Documentation
• Monitor vitals
• Glucometer to rule out hypoglycemia
• Monitor for potential complications (hyperventilation, vomiting & nauseau)
Evalute
• Evaluate the ability to leave on own or if EMS is warranted
Differiental Diagnosis
• Head trauma
• Seizure
• Diabetes
• Acidosis/alkalosis
Stroke
Sepsis/infection
Electrolyte Imbalance
Tumor
Thyroid shock
Poison

DENTAL DEPARTMENT INFECTION CONTROL

I. Purpose

The purpose of infection control policies and procedures is to minimize the risk of transmission of pathogens between dental health care workers and patients in the dental care environment. Particular emphasis is placed on reducing the spread of pathogenic microorganisms via blood, body fluids, and aerosols. The department maintains compliance with the Bloodborne Pathogens Standard. Students will be taught about these pathogens before clinicals, but are asked to sign a waiver.

II. Implementation

An effective infection control policy requires the cooperation of students, faculty, and staff. This is achieved through education, demonstration, monitoring, and evaluation. Faculty have primary responsibility for monitoring infection control in the clinic. Since students are the primary providers of care, their actions will determine whether or not control of infection is effective. It is the responsibility of all personnel to practice and enforce approved infection control procedures and to assure that students and clinic personnel are conforming to these guidelines.

A. Exposure Categories

- Category I
  Dental health care workers (DHCW) who perform tasks that involve an inherent potential for mucous membrane or skin contact with blood, body fluids or tissues. This category includes dental assisting students, clinical faculty and clinical staff.
- Category II
  DHCWs who have infrequent opportunity for exposure to blood, body fluids or tissues. This category includes all other departmental staff.

B. Training Students and all departmental personnel receive thorough and regular instruction and information on infection control prior to rendering patient care. Training is done annually and when new information is announced. Adherence to effective infection control practices are monitored during every clinic and laboratory session.

C. Risk Reduction

1. Students, faculty, and staff assume that all patients are potentially infectious. During dental treatment blood, saliva, gingival fluids, aerosols, and skin lesions from all dental patients are considered potentially infectious. Therefore, standard precautions are followed. Personal protective equipment (PPE) is worn during clinical procedures and when decontaminating surfaces or instruments that have been in contact with blood or other potentially infectious material (OPIM).
2. Students are expected to receive Hepatitis B immunization. Documentation of vaccination status is maintained in the Clinical Compliance course in CANVAS.

D. Personal Protective Equipment (PPE)

1. Gloves - All individuals having patient contact will wear disposable non-latex gloves whenever there is contact with blood, saliva, or mucous membranes. Gloves must not be washed or otherwise reused and must be changed between patients or if punctured. Gloves must be removed and hands washed whenever the student leaves the treatment areas.
2. Masks and Eyewear/Face Shield - In order to protect the operator from aerosols, spray or spatter, clinicians and assistants must wear masks and protective eyewear or face shield. A new mask is to be worn for each patient treatment session or whenever the mask becomes damp. When not in use, the mask should not be placed on the forehead or around the neck. Eyewear must have solid side shields and be cleaned between uses, being certain not to handle them with unprotected hands until the eyewear has been decontaminated or autoclaved. A face shield may be substituted for the protective eyewear; however, a mask must be worn with the face shield. Protective eyewear for the patient is provided by the dental clinic.
3. Gowns/Jackets - Students (including the student clinical assistant) are expected to wear an over-garment during all clinic sessions. The over-garment should be removed prior to leaving the clinic area. Students are to use a clean over-garment for each patient treated or when visibly soiled. Clean, scrub type (top and bottom) uniforms are worn under the over-garment. Unless the clinical rotation site provides over-garments, students are required to take their own gowns/jackets.
4. Utility Gloves - Nitrile utility gloves must be worn for all cleaning and disinfection of instruments and other sharps. Nitrile gloves have an increased resistance to instrument punctures. These gloves are autoclaved after each clinic session. Whenever students deliver treatment to student partners, the infection control standards are identical to those in-patient care clinics.

E. Hand Washing

Hand washing is mandatory immediately before gloving and after removing gloves. If an object is touched that might be contaminated, remove gloves, wash hands and retrieve a new pair of gloves. Also wash hands after touching any surface likely to be contaminated.

F. Unit Preparation (Set-up)

The environment of the dental clinic must always be clean and organized.

1. Place rheostat and chair controls on floor.
2. Wash hands.
3. Flush all water lines for at least 2 minutes to reduce any microorganisms that became established overnight. When setting up between patients, flush water lines for 30 seconds.
4. Cover surfaces that may become contaminated with plastic covers or foil wrap, i.e. bracket tray, arm that holds the A/W syringe and suction hoses, and the top of the master control panel. All drawers must be kept closed during treatment. If no barrier protection is available or feasible, surfaces are decontaminated by spray-wipe-spray technique. Sterile items are to be left in sterilization until needed, not stored in the mobile cabinets.

5. Attach saliva ejector tip, sterile high-speed evacuation tip, sterilized handpiece, and sterilized A/W syringe tip (attach handpiece only if polishing is anticipated).
6. Provide an appropriate amount of mouthrinse in a cup for the patient prerinse. For premedicated patients, an antimicrobial rinse is to be used as a pre-rinse.
7. Place an appropriate liner in the waste receptacle on the side of the mobile cabinet (if applicable).
8. Prior to seating the patient, set out only those items anticipated to be used in the delivery of care. This is termed unit dose.
9. Any additional equipment used during a procedure are to be covered with some form of barrier protection, such as plastic wrap.
10. Cover the computer keyboards and mouse with plastic wrap during patient care.

G. Patient Treatment

1. Preparation

a. Wash hands and wrists. Place gloves on hands. Once gloved, touch only the patient, barrier-covered areas, or areas that have been cleaned and disinfected. Do not open doors or drawers with gloved hands.

b. Instruct patient to rinse with an antimicrobial mouthrinse for one minute or 30 seconds twice and expectorate.

2. Charting

a. When making entries in the patient paper record or on a student worksheet during treatment use a wrapped pen or pencil.

b. Place a barrier (paper towel) between the gloved hand and the patient record or worksheet.

3. Radiographs

a. Infection control measures during oral radiographic procedures should be consistent with other infection control policies.

b. Gloves, masks, and glasses are required when splatter is anticipated or the patient's condition warrants it.

c. Use plastic wrap and/or disinfectants to prevent contamination of x-ray equipment, control panel, and door handles. Areas not covered by a barrier must be properly cleaned and disinfected immediately after procedure is performed.

d. The primary method for exposing radiographs is through the use of a sensor. The sensor should be wrapped in plastic before entering the patient's mouth.

4. High-volume Evacuation System (HVE) - High-volume evacuation should be used whenever possible during procedures that could cause aerosols or spatter; i.e., when using handpieces, water or air spray, ultrasonic scaler, or airpolisher.
5. Three-way Syringe - Air and water should be used with caution to avoid back splash. Use of the spray (air and water simultaneously) should be avoided.
6. Handling of Removable Prostheses - When able, the patient should remove his/her own oral prosthesis and place it in a cup. The student will then follow the procedure for denture cleaning.

7. Dropped Instruments - An instrument that is dropped must not be reused. The dropped instrument should be retrieved and returned to the sterilization room. If the instrument is essential for the procedure, a sterilized replacement instrument may be obtained from the sterilization room. Prior to obtaining a replacement instrument or returning to patient treatment, the student must wash hands and re-glove.

8. Storage and Transport of Contaminated Items - Bite registrations, impressions, models, and dies become contaminated after patient use.

a. Prior to removal from clinical areas, these items should be rinsed and disinfected with a high-level disinfectant solution using the following laboratory infection control procedures

b. Laboratory Infection Control

- After Removal of the Alginate Impressions from the Patient's Mouth:
    1. Rinse impression thoroughly to remove saliva and debris.
    2. Place impression in a plastic bag and spray impression with a disinfectant.
    3. Rinse disinfectant solution off impression with water, dry, and pour immediately.

9. Handling of Impression Trays, Mixing Bowls, and Spatulas - Impression trays and metal spatulas are to be rinsed and prepared for sterilization.

- Mixing bowls are to be cleaned using the spray/wipe/spray technique. Spatulas with wooden handles are sterilized in the ethylene oxide sterilizer.

H. Clean-up

1. Infectious Waste Disposal

- Used needles and anesthetic cartridges are to be disposed of in the red puncture resistant sharps container located in each clinic room and/or sterilization.

  <u>Protocol for Handling of Anesthetic Needles</u>

  Used needles should never be recapped or otherwise manipulated by using both hands or any other technique that involves directing the point of the needle toward any part of the body. A one-handed scoop technique or a mechanical device designed for holding the needle cap to facilitate one-handed recapping should be employed for recapping needles between uses and before disposal. Dental health care providers should never bend or break needles before disposal because the practice requires unnecessary manipulation. Before attempting to remove needles from non-disposable aspirating syringes, they should be recapped to prevent injury. Passing a syringe with an unsheathed needle should also be avoided because of the potential for injury.
- During treatment, bloody gauze and blood disposables are placed in the plastic-lined container attached to the side of the mobile cart. At the end of treatment this small bag must be placed in the red waste receptacles. All other waste is placed in regular trash.

2. Disinfecting Protocol

- Students must wear PPE while cleaning and disinfecting units. Any surface that becomes visibly contaminated with blood must be cleaned immediately and disinfected using a high-level disinfectant. Disinfectants are applied with a spray-wipe-spray technique. Time for final spray is according to manufacturer's recommended time interval, which is usually ten minutes.

After patient dismissal, the following protocol will be followed:

1. Use of gloves for unit clean-up is mandatory.
2. Discard needles or any disposable sharp instruments in the red biohazard sharps container kept in the sterilization room.
3. Take contaminated instruments and handpieces to the non-sterile side of the sterilization room.
4. Remove all disposables and discard in regular trash.
5. Disinfect all patient contaminated items to be transported to the lab, such as impressions.
6. Remove all barriers from the unit and discard in regular trash. Rinse and clean eyeglasses or face shield with detergent and water, and, if items are autoclavable, place in tray to be autoclaved. Otherwise, disinfect these items.
7. Clean and disinfect the unit as instructed in preclinic.

I. Instrument Sterilization

All contaminated re-usable instruments, including handpieces that can be sterilized must be thoroughly cleaned and heat sterilized before use in the treatment of another patient. The use of chemicals as a substitute for heat sterilization of these items is unacceptable. Since there is no ethylene oxide sterilizer, there will be no re-usable items that cannot be heat sterilized.

1. Instrument Cleaning

a. Heavy-duty, nitrile gloves must be worn during instrument cleaning.

b. Ultrasonic cleaning is safer than hand scrubbing and must be used with all immersible items. Always use the ultrasonic cleaner with the lid in place. Use a cleaning solution that is appropriate for dental instruments and never add a disinfectant to the cleaning solution.

c. After instruments have been run in the ultrasonic cleaner for a minimum of 7 minutes, rinse the ultrasonic tray containing the instruments under cool water.

d. If individual instruments are treated in the small ultrasonic cleaner, unload instruments from basket onto cloth towel and carefully dry the instruments prior to appropriate packaging for the sterilization method.

e. Package instruments for sterilizing as instructed in preclinic and place in the sterilizing tray adjacent to the autoclave.

2. Storage of Sterilized Items - Prior to autoclaving, all packaged items must be dated and initialed. Instruments must be repackaged and re-sterilized if there is any sign of damage to the wrapping.

3. Monitoring of Sterilization

a. To guarantee destruction of bacterial spores, sterilizers must be monitored weekly using biological indicators. Sterilant indicator tape and process indicator bags are additional types of monitoring systems used by the clinic that indicate the achievement of a certain temperature.

b. The dental clinic does not use immersant sterilization, since liquid chemical disinfectants/sterilants cannot be biologically monitored.

J. Environmental Surface and Equipment Cleaning and Disinfection

A practical and effective method for routinely managing operatory surface contamination between patients is to use disposable blood/saliva impermeable barriers such as plastic wrap to shield surfaces from direct and indirect exposure. Protection from blood, saliva, and microbes is accomplished by changing surface barriers between patients. Thorough cleaning and proper disinfection between patients are necessary for those uncovered operatory surfaces that are routinely touched and become contaminated during patient treatment.

The surface disinfectant solution is applied with a "spray, wipe, spray" technique.

1. Spray the solution onto the surface to be cleaned. (Never spray motor of equipment).
2. Clean the surface by scrubbing with a paper towel.
3. Respray the solution onto the surface and allow it to remain for the recommended time interval, usually ten minutes.

K. Dental Unit Water Quality

All dental units are equipped with independent reservoirs. All waterlines are flushed before each clinic session for 30 seconds and 30 seconds between patients.

L. Management of Injury/Exposure

1. If exposure has incurred, a needlestick injury or mucous membrane exposure to blood or body fluids, those areas should be washed with soap and water; mucous membranes should be flushed with water.
    - Report incident immediately to Dental Faculty and fill out incident form.
    - Dental faculty will notify the patient of the incident and inform the patient of the protocol for testing.
    - The student and the patient (if patient is known and agrees) will be serologically tested as soon as possible after the exposure.
    - Seronegative individuals should be retested 6 weeks post-exposure and on a periodic basis thereafter (e.g., 6 weeks, 12 weeks and 6 months after exposure).
    - If the source patient cannot be identified, only the exposed individual will seek medical evaluation.
2. Eyewash stations are located at the sink areas in the lab, open bay and sterilization.

M. Chemical Substance Hazard Control

The intent of the Dental Program is to provide a safe and healthy environment for all employees, students, and patients. Material Safety Data Sheets (MSDS) for the materials used in the DC are filed in the Hazard Control notebook in the clinic/sterilization.

LEVELS OF CONTAMINATION

In order to select the appropriate level of contamination control for each surface in the dental environment, the level of contamination to which it is exposed and its potential as a source of cross-contamination must be considered. [Wilkins, 10th ed.] The following Spaulding Classification of Inanimate Objects identifies the items/surfaces that become contaminated and the level of infection control.

CATEGORY OF CONTAMINATION	CRITERION	EXAMPLES
CRITICAL CATEGORY	Those surfaces/items that penetrate soft tissue or bone. All critical surfaces/items must be sterilized before reuse or disposable.	Examples include, but are not limited to: All dental instruments
SEMICRITICAL CATEGORY	Those surfaces/items that have contact with mucous membranes, oral fluids, blood; penetration not anticipated. Sterilize, use disposables, or use high-level disinfectant when items are neither heat sterilizable nor disposable.	Examples include, but are not limited to: High speed evacuation tips A/W syringe tips Radiographic instruments (PI's and RINN) and plastic bite blocks Isolation cotton-roll holders Impression trays Autoclavable protective eyewear Handpieces
NONCRITICAL CATEGORY	Those surfaces/items that do not touch mucous membranes, only contact unbroken epithelium. Cover or clean using and tuberculocidal level disinfection.	Examples include, but are not limited to: Light handles Switches Non-sterilizable safety eyewear
ENVIRONMENTAL SURFACES	No contact with patient (or only intact skin). Cleaning and intermediate to low-level disinfection.	Examples include, but are not limited to Counter tops Equipment surfaces Housekeeping surfaces.

DENTAL CLINIC RADIATION PROTECTION

Radiographic facilities and equipment meet the safety standards set by Federal guidelines and the MS State Board of Health. The National Council on Radiation Protection and Measurement (NCRP) publishes the basic recommendations specifying dose limits for exposure to ionizing radiation which include the Maximum Permissible Dose (MPD) and the Maximum Accumulated Dose (MAD). The most recent report states the current MPD for occupationally exposed persons, or persons who work with radiation (e.g., dental radiographers), is 5.0 rem/year (0.05 Sv/year). For non-occupationally exposed persons, the current MPD is 0.1 rem/year (0.001 Sv/year). In the case of pregnant women, it is recommended that exposure to the fetus be limited to 5 mSv(0.5 rem), not to be received at a rate greater than 0.5 mSv (0.05 rem) per month (see also Pregnancy Policy). Additionally, occupationally exposed workers must not exceed an accumulated lifetime dose determined by a formula based on the worker's age.

To provide protection for both patients and operators, every possible method of reducing exposure to radiation should be employed to minimize risk. The Dental Program adheres to the ALARA concept which states that all exposure to radiation must be kept to a minimum, or "as low as reasonably achievable."

I. **RADIATION PROTOCOL/ETIQUETTE**

1. Always inform the dentist of confirmed or suspected patient pregnancy
2. Always place a lead apron on the patient.
3. Always use a thyroid collar on the patient
4. Always set the impulse and kvp prior to placing the radiograph in the patient's mouth
5. Always position the tube head and the patient so that the x-ray beam will not be pointed at the clinician when the exposure is being made
6. Always step behind the physical barriers or a minimum of six feet from the patient prior to exposure, unless using a handheld device
7. Always observe the patient during exposure
8. Always complete the retake log before exposing secondary radiographs
9. Always document patient exposure in the clinical record
10. Never hold a film in the patient's mouth or the x-ray tube during exposure
11. Never allow anyone, other than the patient, in the room during x-ray exposure
12. Never leave unexposed or exposed radiographic film/plates in the operatory during exposure
13. Never expose radiographs without the permission of an instructor

II. **CLINIC POLICIES ON RADIOGRAPHS**

1. The attending dental faculty member authorizes radiographs and documents approval in the patient record.

2. After authorization by the dentist, students may expose radiographs at any time during the appointment.
3. For patients with suspected moderate to severe bone loss, vertical bitewings are to be exposed.
4. When sealants are recommended and proximal surfaces cannot be visualized or explored, current BWs are needed. Current BW's refers to bitewings exposed within six months.
5. The Student radiologist is to expose, process, self-evaluate, AND request faculty evaluation within the same appointment time. Any recommended retakes should, if at all possible, be exposed by the same student who exposed the original image.

a. The student radiologist is to self-evaluate technique errors on the Radiographic Analysis form using Criteria for Evaluating Radiographs detailed below.

b. Radiographs may be evaluated for technique errors by the assigned dental faculty or the attending dentist.

c. Criteria for evaluating full mouth series, bitewings, and periapical radiographs are divided into four categories. Multiple errors within the same category will count as one error; however, errors between categories will count as one error per category.

d. Students will be penalized 4 points for each retake necessary. Students have the potential to have two points per retake added back to their grade for a successful retake.

e. If the student fails to identify three or more errors on a self-evaluation, five points will be deducted from the final grade of that radiographic series.

f. Panorex radiographs are graded on a successful/unsuccessful basis.

6. Retakes are only authorized when film is diagnostically unacceptable. Dental faculty may authorize up to five retakes: however, the attending dentist must give final approval and the student must document the number of retakes in the progress note. Direct observations of students performing retakes vary each semester.
7. Radiograph images are to be mounted immediately after exposure.
8. Radiographs must be present and interpreted during the confirmation of dental pathology by the attending by a dentist.
9. Students are required a specific number of full mouth series to graduate, once a student has successfully met this requirement, the student may allow another student to expose an approved full mouth series. However, there is a protocol as to who is eligible for taking the series.

a. The first option is given to the dental student operator

b. The second option is given to a student who has a patient cancellation or no show

c. The third option is given to the student receptionist/sterilization assistant

10. A release form must be completed when patients request that a copy of their radiographs be sent to their private dentist.

11. The Dental Clinic is compliant with HIPAA by allowing a patient to obtain copies of the radiographs.

III. **2012 FDA/ADA Recommendations**

TYPE OF ENCOUNTER	PATIENT AGE AND DENTAL DEVELOPMENTAL STAGE				
	Child with Primary Dentition (prior to eruption of first permanent tooth)	**Child with Transitional Dentition** (after eruption of first permanent tooth)	**Adolescent with Permanent Dentition** (prior to eruption of third molars)	**Adult, Dentate or Partially Edentulous**	**Adult, Edentulous**
New Patient* being evaluated for oral diseases	Individualized radiographic exam consisting of selected periapical/occlusal views and/or posterior bitewings if proximal surfaces cannot be visualized or probed. Patients without evidence of disease and with open proximal contacts may not require a radiographic exam at this time.	Individualized radiographic exam consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images.	Individualized radiographic exam consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images. A full mouth intraoral radiographic exam is preferred when the patient has clinical evidence of generalized oral disease or a history of extensive dental treatment.		Individualized radiographic exam, based on clinical signs and symptoms.
Recall Patient* with clinical caries or at increased risk for caries**	Posterior bitewing exam at 6-12 month intervals if proximal surfaces cannot be examined visually or with a probe			Posterior bitewing exam at 6-18 month intervals	Not applicable
Recall Patient* with no clinical caries and not at increased risk for caries**	Posterior bitewing exam at 12-24 month intervals if proximal surfaces cannot be examined visually or with a probe		Posterior bitewing exam at 18-36 month intervals	Posterior bitewing exam at 24-36 month intervals	Not applicable

TYPE OF ENCOUNTER (continued)	**Child with Primary Dentition** (prior to eruption of first permanent tooth)	**Child with Transitional Dentition** (after eruption of first permanent tooth)	**Adolescent with Permanent Dentition** (prior to eruption of third molars)	**Adult, Dentate and Partially Edentulous**	**Adult, Edentulous**
Recall Patient* with periodontal disease	Clinical judgment as to the need for and type of radiographic images for the evaluation of periodontal disease. Imaging may consist of, but is not limited to, selected bitewing and/or periapical images of areas where periodontal disease (other than nonspecific gingivitis) can be demonstrated clinically.				Not applicable
Patient (New and Recall) for monitoring of dentofacial growth and development, and/or assessment of dental/skeletal relationships	Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of dentofacial growth and development or assessment of dental and skeletal relationships		Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of dentofacial growth and development, or assessment of dental and skeletal relationships. Panoramic or periapical exam to assess developing third molars	Usually not indicated for monitoring of growth and development. Clinical judgment as to the need for and type of radiographic image for evaluation of dental and skeletal relationships.	
Patient with other circumstances including, but not limited to, proposed or existing implants, other dental and craniofacial pathoses, restorative/endodontic needs, treated periodontal disease and caries remineralization	Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of these conditions				

IV. Images

	CENTRAL	LATERAL	CANINE	PREMOLAR	MOLAR
MAXILLARY	LANDMARK Embrasure between centrals centered on support bar IMAGE FIELD Both centrals M. of laterals Periapical structures Open embrasures	LANDMARK Center of maxillary lateral centered on support bar IMAGE FIELD Lateral incisor Periapical structure Central incisor Canine Open mesial embrasure of lateral	LANDMARK Center canine on support bar IMAGE FIELD All of canine Periapical structure Lateral incisor Open mesial embrasure	LANDMARK Cusp of canine in right angle corner of bite block IMAGE FIELD 1st to 2nd premolar periapical structure Part of canine and second molar Open embrasure between canine and premolar	LANDMARK Buccal cusp of 2nd premolar in right angle of bite block IMAGE FIELD All of first, second third molars and periapical structure Part of second premolar May get some overlapping
	CENTRAL LATERAL	**CANINE**	**PREMOLAR**	**MOLAR**	**BITEWING**
MANDIBULAR	LANDMARK Embrasure between central and lateral incisors centered on support bar. IMAGE FIELD All of central and lateral, and periapical structures The adjacent central Parts of adjacent canine Parts of opposite lateral **Embrasures should be open mesially and distally**	LANDMARK Center canine on support bar IMAGE FIELD Canine Periapical structure adjacent lateral; 1st premolar Open mesial embrasure	LANDMARK Cusp of canine in right angle of bite block IMAGE FIELD All of 1st, 2nd premolar 1st molar Parts of canine and 2nd molar Open mesial embrasure	LANDMARK Buccal cusp of 2nd premolar in right angle of bite block IMAGE FIELD Al of each molar Periapical structures Part of second premolar Open all embrasures	**PREMOLAR** LANDMARK Distal half of mandibular canine IMAGE FIELD Crowns and distals of canines, premolar, 1st molar, part of 2nd second molar Open mesial embrasure **MOLAR** LANDMARK Mandibular 2nd premolar within anterior border of film IMAGE FIELD Coronal & radicular one-third of 2nd premolar and all the molars All molar embrasures open

V. CRITERIA FOR EVALUATING RADIOGRAPHS

(Full Mouth Series, Bitewings, and Periapicals)

A. INADEQUACIES ATTRIBUTABLE TO INCORRECT POSITIONING OF THE PLATE

1. Absence of Apical Structures

Probable cause: Plate was not placed high or low enough in the patient's mouth.

Ideally, there should be approximately a 1/4 inch (6.44mm) margin above or below the crown of the tooth. When using the paralleling technique, this error may also be caused by the plate not being parallel to the long axes of the teeth.

Correction: In maxillary areas, raise the plate in the patient's mouth. In mandibular area, lower the plate in the patient's mouth. When paralleling, verify that plate and axes are parallel.

2. Absence of Coronal Structures

Probable cause: Plate not placed low enough in patient's mouth. Ideally, there should be a 1/4 inch (6.44mm) margin above or below the crown of the tooth. When using the paralleling technique, this error may also be caused by the plate not being parallel to the long axes of the teeth.

Correction: In maxillary areas, lower the plate in the patient's mouth.

In mandibular areas, raise the plate in the patient's mouth. When

paralleling, verify that plate and axes are parallel.

3. Absence of Mesial Structures

Probable cause: Plate was placed too far back in the patient's mouth.

Correction: Move the plate mesially (toward the midline).

4. Absence of Distal Structures

Probable cause: Plate was placed too far forward in the patient's mouth.

Correction: Move the plate distally (toward the back of the mouth).

5. Slanting or Diagonal Instead of Straight Occlusal Plane

Probable cause: Edge of the plate was not parallel with the incisal or occlusal plane of the teeth, or plate holder was not placed flush against occlusal surfaces. When this error occurs in interproximal (bitewing) radiographs, it is usually caused by the top edge of the plate contacting the lingual gingiva or curvature of the palate.

6. Vertical Instead of Horizontal Plate Placement in Posterior Areas

Probable cause: Plate was placed with its longest dimension vertically. This is seldom desirable in posterior areas.

Correction: Rotate the plate so that the widest dimension is placed horizontally and the plate edge is parallel with the occlusal plane.

7. Horizontal Instead of Vertical Plate Placement in Anterior Areas

Probable cause: Plate was placed with its widest dimension horizontally. Such placement is undesirable and produces major dimensional distortion of the image, plus the fact that these anterior teeth are sometimes longer than the narrow dimension of the plate.

Correction: Rotate the plate so that the longest dimension is placed vertically. The short edge of the plate should be placed parallel to the incisal edges of the anterior teeth.

8. Bent Plate Packet

Probable cause: Curvature of the palate or lingual arch and strong finger pressure on plate.

Correction: Place a cotton roll behind the teeth in the area of greatest curvature and ask the patient to reduce finger pressure. Consider the use of a plate holder and narrower plate.

B. INADEQUACIES ATTRIBUTABLE TO INCORRECT POSITIONING OF THE TUBE HEAD OR BID/PID

1. Elongation of the Image

Probable cause: Insufficient vertical angulation of the BID/PID.

Correction: Increase the vertical angulation. Also, check the position of the plate and the patient's head.

2. Foreshortening of the Image

Probable cause: Excessive vertical angulation of the BID/PID.

Correction: Decrease the vertical angulation. Also, check the position of the plate and the patient's head.

3. Overlapping of the Image

Probable cause: Incorrect rotation of the tube head and BID/PID in the horizontal plane. Superimposition of the images of proximal surfaces occurs when the central beam is not directed perpendicularly toward the plate through the interproximal spaces. The two common errors are mesio-distal and disto-mesial projections. When the angle of projection in the

horizontal plane is from mesial to distal, the mesio-buccal root of maxillary molars appears to be superimposed over the lingual root, and areas of overlapping contacts are larger in the posterior part of the radiographic image. Conversely, when the angle of projection is from distal to mesial, the disto-buccal root of maxillary molars appears to be superimposed over the lingual root, and the areas of overlapping contacts are larger in the anterior part of the radiograph.

Correction: Unless there is also elongation or foreshortening, maintain the vertical angulation. To compensate for mesial-distal angulation, change the direction of the BID/PID so that the central ray is projected more to the mesial; to compensate for distomesial angulation, change the direction of the BID/PID so that the central ray is projected more to the distal.

4. Cone Cut

Probable cause: The primary beam of radiation was not directed toward the center of the plate and did not completely expose all parts of the plate.

Correction: Maintain horizontal and vertical angulation and move the tube head either up, down, mesially, or distally, depending on which area of the radiograph shows a clear unexposed area.

C. INADEQUACIES ATTRIBUTABLE TO EXPOSURE FACTORS

1. Light (thin) Image

Probable cause: Insufficient exposure time in relation to milliamperage, kilovoltage, and distance selected. Also, timer inaccuracy or faulty switch

Correction: Increase the exposure time, the milliamperage, the kilo-voltage, or a combination of these factors. If the problem persists, check the accuracy of the timer or switch for possible malfunction.

2. Dark Image

Probable cause: Overexposure (excessive mAs, kVp, or too short target-plate distance).

Correction: Decrease the exposure time, the milliamperage, the kilovoltage, or a combination of these factors.

3. Absence of Image

Probable cause: Failure to turn on the line switch or to maintain firm pressure on the activator button during exposure. Alternate causes: electrical failure, malfunction of the x-ray machine.

Correction: Turn on the x-ray machine and maintain firm pressure on the activator button during the entire exposure period. Listen for the audible tone that indicates that x-rays are being made.

D. INADEQUACIES ATTRIBUTABLE TO MISCELLANEOUS ERRORS IN EXPOSURE TECHNIQUE

1. Poor Definition

Probable cause: Movement during exposure. Caused by patient movement, plate slippage, or vibration of the tube head.

Correction: Steady the tube head before starting exposure. Ask the patient to maintain steady pressure on the plate/bite block and not to move.

2. Double Image

Probable cause: Accidentally exposing the same plate twice.

Correction: Place the exposed plate into the plate safe immediately.

3. Superimposed Image

Probable cause: Failure to first examine the mouth and remove any appliances such as removable bridges, partial or full dentures, and space maintainers.

Correction: Look in the patient's mouth and remove any appliance.

4. Pressure Marks (White Streaks)

Probable cause: Bending or excessive pressure that causes the plate to crack.

Correction: Avoid excess pressure on the plate. Do not bend the plate.

E. INADEQUACIES CAUSED BY FAULTY HANDLING OF THE PLATE/SENSOR

1. White Lines or Marks

Probable cause: Plate was scratched by a sharp object or was bent

Correction: Be careful when inserting plate into RINN instrument.

2. Black Image

Probable cause: Plate was accidentally exposed to white light.

Correction: Place plates in the transfer box face down and work in a dark area.

3. Ghost Images on Plate

Probable cause: Films stuck together in drum by putting wrong plate in wrong slot or dropping in the scanner too quickly.

Correction: Insure that #1 size plates are placed in anterior slot. This will prevent plates for sliding into another plate. Also place plates in scanner slowly.

4. Scratched Image

Probable cause: Mishandling of plate.

Correction: Careful handling of exposed plates.

F. FOG ATTRIBUTABLE TO CAUSES BEFORE OR AFTER EXPOSURE

1. Radiation Fog

Probable cause: Plates place in transfer box with image side up.

Correction: Store plates in the transfer box with the image facing down.

G. GRADING OF RADIOGRAPHIC IMAGES

Each radiographic image will be evaluated on the four criteria listed below:

1. Correct positioning of the plate. (A 1 - 8)

2. Correct positioning of the tube head or BID/PID. (B 1 - 4)

3. Correct exposure factors and technique. (C - 3; D 1 - 4)

4. Correct processing procedures and technique. (E 1 - 4; F 1)

Example:

4 BW's = 16 possible points. If 2 errors, the student receives a score of 88.(14 /16 = 88)

21 FMX = 84 possible points. If 8 errors, the student receives a score of 90.(76/84 = 90)

Each retake will be an automatic minus 4.

VI. CRITERIA FOR EVALUATING PANOREX

The typical Panorex radiograph as the following characteristics.

1. Gentle curvature of the occlusal plan.

2. Both TM Joints recorded

3. Straight and narrow “Safety-Zone” in the middle of the film

4. Lower border of the mandible is recorded

5. Symmetrical appearance of the radiograph

6. Labeling of the patient name and identification of the patient’s Right (R) or Left(L)

VII. RADIOLOGY ANALYSIS FORM

Radiographic Analysis

Patient Name Age Date Student Instructor

Total # Films Clinic Remarks (malocclusion or patient management should be noted)

Expectations
Premolar BW should have the distal of the manidbular canines

Exceptions
B3 is acceptable on the D of the Max. and Mand. Canine and interproximally on molar Pas between 2/3 and 14/15

FACULTY COMPLETES Technique Pts. Deducted	Radiographic Area	STUDENT COMPLETES Error and Reason	Retake Required
	Max. Rt. Molar		
	Max. Rt. Premolar		
	Max. Rt. Canine		
	Max. Rt. Lateral		
	Max. Centrals		
	Max. Lf. Lateral		
	Max Lf. Canine		
	Max. Lf. Premolar		
	Max. Lf. Molar		
	Mand. Lf. Molar		
	Mand. Lf. Premolar		
	Mand. Lf. Canine		
	Mand. Lf. Cent/Lat		
	Mand. Rt. Cent/Lat		
	Mand. Rt. Canine		
	Mand. Rt. Premolar		
	Mand. Rt. Molar		
	Rt. Molar BW		
	Rt. Premolar BW		
	Lf. Premolar BW		
	Lf. Molar BW		
RETAKE(S) APPROVED - INSTRUCTOR'S INITIAL & APPROVED #			

Comments:
Technique Grade_____

No lead apron = automatic failure
Unassisted Retake=automatic failure
5 points off final grade for failure to detect 3 or more errors

DENTAL DEPARTMENT QUALITY ASSURANCE

Scope of Practice	Who Evaluates	How	Frequency	Documentation	Corrective Measures	Who reported to:
Medical/dental histories	NP: Dentist Recall: Instructor or dentist if over 3 years Return: Instructor	Questioning by dentist or faculty	Every patient/ every visit	Medical History signatures by students, faculty, and patient.	Consult with student	Faculty
Patient assessment: intra/extraoral exam; dental charting; risk assessments; treatment plan; referrals	Dental faculty (Dentist)	Clinic Feedback Forms	Every Patient	Patient Record Clinic Feedback Forms	Consult with student	Faculty
Radiology: exposure and retake policies based on ADA guidelines	Dentist, instructor, student	Technique, Evaluation, & Interpretation	As needed by patient	Radiology grade sheet Charting w dentist	Students observed and advised. Retake forms signed and retakes are observed. Retake forms are reviewed for improvements	Faculty
Radiology: proper emissions and columniation	Physicist	Inspections	Every 3 years	Inspection document displayed	Repair/calibrate/replace as needed	Director
Patient treatment: instrumentation, OHI, supportive treatment (fluoride sealants, nutritional counseling, pain management)	Dental faculty	Feedback forms Competencies Pt record	As needed per patient	Feedback forms Pt. Record	Achieve competency level per clinic course; remediation as needed	Faculty
Patient Services:						
Confidentiality	Students, faculty, and staff	Pt. Signs Acknowledgment of Bill of Rights and HIPAA	Every pt Initial visit	Uploaded to patient record	Acquire necessary signatures if missing	Faculty, staff
Satisfaction Survey	Patient	Anonymous survey	End of Tx	Combined survey results	Faculty and staff	Director

				reviewed at curriculum meeting	Changes reported to students as deemed necessary	
Referrals Dental & Medical	Dentist	Referral form	As needed	Patient Record	Student, faculty, staff	Dentist
Recall	Students and dental faculty	Noted in pt. Record Computer recall list	Pt need	Pt record Computer Recall Report	Students, faculty, staff	Faculty
Chart audit	Faculty	Random selection by staff	10 per semester	Audit results	Discrepancies are documented, discussed at faculty staff meetings, and relayed to students	Director, then to faculty and students
Clinical competence Didactic achievement Professionalism	Faculty	Clinic Feedback Form Competency form Journals	Each session	Per course components	Achieve competency level per clinic course; remediation as needed; dismissal if deemed incompetent	Faculty and students
Documentation of patient services	Faculty and students	Pt record Clinic Feedback form	Per session	Pt record Clinic Feedback form	Consult with student to make necessary adjustments to correct	Faculty and students
Infection control -prevention practice:						
Hand hygiene, PPE, asepsis, safe injection practice, sharps safety	Faculty	Visual	Per clinic session	Feedback form	Consult student; dismissal if incompetent	Director
Respiratory hygiene & Cough etiquette	Students Faculty	Health history, visual/questioned at updates/ poster in reception area	Per clinic session	Health hx, patient chart, Med hx update	Patient referred to physician & rescheduled. Education provided	Faculty
Exposure management (sharp stick, eye contamination)	Faculty	Bloodborne pathogen education	As exposure occurs	Logged: Dental faculty & Program Director, tests results kept on file	Documentation completed and logged, student consult, blood tests of involved if necessary	Faculty
Infection control-equipment						
Ultrasonic (Biosonic)	Students, Faculty	Visual Inspection upon use	Per clinic session	sterilization log	Replenish, Repair, Replace	Faculty
Hydrim	Students, Faculty	Visual Inspection upon use	Per clinic session	sterilization log	Repair, Replace	Faculty
Autoclave	Students, Faculty	Distilled H2O, maintenance,	Weekly	spore test record sterilization log	Repair, Replace (Urgent, reserialize once fixed)	Faculty

		biological monitoring				
Instrument Sterilization	Students, Faculty	Indicator tape/steam integrator/ biological monitoring	Per clinic session	Visual, spore test record/ sterilization log	Repair, Replace Autoclave (Urgent, reserialize once fixed)	Faculty
Dental Operatories	Students, Faculty	Visual barriers Asepsis	Per clinic session	Feedback forms	Consult student	Faculty
Dental water quality	Students, Faculty	Rotator dispenses water purifying tablets for self-contained water unit	Per clinic session	Visual	Consult with Patterson Rep	Faculty
Dental waterline cleaner treatment	Students, Faculty	Student follows manufacturer instructions	Monthly	Sterilization log	Consult student, Patterson Rep	Faculty
Biohazard waste	Students, Faculty	Biohazard labeled containers	As needed	Biohazard waste receipts	Replace receptacles as needed	Faculty
Emergency Management:						
Emergency kit First Aid	Students Faculty	Students perform inventory	quarterly	Emergency log	Replace expired and used items	Faculty
Oxygen tank	Students Faculty	Students check gauge and function	quarterly	Emergency log	Replenish O2 as needed	
Fire extinguisher	Fire dept.	Visual	yearly	Inspection tag on ext.	Repair/replace as needed	Fire Dept.
Eye wash station	Students Faculty	Visual & flush ports	weekly	Emergency log	Repair/replace as needed	Faculty
Hazard communication	Faculty	Ensure all chemicals are included in Safety Data Sheet's binders	Annually & as new products arrive	Sheets are kept in the SDS binders	Obtain all SDS. Faculty & students briefed on how to manage hazardous chemicals/materials	Faculty
Administrative measures:						
CPR compliance	Director	CPR course	Every 2 years	All students take with us, recorded in Canvas	Required	Director
Curriculum review and updates	Faculty	Review of outcomes and assessments & course updates	Annually	Curriculum review minutes	Adapt as needed	Director
Evidence based Competency based Integration of didactic and	Faculty	Per semester Continual	Weekly faculty meetings,	Faculty meeting minutes	Adapt as needed	Faculty

clinical experiences			Annual curriculum meetings			
OSHA compliance	Director	CE vaccinations	Annually	CE certificates/ health records	required	Director
Continuing Education	Director	CE certificates	Annually	CE certificates	required	Director
HIPPA compliance	Director	CE	Annually	CE certificates	required	Director

RULE 1.13 BOARD REGULATION NUMBER 13--SUPERVISION AND DELEGATION OF DUTIES TO AUXILIARY PERSONNEL

Purpose: Pursuant to Miss. Code Ann. §§ 73-9-3 and 73-9-5, to define dental auxiliaries, to define the type of supervision required for dental auxiliaries, and to further determine procedures which require the professional judgment and skill of a dentist and which, as such, may not be delegated to auxiliary personnel.

1. Supervision of Dental Auxiliaries

A. The work of dental assistants while working in the office of a regularly licensed dentist shall be under the direct supervision of the dentist. No licensed dental hygienist, under general supervision, may delegate or supervise any dental hygiene duties for a dental assistant.
B. The work of dental hygienists shall be under the direct supervision of the dentist, except as provided by and in conformity with this regulation.
C. Direct Supervision of dental auxiliaries requires that a dentist be physically present in the dental office or treatment facility, personally diagnose the condition to be treated, authorize the procedures to be performed, remain in the dental office or treatment facility while the procedures are being performed by the auxiliary, and evaluate the performance of the dental auxiliary.
D. General Supervision of dental hygienists allows for treatment of patients of record according to a written treatment protocol in the dental office or treatment facility without the dentist physically present.

2. General Supervision of Dental Hygienists

A. General Principles

(1) A dental hygienist may work under the general supervision of a Mississippi licensed dentist only as authorized by Miss. Code Ann. § 73 9-5 and in conformity with the requirements herein.
(2) A dental hygienist is authorized to practice under general supervision only in the following settings:

a. A dental office owned by a Mississippi licensed dentist or a group of Mississippi licensed dentists, or
b. In a setting operated by a nonprofit entity that meets the statutory, regulatory, and program requirements for grantees supported by the Public Health Service.

(3) The supervising dentist is responsible for all actions of the dental auxiliaries during treatment of patients under general supervision.
(4) A dental hygienist may not practice independently from a supervising dentist.

(5) A dental hygienist may not operate a practice primarily devoted to providing dental hygiene services.

B. A dental hygienist may only practice under general supervision upon obtaining a Registration to Practice under General Supervision from the Board and Authorization to Practice under

General Supervision by a Supervising Dentist.

(1) Registration to Practice under General Supervision requires the following:

a. The dental hygienist must submit a complete application to the Board with payment of a one (1)-time $25.00 registration fee.
b. The dental hygienist must submit to the Board verifiable documentation evidencing practice as a dental hygienist in Mississippi for a minimum of (5) years and a minimum of six thousand (6,000) hours.

(i) Affidavits by current and former employers that identify specific periods of the applicant's employment as a dental hygienist in Mississippi may be utilized to satisfy this practice requirement.
(ii) The Board may recognize employer affidavits evidencing the applicant's full-time employment as a dental hygienist in Mississippi over five (5) years as sufficient evidence of meeting this requirement
(iii) Unless otherwise indicated by the affiant, the Board shall consider one (1) year of full-time employment as a dental hygienist in Mississippi as equivalent to one thousand two hundred (1,200) hours.
(iv) Employer affidavits evidencing part-time employment should specifically identify the number of hours the applicant practiced during his or her employment as a dental hygienist in Mississippi.

c. The dental hygienist must submit evidence of current CPR certification, in compliance with Board Regulation 41.
d. The dental hygienist must submit evidence of completion within the previous twelve (12) months of three (3) hours of Board approved continuing dental education (CDE) focused on medical emergencies.
e. Upon the Board's verification of the dental hygienist meeting the requirements, the Board shall register the dental hygiene license as eligible to practice under the general supervision of a Mississippi licensed dentist.
f. Upon registration with the Board as eligible to practice under general supervision, the dental hygienist must obtain authorization to practice under general supervision from the supervising dentist.

(i) The dental hygienist may not practice under general supervision until he or she successfully registers with the Board and receives express authorization from the supervising dentist.
(ii) Express authorization by the supervising dentist shall be conferred to the dental hygienist exclusively through the Board's online licensure system.

(2) Authorization to Practice under General Supervision by a Supervising Dentist requires the following:

a. The supervising dentist must submit a complete application to the Board with payment of a $25.00 registration fee for each dental hygienist he or she

authorizes to practice under general supervision.

b. The supervising dentist may only authorize dental hygienists that are registered with the Board to practice under general supervision.

c. A supervising dentist may authorize no more than three (3) dental hygienists under general supervision at any time.

d. Express authorization by the supervising dentist shall be conferred to the dental hygienist exclusively through the Board's online licensure system.

C. Practice Considerations

(1) The supervising dentist shall establish written emergency protocols for general supervision, and the dental hygienist shall adhere to such protocols.

a. The emergency protocols shall be signed and dated by the supervising dentist and all dental hygienists practicing under his or her general supervision, indicating review of, the opportunity to ask questions, and agreement by all parties.

b. A copy of the signed and dated emergency protocols shall be made available to Board representatives within twenty-four (24) hours of request by the Board.

(2) The supervising dentist shall provide written treatment protocols for patients seen under general supervision, and the dental hygienist shall adhere to such protocols.

(3) A dental hygienist may not administer nitrous oxide or local anesthesia under general supervision.

(4) A dental hygienist may not treat a patient under general supervision:

a. That has not been examined by the supervising dentist within the previous seven (7) months or does not have a patient record;

b. Twice consecutively;

c. That is under eighteen (18) years of age; or

d. That has an American Society of Anesthesiologists (ASA) Physical Status Classification beyond ASA Class II.

(5) Patients seen under general supervision must receive advance notification that the supervising dentist will not be present.

a. Such notification must be documented in the patient's record.

b. Advance notification cannot be same-day notification.

(6) The practice of general supervision shall be restricted in the number of days practiced as follows.

a. The supervising dentist shall not:

(i) Permit the practice of dental hygiene under general supervision, unless and until the dental hygienist is registered with the Board to practice under general supervision and the supervising dentist authorizes the dental hygienist to practice under general supervision

via the Board's online licensure system.

(ii) Supervise an individual dental hygienist under general supervision for more than twenty-four (24) total days per calendar year.

(iii) Practice general supervision for more than ten (10) consecutive business days, regardless of which dental hygienist(s) the supervising dentist supervises

b. The dental hygienist shall not:

(i) Practice under general supervision for more than twenty-four (24) total days per calendar year, regardless of the specific supervising dentist.

(ii) Practice under general supervision for more than ten (10) consecutive business days, regardless of the specific supervising dentist.

c. The practice of dental hygiene under general supervision for any period of time, no matter how brief, shall constitute one (1) full 4 day of general supervision practice, as applied to both the supervising dentist and the dental hygienist.

d. The general supervision of up to three (3) dental hygienists by the same supervising dentist on the same day shall only constitute one (1) day of general supervision practice, as applied to both the supervising dentist and the dental hygienist(s).

3. Delegation of Duties to Dental Auxiliaries

The Board has determined that the following procedures may not be delegated to dental auxiliary personnel.

A. Periodontal screening and probing, or subgingival exploration for hard and soft deposits and sulcular irrigations to dental assistants and/or dental hygienists not licensed by the State of Mississippi; may be performed by licensed Mississippi dental hygienists.

B. The use of ultrasonic and/or sonic instruments to dental assistants and/or dental hygienists not licensed by the State of Mississippi; may be performed by licensed Mississippi dental hygienists.

C. Pursuant to Miss. Code Ann. § 73-9-3, the removal of calcareous deposits with an instrument by anyone other than a licensed Mississippi dental hygienist.

D. The taking of any impression of the human mouth or oral structure that will be used in the restoration, repair, or replacement of any natural or artificial teeth or for the fabrication or repair of any dental appliance. The Board has further determined that impressions for study models and opposing models, and the construction, adjustment, and cementation of temporary crowns (temporary means crowns placed while permanent restoration is being fabricated) do not require the professional judgment and skill of a dentist and may be delegated to competent dental auxiliary personnel in accordance with § 73-9-3.

E. The placement, cementation, or final torquing of inlays, permanent crowns, fixed bridges, removable bridges, partial dentures, full dentures, or implant abutments.

F. The equilibration or adjustment of occlusion on natural or artificial dentition, restoration, or

sealants.

G. The activation or adjustment of orthodontic appliances.

H. Injections of drugs, medication, or anesthetics by those not authorized by Mississippi law and Rule 1.30 – Board Regulation 30 to administer such agents; except, a Mississippi licensed dental hygienist may administer local anesthetics under the supervision of a Mississippi licensed dentist physically on the premises, upon meeting the following conditions:

(1) The dental hygienist successfully completes an ADA CODA-accredited course in the administration of local anesthesia which includes didactic and clinical components covering block and infiltration techniques.

(2) The dental hygienist successfully completes an examination in local anesthesia administered by CDCA-WREB-CITA, or its successor examination, or other substantially equivalent state or regional examination as determined by the Board.

(3) The dental hygienist submits a complete application to the Board for certification to administer local anesthesia with payment of a $50.00 initial certification fee. Renewal of the certification shall occur on a biennial basis concurrent with license renewal and shall be subject to the same conditions for renewal in Rule 1.37 – Board Regulation 37, subsection "1". The fee for renewal shall be $25.00.

(4) The Board issues the dental hygienist a certification to administer local anesthesia upon verification of the dental hygienist's compliance with subsections "1" through "3" above.

(5) Administration of local anesthesia by the dental hygienist shall be documented in the patient's record and include the following:

a. Name and amount of local anesthesia administered.
b. Date and time that local anesthesia was administered.
c. Name of the dental hygienist that administered the local anesthesia.

The authorization of the dental hygienist to administer local anesthesia shall not be interpreted to expand and/or amend the dental hygienist's scope of practice defined in Miss. Code Ann. § 73-9-5.

I. Performing pulp capping, pulpotomy and other endodontic therapy.

J. Intraoral restorative procedures.

K. Placement of any subgingival medicated cords. However, the placement of periodontal treatment agents may be performed by licensed Mississippi dental hygienists.

History: *Regulation Thirteen adopted by the Mississippi State Board of Dental Examiners on September 9, 1976; amended December 17, 1976; amended April 27, 1977; amended September 4, 1988; amended September 25, 1992; amended June 1, 1993; amended July 30, 1993; amended March 8, 1996; amended September 18, 1998; amended October 22, 1999; amended November 3, 2000; amended September 13, 2002; amended November 3, 2006; amended June 22, 2007; amended October 19, 2007; amended August 19, 2011; amended January 13, 2023; amended June 13, 2025. Source: Miss. Code Ann. §§ 73-9-13, 17*

DENTAL DEPARTMENT CONFIDENTIALITY GUIDELINES

In compliance with the Health Insurance Portability and Accountability Act (HIPAA), information has been provided on maintaining confidentiality regarding patient privacy and data security as it relates to healthcare workers.

All patient medical and financial records and any other information of a private or sensitive nature are considered confidential. Confidential information should not be read or discussed by students unless pertaining to his or her learning requirements. Under HIPAA Regulations, you can only discuss patient information if it is directly related to treatment, and even then you must limit the disclosure of any patient information to the minimum necessary for the immediate purpose. Discussion of confidential information must take place in private settings. Students must not discuss confidential information to family members or friends, or other parties who do not have a legitimate need to know. Disclosure of the patient's presence in any health care agency may violate confidentiality.

Any unauthorized disclosure of protected health information may subject the student to legal liability. Failure to maintain confidentiality may violate the Code of Ethics Policy and thus be grounds for disciplinary action.

Each student must sign a confidentiality statement and agree to abide by the guidelines.

AGREEMENT TO MAINTAIN CONFIDENTIALITY GUIDELINES

I acknowledge that I have been instructed on the guidelines regarding patient protected health information and the HIPAA guidelines as it relates to healthcare workers.

I agree to abide by the confidentiality guidelines. I understand that in meeting the requirements of my education I will have access to protected health information. I understand I must maintain confidentiality of this information unless it relates to the performance of my assigned responsibilities.

I understand that health care agencies may require additional instructions on specific HIPAA policies and matters of confidentiality as it relates to their agency.

_____

Student Signature

_____

Date

DENTAL DEPARTMENT

BLOODBORNE PATHOGENS & OTHER COMMUNICABLE DISEASES

Dental patients and dental health care personnel can be exposed to pathogenic microorganisms including Hepatitis B, Hepatitis C, herpes simplex virus types 1 and 2, HIV, Mycobacterium tuberculosis, staphylococci, streptococci, and other viruses and bacteria that colonize or infect the oral cavity and respiratory tract. These organisms can be transmitted in dental settings through the following ways:

- Direct contact with blood, oral fluids, or other patient materials
- Indirect contact with contaminated objects such as dental instruments, equipment, or environmental surfaces
- Contact of conjunctival, nasal, or splatter which contain microorganisms generated from an infected person coughing, sneezing, or talking, and
- Inhaling airborne microorganisms

Infection through any of these routes requires that certain conditions exist. The existence of these conditions provides the chain of infection. An effective infection control strategy prevents disease transmission by interrupting one or more links in the chain.

Students are required to treat all assigned patients in clinicals; therefore, the potential exists for transmission of bloodborne and other infectious diseases during patient care services. At MGCCC, we will not discriminate against employees, students, applicants, or patients based solely on health diagnosis.

The purpose of this Bloodborne Pathogen Policy (BPP) is to minimize the risk of transmission of bloodborne pathogens and to minimize the risk to environmental hazards.

Immunizations

The risk for exposure to Hepatitis B is higher for Dental Health Care Providers (DHCP) than the general population; therefore, it is recommended that students start the vaccination process for Hepatitis B as soon as they receive acceptance into the program. A comprehensive medical history, physical examination, negative Tuberculin (Mantoux) skin test (negative chest x-ray if positive or contraindicated) and immunizations are additional recommendations for dental assisting students. The following immunizations, or proof of immunity, are recommended before clinicals (and may be required at certain rotation sites). Students may not opt out of rotations.

- Hepatitis B
- MMR (Measles, Mumps, Rubella)
- Varicella
- TDAP (Tetanus, Diphtheria, Pertussis)
- COVID & Flu

Communication

Students, upon diagnosis of a communicable disease(s) (i.e., chicken pox, measles, flu, etc.), must contact the program director immediately. Based on current medical knowledge, the program director will make judgment of communicability and advise the student regarding attendance in class/clinic. Please keep open line of communication with Director.

Healthcare Status

In MS, as most states, one is not legally required to disclose healthcare status (to include **HIV**) unless it is medically relevant to a patient. Testing for HIV for dental health care providers (DHCP) and students is not required by the Dental Department. However, health care workers and students who perform exposure-prone procedures (sharp instruments, needles, or sharp objects in small poorly visualized body cavity like the mouth) on patients are encouraged to be tested voluntarily in order to know their HIV status. The Mississippi State Board of Dental Examiners says that all professionals licensed by them must meet or exceed the current Recommended Infection Control Practices for Dentistry as published by the federal Centers for Disease Control and Prevention. As long as the student, patient, and co-workers are not jeopardized or at risk, a student will be allowed to continue education.

Confidentiality

All information regarding the health status of an individual is confidential and protected by the Family Education Rights and Privacy Act of 1994 and the 1996 Health Insurance Portability and Accountability Act. A copy of the Notice of Privacy Practices is made available to all patients.

Bloodborne Pathogen & Infection Control Training

The Dental Department complies with all local, state and federal infection control policies including the application of Standard Precautions as stipulated by current CDC Guidelines. Students receive instruction on infection control protocol in courses throughout the curriculum. Faculty and staff are required to attend bloodborne pathogen training each year. Compliance with safety practices is evaluated throughout the students' clinical experience to ensure a safe educational and work environment.

Enforcement of Practice Limitations or Modifications

Any student or DHCP who engages in unsafe and/or careless clinical practices that create risk to the health of patients, employees, or students shall be subject to disciplinary action. When such actions are brought to the attention of the Program Director, the student or DHCP may be suspended immediately from all patient care activities pending a full investigation of the matter.

Exposure to Bloodborne Pathogens

During this program and before clinicals, each student receives training regarding the procedures and policies that have been adopted by the department to reduce occupational exposure. DHCP or students who are exposed to a bloodborne pathogen in the course of their

clinical care are expected to follow the Post-Exposure Protocol. MGCCC is not responsible for any injury, exposure to blood borne or other pathogens, or illness of a student that is incurred during the extended clinical lab experience. Any expense for injuries sustained or illnesses contracted by the student during clinical lab will be the responsibility of the student. The student must notify dental faculty promptly of any harmful or potentially harmful incident at the time of occurrence and an incident report must be written. Failure to report exposure to blood or other potentially infectious materials could result in an "F" for the course and dismissal from the program.

I have read and understand bloodborne policy. I understand that I will be caring for patients with communicable diseases and may be exposed to potentially infectious materials.
My signature verifies that I understand the expectations relative to the OSHA Bloodborne Pathogen Standard as they relate to occupational exposure in the health care setting. I understand that compliance with the requirements is mandatory and that the failure on my part to comply may result in removal from the program. I assume the risk, including financial responsibility, of infection inherent to the profession I have chosen.
In addition, I HEREBY RELEASE the Mississippi Gulf Coast Community College, the Clinical Affiliates, their administration, and instructional staff from any and all liability resulting therefrom.

_____

Student's Signature Date

_____ _____

Parent/Guardian Signature (STUDENTS UNDER 18) Date

DENTAL DEPARTMENT STUDENT INFORMATION RELEASE

The following information will be utilized through the academic year to correspond with each of you. Please put your current mailing address and telephone number. Thank you for this information.

NAME:
MAILING ADDRESS:
PERMANENT ADDRESS:
TELEPHONE NUMBER:
EMAIL ADDRESS _____

According to Public Law #93-380 - Family Educational Rights and Privacy Act of 1974 it is necessary for persons requesting personal information such as in matters of reference or recommendations to sign a release permit.

I hereby release Mississippi Gulf Coast Community College, Dental Department, Program Director, and/or faculty from any and all liability or damages for providing the information requested.

I also authorize the release of the following information to Mississippi Gulf Coast Community College, and further release Mississippi Gulf Coast Community College from any and all liability pursuant to the release of information about me.

> Information received pursuant to § 43-11-13, Mississippi Code Annotated, the state and national criminal history record check processed by the Mississippi State Department of Health.
>
> I, hereby, grant Mississippi Gulf Coast Community College permission to release this information to its clinical affiliates as it pertains to my continuing education and/or clinical training in the Health Science/Nursing Programs at Mississippi Gulf Coast Community College.

_____
Student's Signature

_____
Date of Signature

DENTAL DEPARTMENT STUDENT HANDBOOK CONFIRMATION

I, _____ have read the 2025-2026 MGCCC Dental Assisting Technology Department Handbook. I agree to abide by the policies of the program as stated in this handbook.

_____ _____

Signature Date

This Handbook is subject to revision at any time.
8/2024, 12/2024, 6/2025, 8/2026, 9/2026