**DENTAL HYGIENE**

**PROGRAM**

 

**POLICY**

**AND**

**PROCEDURES**

**MANUAL**

**2019-20**

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**SECTION I MOTT COMMUNITY COLLEGE**

**Mission of Mott Community College**

“The mission of Mott Community College is to provide high quality, accessible, and affordable educational opportunities and services that cultivate student success and individual development and improve the overall quality of life in a multicultural community.”

**Accreditation of Mott Community College**

Mott Community College is accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools (HLC/NCA) through the [**Academic Quality Improvement Program (AQIP)**](http://www.hlcommission.org/AQIP/AQIP-Home/).

**How to Access the Mott Community Student Code of Conduct On-line**

Go to the MCC Website

 - Current Students

 - Records & Registration

 -Office of Records & Registration

 - Student Handbook

Select Student Policies and Administration

 - Student Code of Conduct

**How to Access the Mott Community Student Handbook On-line**

Go to the MCC Website

 - Current Students

 - Records & Registration

 -Office of Records & Registration

 - Student Handbook

**How to Access Dental Hygiene Resources at Mott Community College Library**

• Textbooks are located on the 2nd floor in the “RK” area

• Journals are located on the 1st floor. Including RDH, Dimensions of Dental Hygiene, JADA, Journal of Periodontology

• Resources on-line:

 TO FIND DENTAL HYGIENE BOOKS GO TO:

 - MCC WEB SITE

 - MCC LIBRARY

 - LIBRARY CATALOG – FIND BOOKS

 - UNDER QUICK SEARCH TYPE DENTAL

 TO FIND DENTAL HYGIENE PERIODICALS GO TO:

 - MCC WEB SITE

 - MCC LIBRARY

 - LIBRARY CATALOG – FIND BOOKS

- UNDER QUICK SEARCH TYPE DENTAL, THEN UNDER WORKS OR PHRASE SELECT PERIODICAL TITLE, THEN SEARCH. IT WILL LIST THE JOURNALS WE HAVE ON THE SHELF IN THE LIBRARY

**Scholarships Inside and Outside Mott Community College**

Mott Community College’s Internal Scholarship Program

The MCC Scholarship program is extremely student-focused. Instead of having you sift through all the available scholarships to find one that is applicable; the scholarship program, uses the student information system at MCC to determine which particular scholarships you are eligible. Once eligibility has been determined, you receive an email explaining the application instructions and guidelines. Here are some helpful tips when trying to secure an internal scholarship:

1. Complete your Free Application for Federal Student Aid (FAFSA).
2. Confirm that your program of study is correct. You want to make sure that the program of study that Advising has recorded is correct and up to date to ensure that you are included in the list of eligible applicants for a particular scholarship.
3. Register early. The earlier you register the better.
4. Check your Webmail frequently. Roughly three weeks before the beginning of the semester you will begin receiving emails notifying you of any eligibility for a particular scholarship.
5. If you are eligible for one of the scholarships and receive an email, follow the instructions. The email is going to explain the specific application process for the scholarship that you are eligible for; most likely, this will include submitting a biography and essay to Student Financial Services by a specific deadline.
6. Make sure you touch on the topics that the scholarship instructions ask you to highlight. It is critical that you relate your essay to the topics that are requested.
7. After submitting the application materials, watch your email and your WebAdvisor to discover if you have been selected as a recipient.

Just to help clarify, the biography is obviously about yourself; and, the essay is going to detail the reasons why you feel as though you are an ideal candidate for a scholarship (i.e. community service/involvement, academic successful, significant financial need, etc.). If you are in need of help writing your biography and essay, please visit the Writing Center in the Curtis-Mott Building room 2031 (writingcener@mcc.edu ).

If you are not selected as a recipient for any of the scholarships offered this upcoming semester, don’t let this discourage you because every semester there are new and different scholarships being offered. In addition, on the flip side of this document, there are other alternatives to funding your education this semester and in future semesters.

The State of Michigan Programs and Resources

One alternative to internal scholarship offers can be found by visiting the State of Michigan website ( [www.michigan.gov](http://www.michigan.gov/) ), under the “Education & Children” heading, then under the “Students” section, and within the “Financial Aid & Scholarships” heading you can explore the different state programs that might be applicable. The State has compiled a wealth of information about funding sources and different states programs that might be applicable for your situation. These programs include scholarships, grants, and savings plans.

Private Scholarship Opportunities

Each semester flyers marketing private scholarship opportunities are posted in Student Life, which is located in the Prahl College Center PCC 1240. This is a great resource for reputable private scholarship offerings.

In addition, you could always use the free search engines which are available within several different websites. Here is a short list of different search engines you might consider using:

**·** [**College Board's Scholarship Search**](http://apps.collegeboard.com/cbsearch_ss/welcome.jsp)

**·** [**College Toolkit**](http://www.collegetoolkit.com/)

**·** [**fastWEB**](http://fastweb.com/)

**·** [**FinAid**](http://www.finaid.org/otheraid/majors.phtml)

**·** [**Peterson's College Quest**](http://www.petersons.com/college-search/scholarships.aspx)

· [**Sallie Mae's College Answer**](http://www.collegeanswer.com/paying/scholarship_search/pay_scholarship_search.jsp)

It’s important to note, that these scholarship search engines are private entities that are not affiliated with MCC, and even though these are reputable search engines, you should always proceed with caution. As a general rule, MCC recommends that you do not attempt to use any entity’s service that is requesting a fee.

Questions about These Opportunities?

If you have questions about different types of financial aid, please contact Student Financial Services by calling (810) 762-0144.

**Discrimination Policy**

Mott Community College is an equal opportunity institution and does not discriminate on the basis of gender, race, color, national origin, religion, height, weight, age, marital status, disability, sexual orientation, status as a disabled veteran or Vietnam era veteran and/or any other legally protected class not heretofore mentioned, in any of its educational program and activities, including admissions and employment. The above measures, in conjunction with other related state laws and the College's policies and procedures, will assure all individuals opportunity for consideration or redress of complaints of discrimination. Affirmative Action, Equal Employment Opportunity, and Americans with Disabilities Act information may be obtained from the Office of Human Resources. In accordance with the Americans with Disabilities Act, if applicants have accommodation needs they may call (810) 762-5396.

**Estimated Program Cost**



**Academic Integrity**

|  |  |
| --- | --- |
| http://www.mcc.edu/templatesCURRENT/images/clear_shim.gif | In an academic institution, every member of the community must demonstrate the highest standards of academic honesty; one must produce work that is wholly one’s own, whether it is in the form of taking a test, writing an essay or report, conducting an experiment, or completing an assignment. Taking another’s work and presenting it as one’s own, falsifying data or other information, helping others to cheat, depriving others of the resources they need to complete their work, or presenting work from a previous course to fulfill the requirements of another course, violate MCC’s Academic Honesty Policy.Individual faculty members may have different guidelines for their course, and it is the student’s responsibility to clarify each instructor’s expectations for the course. For example, some instructors may allow students to collaborate or to present previously submitted work to fulfill a course requirement. Students must read, understand, and follow the syllabi, test directions, and any other instructor policies pertaining to academic honesty.Refer to Student Handbook for further information.**Academic Discipline**Procedures in cases of academic dishonesty will normally begin with the individual instructor who has reason to believe an incident of academic dishonesty has occurred. The instructor must first review the information and determine whether there is sufficient reason to proceed with the charge of academic dishonesty. If the instructor does in fact determine to proceed, he or she must first check with the Academic Dean and the Registrar to ascertain whether there is a record of prior incidents of academic dishonesty. If the records do not reveal any previous incidents, the instructor must then communicate the charge to the student using the appropriate college form (with a copy to his or her associate dean). If the student admits his/her guilt and accepts and completes the penalty prescribed by the instructor, the matter is resolved, and a copy of the form is filed with the Registrar. Penalties imposed by the instructor are limited to those actions whose ramifications fall within the confines of the class, i.e., failure of the assignment, requirement of an alternate assignment, or failure of the course. Dismissal or suspension from the course or from the college are actions outside of the instructor’s purview. If the incident is serious enough to warrant failure of the course, a copy of the form detailing the charges, the admission of guilt, and the penalty must be sent to and filed in the office of the Registrar. If there is a record of prior proven charges of academic dishonesty, OR if the student maintains his/her innocence, the instructor will refer the case to the Registrar who shall process the matter as an alleged violation of the Student Code of Conduct. Refer to the Student handbook for further information. **Academic Complaint Procedures**The faculty at MCC are here to assist students in achieving their educational goals. However, there are times when students may have concerns and complaints regarding their educational experience at MCC. The first step in pursuing all concerns should be an informal discussion with the faculty member. If the student concerns cannot be resolved through informal discussions, there are formal procedures to be followed by the student and college in responding to student complaints. The procedures for student complaints against faculty are a part of the Faculty Master contract. If a student thinks that he/she has an academic concern and wishes to formally pursue resolution of that concern, the Academic Complaint Process shall be initiated within 45 calendar days of the cause of concern. The following outlines the complaint process: * Student contacts faculty member regarding concern in an attempt to resolve the matter.
* If the concern remains unresolved, the student should contact and meet with the appropriate Dean before completing the Student Academic Complaint Form.
* The Dean will attempt to resolve the concern informally with the student and faculty member.
* If the concern remains unresolved after meeting with the Dean, and the student wishes to pursue the matter, the Student Academic Complaint form is to be completed within 10 business days and forwarded to the appropriate Dean.
* Either party may appeal the written decision of the Dean by asking within 5 business days that the complaint be forwarded to the Vice President of Academic Affairs.

The entire formal procedure for student complaints against faculty and Student Academic Complaint Forms are available in division offices. **Electronic Media**Students who use cell phones, PDAs, iPods, computers, calculators, or any other electronic devices as classroom aides are in violation of the Academic Honesty Policy unless given specific permission by the instructor. Individual divisions and instructors may have exceptions to this policy, based on the specific learning needs of the class. See the instructor for any clarification. Students who intentionally, willingly, or negligently take part in file sharing of licensed software, music or video files are in violation of the Academic Honesty Policy. Students will not circumvent anti-pirating software to copy electronic files. Copyright laws prohibit the copying of information from the Internet or other electronic source (DVDs or CDs) without proper permission, citation or paraphrasing.Students taking part in file sharing or illegal copying of electronic media are not only violating the Academic Honesty Policy but are also violating federal copyright law and may face lawsuits, federal charges, and/or fines. [For more information on acceptable file sharing for academic purposes visit the RIAA website](http://www.riaa.com/).**Important Phone Numbers**Admissions Office 810-762-0315Bookstore 810-762-5603College Closing 810-232-8989Financial Aid 810-762-0144Health Science Dept 810-762-0317Dean of Health Science 810-762-0317Dental Hygiene Office 810-762-0493DH Faculty 810-762-0493Public Safety 810-762-0222Library 810-762-0400**Public Safety**MCC Department of Public Safety employs certified sworn police officers with full arrest powers under the authority of the [Michigan Community College Act of 1966](http://www.mcc.edu/16_pubsafety/ps_oper_info.shtml#pa) as amended and are licensed through the Michigan Commission on Law Enforcement Standards. MCC Police Officers are also sworn Deputy Sheriffs for Genesee County with full law enforcement authority on non-college property. In addition, the Department of Public Safety also employs non-certified and student Public Safety Officers. These Officers have many of the same responsibilities and duties as the Police Officers, except they have no arrest powers. **Student Safety Tips from the Department of Public Safety**Keep your purse in a locked cabinet or locker. Never place your valuables in a highly visible area. Do not leave valuables in your car in open view. Conceal the items in a safe place or in the trunk of your car. Keep your personal belongings in view at all times. Never leave them even for a moment, to use the rest room or get a drink. If you observe a suspicious person, dial (810) 762-0222 and report it to the Public Safety Department. At night, never walk alone. If no one is available to walk with you, call the Public Safety Department at (810) 722-0222 and request an escort. Walk on designated walkways that are well lit. Report poor lighting or any lights that are out to the Public Safety Department. If you feel that you are being followed, find a safe area to proceed to, such as an office, highly visible area, or a place where there are people who can see you. Call the Public Safety Department. If anyone needs medical assistance, or an ambulance call the Public Safety Department. They have a direct link to the Flint Police Department and each patrol car has a first aid kit.**Drug Free Environment** |

Mott Community College is committed to providing a campus environment free of the abuse and illegal use of alcohol and other drugs. In addition, MCC is required by the Drug-Free Schools and Communities Act Amendments of 1989 to adopt and implement a program to prevent the illicit use of drugs and the abuse of alcohol by students and employees.

**Standards of Conduct At MCC**

The possession or distribution of illicit drugs and/or the unlawful use of alcohol by students on MCC property, or as part of a college activity, is specifically prohibited by MCC policies.

**Legal Sanctions**

There are legal sanctions under state and federal law for the unlawful possession, use, or distribution of illicit drugs and alcohol. A violation under state law may result in a misdemeanor or felony conviction, depending on the nature of the offense, punishable by imprisonment, payment of fines, confiscation of real and personal property, or a combination of the three.

**Drug and Alcohol Prevention, Counseling And Rehabilitation, And Reentry Programs**

The College Health Services Office coordinates a seminar on substance abuse prevention for all students and staff. For more information about the seminars, call (810) 762-0333. MCC encourages students with alcohol or other drug dependency problems to use the services of Counseling and Student Development or to seek assistance from a community agency that provides substance abuse services. Counseling staff will assist with referrals to appropriate agencies. For more information or to schedule an appointment, call (810) 762-0111.

Health Risks Health (and other) risks associated with the use of alcohol and other drugs include, but are not limited to: impaired academic or work performance; lost potential; absenteeism from class or work; financial problems; doing things one later regrets; conflicts with co-workers, families, friends, and others; unusual or inappropriate risk-taking which may result in physical or emotional injury, or death; blackouts; hangovers; long-term health problems including cirrhosis of the liver, organic brain damage, high blood pressure, and heart disease.

**MCC Sanctions**

MCC will impose sanctions for violation of policies and procedures consistent with state and federal law and with applicable Student Code of Conduct provisions and college policies. Violations will result in disciplinary action, up to and including dismissal from college, and referral for prosecution. Sanctions imposed will depend upon the severity and frequency of the violation. In addition to, or in lieu of, discipline, violators may be required to complete an appropriate rehabilitation program. Substance abuse assessment and referral services are provided by HelpNet 1-800-230-0151. They are located at 1164 Robert T. Longway Blvd, Flint, MI.

**Sexual Harassment Policy**

Mott Community College is committed to maintaining an environment for employees and students free of unwanted objectionable and disrespectful conduct, and communication of a sexual nature, especially when such conduct is imposed by one on another and adversely affects a staff member’s employment and a student’s learning experience.

Sexual harassment is a barrier to an environment which is conducive to academic achievement and productive employment. Employees and students have the right to raise the issue of harassment, and are protected by this policy and attendant college codes and procedures for enforcement.

Sexual harassment is a grievous action having serious and far-reaching effects on the careers and lives of individuals. False accusations can have similar impact; thus, the charge of sexual harassment is a serious and emotional one and is not to be taken lightly by a charging party, a respondent, or any other member of the college community.

This policy shall apply to all persons in the college community. For the purposes of this policy statement, the term college community shall be defined as Mott Community College students, faculty, administrators and all other employees. This sexual harassment policy will be part of the Board of Trustees’ governing policy for Mott Community College and will be published in the policy and procedure manual.

This section on sexual harassment will also be published in the student, faculty and staff handbooks. For further information on the sexual harassment policy at MCC, contact the Human Resources Office, Mott Community College, 1401 East Court Street, Flint, MI 48503, or call (810) 762-0275.

**Disability Services**

Disability Services works collaboratively with students, faculty, and staff to create an inclusive educational environment for students.

Disability Services provides accommodations, services and auxiliary aids to students with disabilities in accordance with the Americans with Disabilities Act as amended (2008) and Section 504 of the Rehabilitation Act (1973).

We serve students with all types of disabilities including but not limited to: Autism Spectrum Disorder, Asperger's Syndrome, Attention Deficit/Hyperactivity Disorder, blind/visually impaired, Deaf, hard of hearing, learning disability, medical or physical impairment, mental health/psychological, and traumatic brain injury.

If you would like further information, stop by the Learning Center/Disability Services located on the first floor of the Prahl College Center in room 1130. You are also welcome to fill out an application online.

**Course Withdrawals**

Dropping a class during the semester is also referred to as Withdrawal from a course. This is the responsibility of the student. A student may withdraw from a class at any time prior to the 90% point of the semester or session. A withdrawal before the “Date of Record” means there is no record of enrollment. A withdrawal after the “Date of Record” but before the last week of the semester means a “W” grade. A "W" grade will be listed on the student’s grade report/transcript if the withdrawal occurs after the Date of Record as listed on the Academic/Registration Calendar.

Students must follow this procedure to officially discontinue enrollment in a particular course.

To withdraw, a student must fill out the Class Schedule Worksheet form and file it with the Registration & Records Office.

Students who decide not to attend classes must drop these classes themselves. Classes are not automatically dropped for non-attendance.

To be eligible for a tuition refund classes must be dropped within the tuition refund dates, which are listed in the course schedule book and available on the web.

Students who withdraw from college are recommended to see a counselor in the Counseling Center, PCC2030. Students are still required to complete a class schedule worksheet form listing the classes from which they are withdrawing.

**Section ll Health Sciences and Dental Hygiene**

Dental Hygiene Program Goals

|  |
| --- |
| Goal #1Maintain admissions policy to ensure qualified dental hygiene student candidates. |

|  |
| --- |
| Goal #2Prepare entry-level licensed dental hygienists. |

|  |
| --- |
| Goal #3Review program curriculum to ensure scientific advancement and innovations in dental hygiene practice and health care systems. |

|  |
| --- |
| Goal #4Support the culture of the college related to excellence in teaching and learning. |

|  |
| --- |
| Goal #5Maintain an active dental auxiliary advisory committee. |

|  |
| --- |
| Goal #6Support the preventive and therapeutic dental needs of the community and promote patient satisfaction.Goal #7Integrate meaningful community service with instruction and reflection to enrich the dental hygiene student’s learning experience, teach civic responsibility, and encourage life-long civic engagement.  |

Goal #8

To teach and promote the code of the American Dental Hygiene Association’s Code of Ethics and set professional standards by showing respect, being honest, and promoting trust.

**Dental Hygiene Program Competencies**

Competencies required of the Mott Community College dental hygiene graduate will include the following:

1. **Patient Care-Graduates must be competent in applying the principles from biomedical, clinical and behavioral sciences to a diverse patient population utilizing the dental hygiene process of care which includes: assessment, diagnosis, planning, implementation, evaluation and documentation. Patient-centered care is delivered to the child, adolescent, adult, geriatric and special needs patient.**
2. Assessment

The systematic collection of data to identify oral and general health status based on patient problems, needs and strengths.

1. Diagnosis

The use of critical decision-making skills to reach conclusions about the patient’s dental hygiene needs based on all available assessment date and evidence in the literature.

1. Planning

The establishment of realistic goals and outcomes based on patient needs, expectations, values and current scientific evidence to plan dental hygiene interventions to facilitate optimal oral health.

1. Implementation

Delivery of dental hygiene services based on the dental hygiene care plan while minimizing risk and optimizing oral health.

1. Evaluation

Review and assessment of the outcomes of dental hygiene care.

1. Documentation

Complete and accurate recording of all collected date, interventions planned and provided, recommendations and other information relevant to patient care and treatment.

1. Manage infection and hazard control.
2. Manage medical emergencies.
3. Utilize the principles of learning and instruction in patient education to support patient’s well-being and quality of life.
4. Apply the dental hygiene process of care to a community-based oral health program.
5. Assume responsibility to educate and interact with patients of diverse population groups including providing community oral health services in a variety of settings.

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

A. Ethics

1. Provide humane and compassionate care to all patients.

2. Recognize and manage the ethical, legal and regulatory issues related to the practice of dental hygiene.

3. Participates in the professional organizations at the local, state, and national level.

B. Critical Thinking

1. Accept responsibility for solving problems and making decisions by accepted scientific principles.

2. Provide critical analysis of professionally published reports of oral health related to the practice of dental hygiene.

3. Demonstrate the ability to communicate professional knowledge in written and verbal format.

4. Recognize the professional responsibility for life-long learning.

**III. Health Promotion and Disease Prevention** – *graduates must be competent in the areas of oral health education and preventive counseling, health promotion, patient management, clinical dental hygiene, provision of services for and management of patients with special needs, community dental/oral health, medical and dental emergencies including basic life support, legal and ethical aspects of dental hygiene practice, infection and hazard control management, and the provision of oral health care services to patients with airborne/bloodborne infectious diseases.*

A. Promote the values of the profession to the public and other organizations outside of the dental profession.

B. Utilize the principles of learning and instruction in patient education to support patient's well-being and quality of life.

C. Apply the dental hygiene care process (assessment, planning, implementation and evaluation) to a community-based oral health program.

D. Assume responsibility to educate and interact with patients of diverse population groups.

**Absence Policy**

*“Students are expected to attend class, since they are held responsible for the requirements of the course. Absence from class does not excuse the student from the course requirements”* (Mott College Catalog). Mott Community College is accredited by the Commission on Dental Accreditation; in order to be an accredited Dental Hygiene program we must abide by the Commission’s Standards which include; STANDARD 2-10 *The number of hours of clinical practice scheduled must ensure that students attain clinical competence and develop appropriate judgement.*

**General Attendance Policies**. The following are some general policies related to attendance in classes and clinical.

* The instructor’s specific policies regarding attendance will be provided to the student at the first class.
* Attendance will be recorded at each class session (including theory, lab and clinical sessions). Absence will be reported to the Registrar’s Office, in accordance with college policies.
* The instructor holds the right to allow or to disallow make up for any assignments quizzes or tests that were missed due to student absence.

**Clinical Attendance Policies**. Students who have not attended required lectures and laboratory sessions may be excluded from the clinical setting when their lack of preparation may pose a safety hazard for patients, themselves, or others. Clinical absence has an impact on the student’s ability to meet the objectives of the course and to achieve a satisfactory clinical grade.

Each student is required to attend all clinical experiences for which he/she is registered. **A student may not miss more than two clinical sessions each semester**. If absences in excess of 2 per semester occur, one make-up session *per year* will be allowed and the student must bring their own patient. **Excess of five clinical absences in one year will result in administrative dismissal from the program.** See above CODA accreditation standard 2-10.

All clinical absences must be reported to the clinical instructor and to Mrs. Stevens (810-762-0493) prior to the start of the scheduled clinic.

**Lecture/lab Attendance Policy.** Two absences per class per semester are allowed. Two tardies or failure to attend entire session (leave early) will result in an **Incident Report** for professionalism which will result in a 1% decrease in overall grade. More than two absences will result in administrative dismissal from the program.

**Grading Policy**

 4.0 = 96-100%

 3.5 = 92-95%

 3.0 = 88-91%

 2.5 = 84-87%

 2.0 = 80-83%

 1.5 = 79-75%

 1.0 = 74-70%

 0.0 = 69% and below

 I = Incomplete

 W = Withdraw

*Students must complete the lecture at 80%, the lab at 80%, the clinic at 80% and 80% on instrumentation exams for each course in order to advance in the program. Successful completion includes meeting and achieving all of the safety guidelines as well.*

*All occupational specialty courses listed on the curricular guide must be passed with a 2.0 or better to continue in the program*.

**Academic Progression/Readmission**

Any student not meeting the minimum standard of 80% in all dental hygiene courses should seek the advisement of the Dental Hygiene Coordinator for policies regarding readmission or withdrawal. The student should schedule an appointment with the Dental Hygiene Coordinator as soon as possible to complete the application for readmission. Readmission will only be considered if the student passed a minimum of 50% of the lectures/clinic/labs during the semester that the student did not progress. If non-progression occurs in the first year, the student must readmit into DHYG 121. If non-progression occurs in the second year, the student must readmit in DHYG 221. Each failed lecture/clinic/lab must be repeated. Finally, readmission is based on availability.

**APPLICATION FOR READMISSION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Policy Statement:**

**It is the policy of the Dental Hygiene Program that any student readmitted to the program will repeat the dental hygiene clinical course for the semester in which readmission is granted, regardless of the grade previously earned, for that clinical course.**

**General Instructions:**

1. Students applying for academic readmission to the Dental Hygiene Program must complete Part I of the Application for Readmission form.

2. Following completion of Part I of the form, the student must provide the application to the Dental Hygiene Coordinator. The Dental Hygiene Coordinator will make the application available to the appropriate faculty for review and completion of Part II.

3. Upon review by the appropriate faculty, the Dental Hygiene Coordinator will contact the applicant to schedule an appointment to discuss the plan of action for readmission. The actual date of readmission is dependent on available space in the program.

4. Any dental hygiene course more than one year old must be repeated. Admission is granted in order of the following:

 1. Eligibility list

 2. Progression

 3. Readmission

**Part I General Information**

1. Seeking Readmission to:

 Course(s) # and Title Instructor(s)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Semester course(s) originally completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Reason(s) for non-progression (check all that apply):

 Theory Laboratory Clinical

\_\_\_ Low theory grade \_\_\_Laboratory performance \_\_\_Clinical performance

\_\_\_Health reasons \_\_\_Safety (lab) \_\_\_Safety (clinical)

\_\_\_Personal/family reasons \_\_\_Attendance (lab) \_\_\_Attendance (clinical)

\_\_\_Attendance \_\_\_Other (specify) \_\_\_Other (specify)

\_\_\_Financial reasons

\_\_\_Other (specify)

4. Indicate the problems or factors that contributed to the reasons cited for academic non- progression. Be specific and complete (attach additional sheets as needed).

**Part II Faculty Member Evaluation**

Theory Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommended for Readmission: \_\_\_ Yes \_\_\_ No \_\_\_Guarded

Comments:

Laboratory Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommended for Readmission: \_\_\_Yes \_\_\_No \_\_\_Guarded

Comments:

Clinical Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommended for Readmission: \_\_\_Yes \_\_\_No \_\_\_Guarded

Comments:

**Part III Readmission**

I have met with the Dental Hygiene Coordinator to discuss academic readmission. Based on the counsel of this individual, I agree to implement the following plan to correct problems that resulted in academic non-progression and to help ensure my success when I repeat the course(s).

The following constitutes my plan to correct the problems that resulted in my failure to complete this course:

1. Completion of the following course work: Date Completed Grade

 \_\_\_CASD 121 Study and Learning Skills \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

 \_\_\_CASD 122 Survival Skills for College \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

 \_\_\_AHLT 102 Medical Terminology \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

 \_\_\_Other (specify)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

2. Consultation with MCC Counselor (or personal counselor, if student prefers):

 \_\_\_Yes \_\_\_ No

 \_\_\_Consultation made

 \_\_\_Already receiving counseling

 \_\_\_Not applicable

3. Other actions to resolve problem(s) leading to academic non-progression. Be specific using additional sheets if necessary.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dental Hygiene Coordinator Date

**Cardiopulmonary Resuscitation Policy**

**Division of Health Sciences**

**Cardiopulmonary Resuscitation (CPR) Certification**

**Requirement Policy**

For the Health Science programs that require cardiopulmonary resuscitation, all students, faculty and clinical staff must possess and maintain current certification. The approved CPR course must be at the American Heart Association Basic Life Support Provider or American Red Cross Professional Rescuer level. Students must provide a copy of their credentials prior to their first clinical rotation.

Each student must upload a **copy** of their current CPR card onto the Castlebranch website. Upon **recertification**, the student must upload the new CPR certificate onto Castlebranch as well as provide Mrs. Spencer in MMB 2036 a **copy** of the updated CPR card. It is the responsibility of each dental hygiene student to be CPR certified for the entire semester, prior to registration for each semester. A current CPR card must be on file to receive your schedule. THERE ARE NO EXCEPTIONS.

|  |  |
| --- | --- |
| **Acceptable CPR Programs** | **Appropriate Level** |
| 1. American Heart Association | **HealthCare BLS Provider** -**must be printed on card.** |
| ***or*** |  |
| 2. American Red Cross | **Professional Rescuer-must be printed on card** |
|  |  |

Make a **copy** of your acceptable CPR card and have uploaded onto Castlebranch website.

American Heart Association 1-800-242-8721

American Red Cross (Flint) 810-232-1401

**Clinical Advising**

Each clinical semester students will be assigned a dental hygiene faculty as their clinical advisor. The assignments will be on a rotating basis. The clinical advisor will help students track their clinical competencies required for program completion and graduation. Students will meet with their clinical advisor at Midterm and Finals. In addition, students who wish to meet with their assigned clinical

advisors should set up an appointment during the faculty office hours.

**Clinical Competency**

**Clinical Competency**

**Statement of Understanding**

In accordance with the Accreditation Standards for Dental Hygiene Education of the Commission on Dental Accreditation, it is the policy of the Dental Hygiene Program that all students must achieve and maintain a level of clinical competency determined by the specified criteria for each clinical dental hygiene course (DHYG 121, DHYG 122, DHYG 114, DHYG 221, and DHYG 224) in order to progress in the dental hygiene program sequence. (Standard 2-14)

Any dental hygiene student who repeats a clinical dental hygiene course must be evaluated for each clinical experience and must complete clinical competency evaluations as a requirement for the repeated dental hygiene course. Any dental hygiene student who repeats a dental hygiene course is further required to follow the attendance policy set by the course instructor.

This statement of understanding, signed by the student and faculty, signifies that both the student and faculty recognize the value of developing clinical dental hygiene skills and agree to the methods for determining competency.

Course Name and Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dental Hygiene Faculty/Advisor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dental Hygiene Coordinator Date

**Contract for Educational Civility**

**Health Sciences Division**

**Contract for Educational Civility\***

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty Commitment**

We as faculty

* Strive to act in a civil manner at all times toward students, including not embarrassing or demeaning students.
* Believe that civil instructor behavior includes being on time for class, being prepared, and setting realistic goals.
* Will communicate expected behavior to students.
* Are sensitive to the fact that increased levels of stress brought on by a rigorous curriculum may manifest itself in rude behavior by students. Faculty will not tolerate rude behavior but will target the problem especially if a pattern emerges and react in order not to compound it.
* Will strive to maintain office hours and give students undivided attention during those office hours.
* Realize that incivility in the classroom takes an emotional, educational, and economic toll on learners and instructors alike.
* Will uphold civil behavior in the learning environment and deal with uncivil behavior to the full extent that MCC policy allows.

Approved by Mott Community College Division of Health Sciences: April 2007

\*Ci ⋅ vil ⋅ i ⋅ty: courtesy, politeness, a polite action or expression

 Random House Unabridged Dictionary, ©Random House, Inc. 2006

**Student Commitment**

As a student

* I realize that uncivil behavior as described in the Mott Community College Student code of Conduct is disruptive to the learning process.
* I realize that Higher Education is difficult and challenging and that learning is a social activity. Much emphasis in this division is placed on team work, active participation and sharing of ideas.
* I realize that attendance in class is highly encouraged. I have read the syllabus for each course and realize that if I am prepared for class and participate I will experience greater success.
* I will be prompt and regular in attending classes. If I am late I will adhere to the instructor policy regarding the time that I will be allowed to enter the classroom.
* I will turn my cell phone or other device off when I enter the classroom in order to allow myself, other students, and the instructor to concentrate on the learning environment.
* I will be well prepared for classes, submit required assignments, and take exams when scheduled.
* I will communicate any problems I experience with curriculum or the learning environment to my instructor in a timely manner. If not remedied, I will proceed with regard to an instructor or fellow student as outlined by college policy.
* I will meet course and behavior standards as defined by the instructor.
* I will make and keep appointments when necessary.
* I realize that incivility in the classroom takes an emotional, educational, and economic toll on learners and instructors alike.
* I will respect my fellow classmates, Mott Community College faculty and staff, and the personnel and policy of any clinical facility where I am a guest by avoiding unprofessional, rude, or offensive behavior.
* I realize that conversing with another student during lecture is disruptive to the classroom environment and to learning and will refrain from doing so.
* I will demonstrate ethical, civil and professional behavior in all aspects of my courses and realize that this behavior will be evaluated on college as well as clinical site property.
* I realize that the instructor must maintain control of the classroom at all times and unprofessional behavior as defined by my instructor will not be ignored.
* I realize that course communications may occur by e-mail and/or blackboard and that I will be expected to keep current on announcements and assignments.
* I realize that in addition to the learning of theoretical concepts, development of professional behaviors is a key component in this program. Academic integrity and professional conduct are expected of all students.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Student Signature Date

**Criminal Background Check**

Dear Health Science Student,

Mott Community College Health Sciences programs require that a prospective student do a criminal background check/investigation in order to attend a clinical site. Mott Community College has contracted with a company, Castlebranch, to do these criminal background checks. This will be the same portal that you will upload current Health Forms with physical and immunizations. Please do this as soon as possible. Instructions on how to order your Criminal Background check are in your Orientation folder. The website is: <https://portal.castlebranch.com/mw32>

If you have questions, please call the Health Sciences Division office at (810) 762-0317.

**Mott Community College**

***Division of Health Sciences***

**Informed Consent**

**for Criminal Background Investigation**

The health program’s curricular criteria and academic standards for course credit and program achievement require students enrolled in the program to complete assignments and training at clinical sites. A critical element of determining a student’s suitability for participation in the program as well as assignment at clinical sites during the course of his/ her program is to determine that the student does not have a criminal record of felonies or certain misdemeanors that place the clinical site in jeopardy by the placement of an unsuitable student at their institution.

Mott Community College is required to declare to the hosting institution the suitability of every student assigned to that institution. Therefore, all health career program students must undergo a criminal background checks as a term and condition of their application to and enrollment in the applicable health career program.

Any and all costs associated with the aforementioned criminal background checks will be borne by the STUDENT. Further, all fees paid for criminal record checks are non-refundable. Students may have to undergo repeat testing, depending on the individual clinical facility’s requirements. Prior criminal records checks results will not be accepted.

The results of the aforementioned criminal records check will only be released by the relevant consumer background check reporting agency to the College’s designated individuals. This information will be maintained in a separate file from the student’s academic record. Access to this file will be governed by the Family Educational Rights and Privacy Act (FERPA).

**General Release**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (**PRINT NAME**) for myself, my successors, College agents and estate, hereby release Mott Community College and all current and former employees, agents and attorneys of any and all claims, causes of action, liabilities, expenses (including but not limited to tuition and associated course, program or other student fees) and for damages which I may assert against any of them as a result of my undergoing criminal background checks/investigation as required for application to and enrollment in the applicable health career program.

Furthermore, I understand that this release shall be forever binding and no rescission, modification or release there from may be made without the express written consent of Mott Community College. Furthermore, I have received all the information necessary to make an informed decision regarding this release. I fully understand the terms and consequences of agreeing to this release, and acknowledge that I voluntarily and of my own free will am waiving my right to assert any action against Mott Community College and all current and former employees, agents and attorneys of Mott Community College performing services on behalf of the College, for any and all claims, causes of action, liabilities, expenses and for damages which I may assert against any of them as a result of my undergoing a criminal background investigation/checks as required for application to and enrollment in the applicable health career program.

By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Student Signature Date**

**Statement Regarding Criminal History**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (**PRINT NAME**) hereby state that as an adult, I have not been convicted of any of the following:

(**OVER, PLEASE**)

(a) A **felony** or an attempt or conspiracy to commit a felony within the 15 years immediately preceding the date of this application for clinical privilege.

(b) A **misdemeanor** involving the use of a firearm or dangerous weapon with the intent to injure, a misdemeanor using force, violence or the threat of force or violence, a misdemeanor involving criminal sexual conduct, cruelty, torture, abuse, neglect or other misdemeanor as defined under chapter XXA of the Michigan penal code, 1931 PA 328, MCL 750.145m to 750.145r, or a state or federal crime that is substantially similar to a misdemeanor within the 10 years immediately preceding the date of application for clinical privileges or a misdemeanor involving home invasion, embezzlement, negligent homicide, second degree retail fraud or other misdemeanor similar misdemeanor within the 5 years immediately preceding the date of application for clinical privileges.

 **Understanding and Agreement**

I hereby understand and agree that, if the criminal history check conducted under Public Health Code (PHC) 21073a and 21073b does not confirm these statements, my access to clinical privileges will be terminated by the clinical facility and the College as required by the PHC unless and until I can prove that the information is incorrect.

I also understand and agree that failure to meet any conditions described on this statement will result in termination of my clinical privileges and possible dismissal from the health career program. I further understand that an individual who knowingly provides false information regarding criminal convictions in this statement is guilty of a misdemeanor punishable by imprisonment for not more than 93 days or a fine of not more than $500.00, both (Section 21073a). If you have been known as a previous name or alias, you must print those names here:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Limited Release of Criminal Record**

I authorize any representative of Mott Community College and its agents to release any and all information pertaining to my state and federal criminal record to any authorized clinical site representative it deems appropriate in order to determine my suitability to apply to or enroll in the applicable health career program and/or to be assigned to a clinical site selected by the College. A photocopy of this release will be sufficient to authorize the release of the aforementioned information.

By law, Mott Community College cannot provide a copy of the criminal history results to the student.

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Student Signature Date**

Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Circle One**

**Your Program of Study: Dental Hygiene Nursing Nurse Aide Occupational Therapy Asst. Physical Therapist Asst. Respiratory**

MOTT COMMUNITY COLLEGE

**DENTAL HYGIENE PROGRAM**

**DENTAL HYGIENE STUDENT**

**PERSONAL PROTECTIVE EQUIPMENT (PPE) CODE**

As a result of OSHA regulation, specifically the Blood Borne Pathogens Act, Personal Protective Equipment (PPE) must be worn in areas where exposure may occur and may not be worn outside the designated area. *(Any area where intraoral contact is made is considered designated area).* Failure to comply with this rule will constitute an incident and may result in dismissal from the program.

1. Regulation scrubs and/or Personal Protective Equipment ***MUST*** be worn in clinic or laboratory at all times. Solid color underwear ***MUST*** be worn under scrubs.

2. Personal Protective Equipment *(Cover Gown, etc.)* ***MAY NOT BE WORN*** out of the dental area.

1. Polished white shoes with clean laces and full-length white hose, white knee-highs or white knee-high socks are to be worn when in uniform. *(Support Hose are recommended).* Clinic shoes ***MAY NOT*** be worn in and out of this building.

4. Hair must be a natural color, secured off the face and above the collar *(pulled back if necessary, pinned up, not a ponytail).* Make up must be moderate and appropriate for clinic. Men: face mask must cover all facial hair; therefore, facial hair must be kept short and neat.

5. Nails must be short and clean. Clear, unchipped polish is acceptable. Any polish that is determined inappropriate will require removal. ***Acrylic and shellacked nails are not permitted***.

1. Students must be clean, use deodorant regularly, brush teeth and use mouthwash before clinic. ***NO ONIONS, GARLIC, OR SMOKING PRIOR TO CLINIC. NO SMOKING WHILE IN UNIFORM***.

Students may not be allowed to attend clinic if this rule is violated.

***7. NO RINGS*** may be worn on the body while in Personal Protective Equipment. No jewelry allowed, including body piercing on the head and neck region; this includes all facial areas as well as the tongue. The required wrist watch is the only exception.

8. ***NO GUM CHEWING IN CLINIC***. Mints are permitted, between patients.

9. A Mott College student nametag must be worn on the outside of PPE ***AT ALL TIMES***.

10. Tattoos must be covered at all times in the clinical setting including walking a patient to and from the waiting room. If a student has visible tattoos on upper arms and forearms, they must be covered with a sleeve.

11. ***NOTE:***

 **(A)** **ANY STUDENT NOT COMPLYING WITH THE DENTAL HYGIENE DRESS REQURIEMENTS OR LEAVING A UNIT AND SURROUNDING CLINICAL AREA IN A STATE NOT MEETING OSHA CLINICAL STANDARDS WILL RECEIVE AN INCIDENT REPORT LEADING TO A FAILING GRADE AS DESCRIBED IN COURSE SYLLABI.**

1. **SERIOUS INFECTION CONTROL INCIDENTS MAY RESULT IN PROGRAM DISMISSAL AT THE DISCRETION OF THE PROGRAM FACULTY.**
2. **ADDITIONS OR DELETIONS TO THIS LIST MAY OCCUR AT ANY TIME.**

**Dental Hygiene Licensure**

**Dental Hygiene Boards 2019**

 ***National Board Dental Hygiene Examination***

Information: google NBDHE or <https://www.ada.org/en/jcnde/examinations/nb-guides>

 <https://www.ada.org/en/jcnde/examinations/national-board-dental-hygiene-examination>

 (Read THIS!! )

Date of examination: **THURSDAY March 21, 2018**

Cost of Examination: $ 440.00

Location of Examination Pearson Vue Professional Testing Center; Lansing MI

 [www.pearsonvue.com/nbdhe/](http://www.pearsonvue.com/nbdhe/)

Process for application: (*Read the manual in the ADA link above prior to applying)*

1. Apply for DENTPIN ( I will have to verify you, this may take 2-3 days and then you can apply/register for the test)

1. Apply on-line at: *(Make sure you say that you are in a GROUP RESERVATION!)*

<http://www.ada.org/en/jcnde/examinations/leaving-jcnde-site-apply-for-nbdhe>

Click on left side column that says “DENTPIN”, then click on “Information about DENTPIN”, then click “Register for DENTPIN”

(After your application has been processed, you will receive an email from Pearson VUE. If you have any questions call Pearson VUE at 888.456.2830

1. Have a credit card available to pay for examination
2. Dental Hygiene Program attended: Mott Community College is code: 446
3. You must apply by **February 15** so that I can go online and verify your eligibility.

***CDCA (Commision on Dental Competency Assessments***

[www.cdcaexams.org/dental-hygiene-exams](http://www.cdcaexams.org/dental-hygiene-exams)

Date of Examination: **WEDNESDAY May 1, 2019** (Patient Treatment)

Cost of Examination: $975 (Fee Includes Patient Treatment and Computer Simulated 2019)

Deadline for Application: **MONDAY MARCH 25, 2019**

Location of Examination: University of Michigan, Ann Arbor (Patient treatment) 070-00 code

Clinical Site Fee: **$150.00 must be paid within 3 days of exam**; Payment can be made in person at the Dental Stores, located in the basement of the Dental Building on the Tour day or by calling Dental Stores at 734-764-1551

 Mastercard, Visa, Discover Card and American Express are accepted, no personal checks!

 **$500 deposit for instrument utilization at U of M. Held on a credit card**

**\*Computer Simulated Clinical Exam (CSCE)** administered at Prometric Testing Centers.

Check website: [www.prometric.com](http://www.prometric.com) or 1-800-797-1813

\*May be taken either before or after the patient clinical exam-

 ***You pick the date and set up exam with prometic.***

Date of Tour of UM: **TBA**

<http://dent.umich.edu/student-life/academics/commission-dental-competency-assessments-cdca/dental-hygiene-cdca-nerb> (Read this page!!)

\*The 2019 Manual for the CDCA examination is available. Go to the website [www.cdcaexams.org](http://www.cdcaexams.org) , Print and READ ALL MANUALS!! Review the Orientation PowerPoint and ALL documents!!

Testing for **Local Anesthesia/Nitrous Oxide Administration** is separate. -

Cost of LA Examination: $150.00

Cost of N2O2 Examination: $150.00

***Application for Licensure for the RDH, LA, and N2O2 in the state of Michigan***

You may apply any time, but a license will not be issued until the Board of Dentistry has received all testing scores. (NBDHE, CDCA part I and II, LA and Nitrous Oxide and degree from college)

To obtain the licensing information go to:

[www.mighigan.gov/documents/mdch\_rdh\_appkt\_84030\_7.pdf](http://www.mighigan.gov/documents/mdch_rdh_appkt_84030_7.pdf)

You will need to get a CBI

License fees for Hygiene, Nitrous and LA total approximately $65.00

**Graduation Requirements**

In addition to the successful completion of all dental hygiene courses, the dental hygiene graduate must complete the following requirements to earn Associates in Applied Science-Dental Hygiene degree. Depending on the original date of matriculation at Mott Community College, there may be some discrepancies from the list below. Seek the advice of the Academic Adviser for Health Sciences as necessary.

All dental hygiene students must apply for graduation during registration for their last semester. The graduation clerk reviews the individual student record for each applicant and will communicate the need for further course requirements.

|  |
| --- |
| GRADUATION |
| BIOL 151 |
| BIOL 152 |
| BIOL 156 |
| CHEM 118 |
| ENG 101 or 103 |
| ENG 102  |
| COMM 131 |
| PSYC 281 |
| SOCY 191 |
| COMG 153 |
| Demonstrate College Level reading on the ACCUPLACER exam within last 5 years |
| MATH: Successful completion of Math 120 course or MATH 130 level on the placement exam |

**DENTAL HYGIENE PROGRAM**

**TWO YEAR SEQUENCE 2018-2019**

**FIRST YEAR:** CR CT

**SUMMER** DHYG102 Aspects of Infection & Hazard Control in Dentistry 1 1

**FALL/FIRST SEMESTER**

DHYG113 Oral Radiology 2 2

DHYG114 Oral Radiography Lab 2 4

 DHYG115 Head, Neck and Oral Anatomy 2 2

 DHYG119 Dental Anatomy 1 2

 DHYG121 Dental Hygiene I 6 10

 Semester Total 14 20

**WINTER/SECOND SEMESTER**

 DHYG103 Oral Radiographic Interpretation 1 1

 DHYG117 Oral Histology & Embryology 1 1

 DHYG122 Dental Hygiene II 5 9

 DHYG124 Nutrition 1 1

 DHYG125 Dental Pharmacology 2 2

 DHYG140 Periodontics 2 2

 Semester Total 12 16

**SPRING/THIRD SEMESTER**

DHYG180 Pain Management 3 4

**SECOND YEAR:**

**FALL/FOURTH SEMESTER**

 DHYG212 General and Oral Pathology 2 2

 DHYG221 Dental Hygiene III 7 13

 DHYG232 Community Dental Health l 1 1

 DHYG234 Dental Materials for Dental Hygiene 2 3

 Semester Total 12 19

**WINTER/FIFTH SEMESTER**

 DHYG224 Dental Hygiene IV 7 13

 DHYG227 Ethics and Current Topics in DH Practice Mgment 1 1

 DHYG233 Community Dental Health ll 1 1

 Semester Total 9 15

 **Program Total 50 75**

**Instrument and Equipment Policy**

It is each student’s responsibility to use the assigned instruments/equipment in a safe and proper manner. Borrowed items which are mishandled are prone to malfunction. Students who are careless with borrowed instruments/equipment may be held financially responsible for the repair or replacement of said items, as necessary.

If, for any reason, a piece of assigned instrument/equipment is not functioning properly, the dental hygiene student must report the malfunction to Mrs. Isaac immediately.

**Physical Examination and Immunizations**

It is the policy of the Division of Health Sciences that all students registering for a health science program have a recent complete physical and record of immunizations. To meet that policy, the Dental Hygiene Coordinator will provide a blank form for each dental hygiene student at the annual orientation held in May of each year. This form must be filled out and uploaded onto the Castlebranch website.

The dental hygiene student must make an appointment with their personal physician. The cost of the physical is the burden of the student. The form provided must be completed in its entirety and uploaded onto the Castlebranch website.

Any form not deemed complete and accurate by the first day of the first clinic course will prevent that student from attending the clinic course(s). All absence policies will remain in effect until the form is deemed complete and accurate by the assigned nursing faculty.

The following two paragraphs are included on the physical form provided at the orientation for new dental hygiene students:

 It is **strongly recommended** that all health care workers receive the Hepatitis B vaccine series (*see*  *note below*). Measles and rubella titers must be done if there is no documentation of two doses each of measles, rubella or combined measles/mumps/rubella vaccines. If titers indicate that the student is not immune, then he/she is required to have the measles/mumps/rubella vaccine. The vision and hearing aspects of the examination must be included. **The form will not meet the** **college requirements unless it is complete in all areas specified on this form.**

 Please be aware that you should strongly consider the Hepatitis B vaccine series. You may receive these at the Genesee County Health Department if you are a Genesee County resident ONLY. The Genesee County Health Department is located at G3373 South Saginaw Street, Burton, MI. **Clinic hours are by appointment only Monday**-**Friday, 8:00am-11:00am and 1:00pm-4:00pm.**

Call for specific price information at 810-237-4540. Compare this price to your costs of $4,000 to $5,000 that you could be billed by a health care facility to receive the Hepatitis B series and immune globulin. These costs could occur should you experience a blood or body fluid exposure during your clinical assignment at a health care facility.

 If you are not a Genesee County resident, Mott Community College Health Services (CM-1146) also provides this service for a nominal fee of $70.00 per shot. Call (810)762-5667 to schedule an appointment.

**The cost is yours over $100.00 (now) versus $5,000 (potentially later)**

**Hepatitis Vaccine Declination**

If a student declines the recommendation for the hepatitis vaccine, the following form is required:

MOTT COMMUNITY COLLEGE

*DIVISION OF HEALTH SCIENCES*

HEPATITIS VACCINE DECLINATION

Students in Health Sciences are encouraged to have the Hepatitis vaccine. If the student declines the vaccination, he/she must sign the form below. The Mott Community College dental programs policy require verification that either the vaccination or the form below are completed. Students must either have the vaccination series or sign the Declination below.

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Print)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HAVE RECEIVED VACCINATION**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SADHA**

Student Association of Dental Hygienists Association –In order to promote professionalism and to learn and experience organized dentistry, all dental hygiene students must join SADHA each year they are in the program. The information is provided at orientation.

**Social Networking Policy**

**Social Networking Policy**

**Dental Hygiene**

**Mott Community College**

1. **Introduction**

In health care, in this age of enhanced communication networks, it is important to remember fundamental principles related to patient safety, privacy and confidentiality. In addition to these principles, we also need to remember that, health care professionals have the responsibility to project an image that supports the maturity, honor and dignity of our profession.

The Administration and Faculty of the Dental Hygiene program at Mott Community College recognize the importance of social networking tools (including, but not limited to cell phone, photographs and social media websites) as means of communication. However, students must be aware of the potential impact of these tools on patient privacy and confidentiality and on their own professional image. It is with consideration of these factors that the Administration and Faculty of the Dental Hygiene program at Mott Community College have developed the following Social Networking policy.

1. **Cell Phones**

**Clinical Area:**  Cell phones may not be carried or used by students in the clinical area. In order for students to remain in contact with family members, in the event of a family emergency, students are encouraged to provide responsible family members with the phone number of the Dental Hygiene front office, 810-762-0493. The phone is answered during school hours and students will be notified as needed.

**Classroom/Lab Setting:** Cell phones in the classroom are disruptive to faculty and students alike and interfere with the overall educational process. As such, cell phones may not be used in the classroom or lab settings without specific permission by the instructor. Phones must be turned off while the student is in class. Cell phones may be used during breaks from class, in the lounge areas of the building.

1. **Photographs**

**Clinical Area:** Cameras (including cell phone cameras) and photographs are **not** allowed in the clinical area.

**Classroom/Lab Setting:** Cameras and photographs are allowed in the classroom or lab setting, with the permission of the faculty member. Any individual to be included in a photograph must give his/her written consent before the photo is taken. Care must be exercised to ensure that classroom/lab activities are not disrupted by taking photographs.

1. **Social Networking Sites**

Social networking sites are identified as, but not limited to e-mail, Facebook, My Space, Twitter, Skype, YouTube and others.

**Clinical Area:** Posting of any information related to the clinical area, clients, agency staff, faculty and other students in an email or on a social networking site is strictly forbidden. Any reference to the clinical experience is forbidden. The student may not reveal any personal health information (even if not identified to a particular client) in any context on a social networking site. Removal of an individual’s name does not constitute proper de-identification of protected health information. Inclusion of data such as age, gender, race, diagnosis, date of clinical experience, type of treatment or use of highly specific medical information or photographs may still lead to the identity of a specific individual. This is a violation of HIPAA and may violate other laws as well.

**Students:** A student may not report private (protected) academic information of another student on a social networking site. Such information might include, but is not limited to course or clinical grades, narrative evaluations, examination scores or adverse academic/clinical actions. Violations may constitute violation of state or federal privacy laws or regulations.

**Faculty:** A student may not post any private information related to a faculty member or clinical supervisor on a social networking site. Students are discouraged from ‘friending’ a faculty member or clinical supervisor while the student is still enrolled in the program. It is the instructor’s discretion to accept or decline a friend request.

**Consequences associated with violation of this policy will be determined by each health care program and may include:**

* Verbal or written reprimand.
* Dismissal from the clinical area or class for the remainder of the shift or class (dismissal from the clinical area will be considered an absence).
* Potential failure of course/clinical.

**Student Acknowledgement**

I acknowledge that I have received and read this policy and that it is my responsibility, as a student on a professional career path, to comply with all aspects of the policy. I further acknowledge that I will accept the consequences of my actions if I fail to comply with the policy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name (Printed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

**Student Club for Dental Hygiene**

Mott Community College has several clubs and activities administered through the office of Student Life. One such club is the Dental Hygiene Club. The academic advisor for this club is faculty member Jenny Dennings. Students in this club provide mentoring from second-year to first-year dental hygiene students. In addition, the Club works to promote the oral health for the dental community. Some activities of the club are means of support for candidates preparing for the dental hygiene licensure board examinations.

**Student Exposure Incident Policy Statement**

In the event there is a dental programs student involved in an exposure incident, the following procedure should be followed:

**EXPOSURE INCIDENT**

Managing an Exposure Incident

Occupational exposures to bloodborne pathogens continue to concern all health care workers, including dental professionals. MCC Dental Hygiene program’s top priority is to follow rigorous infection control practices. However, even the most stringent precautions cannot entirely eliminate the risk of exposure. Although preventing blood exposures is the primary means of preventing occupationally acquired bloodborne diseases, appropriate post-exposure management is an important element in workplace safety.

Under the Michigan Bloodborne Infectious Diseases Rules, dental employers are required to establish an exposure control plan. Part of the plan must include a protocol for exposure incident management, reporting, and post-exposure follow-up.

The following includes the MCC Incident Report, Exposure Incident Record, and a Medical Evaluation Declination.

**Needlesticks, Injuries, or Accident**

**Step 1 - Exposure Incident Management**

After an exposure incident it is important to immediately clean the wound.

* Exposures to skin: Immediately wash the exposed area with large amounts of soap and water. If the skin is not broken, it is not considered significant exposure.
* Exposures to eyes: If wearing contact lenses, remove immediately, and rinse eyes with large amounts of water for five minutes.
* Exposures by cuts, scrapes or punctures: Immediately wash the wound with large amounts of soap and water. According to the CDC, there is no evidence that the use of antiseptics for wound care or expressing fluid by squeezing the wound further reduces the risk for HIV transmission. Do not pour bleach or other caustic agents or disinfectants on the wound.
* Exposures to the mouth: Immediately rinse the mouth with large amounts of water for five

 minutes.

**STEP 2 - Exposure Incident Reporting**

All needlesticks or sharps punctures, injuries, or accidents must be reported immediately. Steps to be taken are:

1. Notify the clinical instructor at once.

2. Notify the clinical dentist.

3. For hazardous or BBP exposures, the instructor or clinical dentist will call the MCC Department of Public Safety, 762-5666, who will come to the clinic to complete a MCC Incident Report.

4. An Exposure Incident Record must also be completed and signed by the faculty.

 The supervising faculty member should review the Exposure Incident Record with the student, obtain signatures of faculty and student and notify the Program Coordinator regarding the incident. The Exposure Incident Record form must be forwarded to the Program Director as soon as possible.

**STEP 3 - Source Individual**

Identify the source individual, if possible.

* If the source individual is already known to be infected with HBV, HCV or HIV, testing need not be repeated. (If HIV-infected, inquire about stage of disease, history of antiretroviral therapy and viral load, if known.)
* If consent for blood test for HBV, HCV and HIV cannot be obtained from the source individual, document it.

**STEP 4 - Exposure Incident Evaluation and Follow-Up**

A confidential medical evaluation and follow-up will be made available, free of charge, to any employee who has an occupational exposure incident. (Students are advised to see their healthcare professional. They do not need authorization or a treatment form, MCC does not pay for their care, because they are not employees.)

* Obtain consent and send the exposed employee to \_\_per Public Safety\_\_ for a blood test for HBV, HCV and HIV serological status, prophylaxis, post-exposure evaluation and follow-up. (Faculty do need an authorization form because they are employees and their treatment is covered by MCC. Between the hours of 8 AM and 5 PM Public Safety will issue the form.)
* Provide the licensed health care professional with:
	+ A copy of the Exposure Incident Record;
	+ All medical records relevant to the treatment of the employee (e.g. hepatitis B vaccination records)
* If consent for a blood test for HBV, HCV and HIV cannot be obtained, have the employee sign the [Post-Exposure Medical Evaluation Declination](http://www.smilemichigan.com/Portals/pro/ProDocuments/Regulations/medical_evaluation_declination.pdf) (maintain a copy in the employee's confidential medical file).

**Mott Community College**

**INCIDENT REPORT**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: Male Female

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Employee Student Visitor

Date Reported: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time Reported:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sent to: Hospital Physician Health Services Refused Assistance

Reported by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Describe Incident**:

Date/Time of incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of injury/illness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Environmental Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Machinery/Equipment involved? Yes No Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Narrative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Injured Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Public Safety Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Services Report**:

Findings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Referred to: Hospital Physician Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Counselor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Environmental Health & Safety Investigation**:

Findings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Recommendations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Follow Thru: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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EH& S Investigators Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing: The individual completing this form must provide copies to the following persons:

* Environmental Health & Safety Compliance Officer
* Executive Director, Business Operations

If injured/ill person is an employee, also furnish copies to:

* Human Resources Assistant, Compensation and Benefits

**Mott Community College**

**Dental Programs**

**Exposure Incident Record**

**Complete this form for every occupational exposure incident or injury. All information will be kept confidential**.

Date of exposure incident:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual exposed/injured/ill:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exposure from: ( ) Blood ( ) Saliva ( ) Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Route of exposure/Type of injury:

( ) Percutaneous: depth of injury\_\_\_\_\_\_\_\_\_\_ was fluid injected?\_\_\_\_\_\_\_\_\_\_

( ) Abraded skin: amount of fluid\_\_\_\_\_\_\_\_\_\_ duration of contact\_\_\_\_\_\_\_\_\_\_

( ) Eye: amount of fluid\_\_\_\_\_\_\_\_\_\_ duration of contact\_\_\_\_\_\_\_\_\_\_

( ) Mucous membrane: amount of fluid\_\_\_\_\_\_\_\_\_\_ duration of contact\_\_\_\_\_\_\_\_\_\_

( ) Intact skin: amount of fluid\_\_\_\_\_\_\_\_\_\_ duration of contact\_\_\_\_\_\_\_\_\_\_

Location in office where exposure incident occurred:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circumstances under which the exposure incident occurred/procedure being performed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Exposed individual’s duties as they relate to the exposure incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Source individual’s identity (if known)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is source individual known to be infected with HBV, HCV or HIV?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Was consent obtained to test blood for HBV, HCV and HIV infectivity? ( ) Yes ( ) No

 Referred for blood testing to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exposed individual:

 Was consent obtained to test blood for HBV, HCV and HIV infectivity? ( ) Yes ( ) No

 Referred for blood testing, post-exposure evaluation, counseling and follow-up to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The exposure incident was the result of failure to:

( ) use personal protective equipment ( ) utilize engineering controls

( ) adhere to work practice controls ( ) follow housekeeping protocol

( ) recognize labels or warning signs ( ) understand training

( ) other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Corrective measures taken (if required):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Exposed Individual Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_

Faculty signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

**(A copy is kept in the exposed individual’s record and a copy sent with the exposed individual to the licensed health care provider.)**

<K:Weiss/Clinic Forms/Exposure Incident Record.docx>

**Post-Exposure Incident**

**Medical Evaluation Declination**

The attached Exposure Incident Record form describes the route(s) and circumstances of the exposure incident.

I have been trained in the importance of seeking medical evaluation following an exposure incident and I understand that this confidential medical evaluation, prophylaxis, and follow-up treatment if offered to me free of charge. I decline confidential medical evaluation, prophylaxis and follow-up treatment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Witness Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Employee Name Employee Job Classification

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Address Witness Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip

**Student Locker Room**

Mott Memorial Building has both a male (MMB 2030) and female (MMB 2028) locker room for use by the dental program students. The Dental Hygiene Coordinator will make assignments for the dental hygiene student to borrow one locker per academic year. It is the understanding of the College that the student will use the locker in a manner consistent with borrowed property.

If there is a problem with the locker, report the problem immediately to the Dental Hygiene Coordinator. If another assignment is necessary, seek the advice of the Dental Hygiene Coordinator for a new assignment. A master list is held by the Coordinator at all times. Do not use more than the assigned locker.

The lockers must be emptied and properly cleaned at the point of program completion or withdrawal.

**Website Information/Addresses**

**For National Board Study:**

 <http://www.janewrdh.com>

 <http://www.hygieneboardreview.com>

 <http://www.educationalhorizons.com>

 <http://www.dhseminars.com>

 <http://www.cesources.com>

 <http://www.denhyg.com>

 <http://www.amyrdhstudents.com>

 <http://www.andyfuturerdh.com>

**Dental Hygiene Student Resources:**

 Procter and Gamble: <http://www.dentalcare.com>

 Colgate: <http://www.colgate.com>

 Oral B: <http://www.oralB.com>

 OraPharma, Inc.: <http://www.orapharma.com>

 Friends of Hu-Friedy: <http://www.friendsofhu-friedy.com>

 Dimensions of Dental Hygiene: <http://www.dimensionsofdentalhygiene.com>

**Dental Organization:**

 Academy of General Dentistry: <http://www.agd.org>

 American Academy of Pediatric Dentistry: <http://www.aapd.org>

 The American Academy of Periodontology: <http://www.perio.org>

 American Association of Endodontists: <http://www.aae.org>

 American Association of Orthodontists: <http://www.braces.org>

 The American College of Prosthodontists: <http://www.prosthodontics.org/>

**Dental Organization (cont.):**

 American Dental Association: <http://www.ada.org>

 American Dental Hygienists’ Association: <http://www.adha.org>

 American Medical Association: <http://www.ama-assn.org>

 American Public Health Association: <http://www.apha.org>

 CDC Center for Disease Control: <http://www.cdc.gov/>

 HIV/AIDS Oral Healthcare Resource: <http://www.hivdent.org>

 International and American Association for Dental Research: <http://www.iadr.org>

 Michigan Dental Association: <http://www.smilemichigan.com>

 National Dental Hygienists’ Association: <http://.ndnaonline.org>

 Occupational Safety & health Administration (OSHA): <http://www.osha.gov>

 World Health Organization: <http://www.who.org>

**Examinations and Licensure**

 Commission on Dental Competency Assessments: <http://www.cdcaexams.org>

 National Dental Hygiene Board Examination: <http://www.ada.org>

 Michigan licensure for Registered Dental Hygienists: <http://www.michigan.gov/healthlicense>

**SECTION III PATIENTS**

Mott Community College Dental Hygiene Clinic is open to the public. However, it is the student’s responsibility to make sure clinic requirements are met. The student **must** bring in his/her own patients to help meet these requirements.

**Clinic Hours, Fees and Appointments**

Clinic hours for Fall semester are 8:00 – 11:40 and 12:30 – 4:10. Hours for Winter semester are 8:00 – 11:40 and 12:30 – 4:10. We do two appointments a day at 8:00 and 12:30. Patients must pay before treatment starts. Only cash and checks are accepted for payment. Fee schedule is as follows:

Comprehensive Dental Hygiene Care …$25 Radiographs:

 Adult/Child Bitewing X-rays…………$15

Includes the following services: Adult/Child Complete Series X-rays... $30

* Oral Screening Adult/Child Panoramic X-ray……….. $30
* Prophylaxis (Cleaning) Periapical X-ray……………................$5 (each)
* Fluoride Treatment Occlusal X-ray………………………..$5 (each)
* Periodontal Evaluation Duplication-additional ……..………...$7
* Nutritional Assessment Sealants ………………………………$10 (per tooth)

**Consent for Care**

All patients must sign an Information and Consent form. A parent or legal guardian must sign the Information and Consent form for a minor. In addition, an authorized caregiver (must be 18) may accompany a minor to an appointment if the Information and Consent form and the Parent/Legal Guardian Consent for Dental Treatment has been signed.

**Patient Categories**

The patient care category system is as follows:

* Child 12 and younger
* Adolescent 13-17
* Adult 18 to 61
* Geriatric 62 and older
* Medically compromised: ASA III
* Special Needs – Patients whose medical, physical, psychological or social situations make it necessary to consider a wide range of assessment and care options. These individuals include, but are not limited, people with developmental disabilities, cognitive impairment, medical problems, physical limitations, and the vulnerable elderly.

**Patient Information and Consent Form**

Mott Community College

**Dental Hygiene Clinic Patient Information and Consent Form**

1401 E. Court Street

# Flint, Michigan 48503

(810) 762-0493

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Last) (First)

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (No.) (Street)

CITY: STATE: ZIP:

PHONE: ( ) ( )

 (Home) (Business)

**PATIENT INFORMATION - Welcome to the Mott Community College Dental Hygiene Clinic!**

1. You will be screened by a Dental Hygiene student. Students see patients based on their educational needs for assignment requirements.

2. Appointments **will** last up to four hours, and several treatments may be needed, depending upon the treatment required.

3. Fees must be paid at the initial appointment; cash or check. **(We do not accept any dental insurance, nor do we fill out insurance forms.)**

4. Prompt attendance for all appointments is expected. We reserve the right to discontinue treatment if constant cancellation, tardiness or no show activities occur. **Please call if you need to cancel.** Give 24 hours notice to avoid interfering with the student learning experience. Please call (810) 762-0493.

1. Only patients receiving treatment are allowed in the clinic. **Children are not allowed to stay in the clinic with parent, or in the waiting room without adult supervision.** Adults will have to be rescheduled if this rule is violated.

6. Children receiving treatment must have their legal guardian or authorized caregiver with them.

7. You may be referred to a private dentist or denied treatment at our teaching facility if deemed in your best interest. If you have not been contacted for future appointments, it may be because your dental hygiene classification did not meet the needs of our students or is beyond the ability of student hygienists.

8 The primary goal of Mott Community College is to educate entry-level dental hygienists. Your contribution and participation with our students is invaluable. We appreciate your interest and support. It is necessary to visit your family dentist for complete examination and any further treatment required for your dental health.

**CONSENT FOR DENTAL TREATMENT**

I authorize the performance of dental hygiene services for (name of patient). I understand that I am consenting to preventive hygiene procedures which may include local anesthesia as needed to be performed by dental hygiene students deemed qualified by the dental hygiene faculty of Mott Community College. I also authorize MCC to use my pictures, radiographs, records, models or any reproductions of the same for the purpose of classroom instruction. I hold MCC free from liability with respect to the above mentioned.

**I hereby certify that I am of legal age (18) and responsible to accomplish this release. I have read and understand my patient rights and responsibilities. Legal guardians or authorized caregivers must remain in the reception area during the scheduled treatment of minors.**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Legal Guardian consent for Dental Treatment Form**

**Parent/Legal Guardian Consent for Dental Treatment**

 **Mott Community College**

**Dental Hygiene Program**

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent or Legal Guardian Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent or Legal Guardian Phone Number**: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Caregiver Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I understand I must remain in the waiting room during treatment.

**Caregiver Home Phone Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Cell Phone Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above named caregiver shall be authorized to accompany my child/ren during their appointment at Mott Community College and is authorized to make decisions if questions arise regarding preventive hygiene procedures or emergency treatment. I have signed the Consent for Treatment form.

 I understand the Caregiver must remain in the waiting room at Mott Community College during treatment. The Caregiver is at least 18 years old.

If circumstances permit and/or if Mott Community College needs to contact me, please contact me at the following telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Parent or Legal Guardian Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This consent serves as permission for treatment by Mott Community College for the above named child(ren). This authorization shall be effective until one (1) year from date signed.

OR

Until Month/Day/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This authorization will remain in effect until the date stated above – unless I revoke this authorization in writing and submit it to Mott Community College prior to this date.

**Parent or Legal Guardian Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Emergency in Clinic**

**Dental Hygiene Clinic Emergency Procedure**

In the event of an emergency:

1. The student who was with the patient when the emergency situation was noticed or who first reaches the patient/person shall:
	1. Remain with the patient
	2. Immediately alert another student to inform the dentist in clinic
2. The dentist in clinic shall:
	1. Remain with the patient
	2. Initiate basic life support as indicated by the physical assessment of the patient
	3. Direct a faculty member or a student to initiate any or all of the following as needed:
		1. Call 911 and Public Safety (810-762-0222) simultaneously
		2. Bring emergency kit and oxygen to the site of the emergency
		3. Meet the rescue team at the building entrance
		4. Assist as needed with the following:
			1. Monitor vital signs
			2. Prepare emergency drugs for administration as directed by the dentist
			3. In absence of other tasks to perform, keep a chronological record of all events such as vital signs, drug administration, etc.

**Emergency Kit and Equipment is Located in a Readily Accessible Area**

**Emergency Kit:** Instructors desk in front of clinic

**Portable O2 Unit:** One in instructor desk in front of clinic

**First Aid Kit:** One in instructor desk in front of clinic, one in Radiography area, one in Dental Materials Lab and one in front office area.

**Eyewash Station:** Infection Control Area of dental hygiene clinic, Dental Materials Lab and Darkroom

**AED:** Across from instructor desk in clinic

**The Emergency Equipment is:**

* Readily accessible during clinic hours
* Emergency kit is checked weekly by Supervising Dentist Susan Weiss, DDS for content and expiration dates
* Oxygen cylinder is checked daily to ensure its readiness
* Records of emergency drug and equipment inspection will be entered and recorded in a notebook for quality control purposes

**Instructions for use of clinical Mobile Emergency Oxygen Equipment**

1. Carefully wheel tank to patient
2. Open valve on top of oxygen tank using green wrench attached near top of tank
3. Open brass flow meter located at the top of the green oxygen tank. Adjust flow to 5-6 liters of oxygen.
4. Apply plastic mask over patient’s mouth and nose using elastic strap to retain during emergency situation
5. Reverse above procedures when completed

Winter 2014

**Patient Rights and Responsibilities**

*Patients of MCC Dental Programs*,

It is a pleasure to welcome you for care at the Mott Community College Dental Programs. We are committed to excellence in teaching and patient care. You who receive dental care are vitally important in this process. The purpose of this brochure is to enhance mutual understanding and cooperation between the patient and the MCC dental programs.

The clinical dental programs are dedicated to providing the highest quality of oral health care. To meet this goal, the patient, guardian or parent of patients, and the dental health care provider must work together to develop the best patient/provider relationship. A better understanding of your dental health, and your rights and responsibilities as a patient during your treatment will contribute to better care and grater satisfaction for all.

Please read the following rights and responsibilities you have as a patient at the Mott Community Dental Programs and direct any inquiries you might have to:

**Dental Programs Coordinator**

**Mott Community College**

**1401 E. Court Street**

**Flint, Michigan 48503-2089**

**(810) 762-0327**

Patient Rights

Your rights and responsibilities as a patient as stated in the State of Michigan Public Health Code (MCLA 333.20201 and 333.20202).

a) A patient will not be denied appropriate care on the basis of race, religion, color, national origin, sex, age, disability, marital status, or sexual orientation.

b) An individual who is or has been a patient is entitled to inspect, or receive for a reasonable fee, a copy of his or her dental record upon request. A third party shall not be given a copy of the patient’s dental record without prior authorization of the patient.

c) A patient is entitled to confidential treatment of personal and dental records, and may refuse their release to a person outside the facility except as required because of a transfer to another health care facility or as required by law.

d) A patient is entitled to privacy, to the extent feasible, in treatment and in caring for personal needs with consideration, respect, and full recognition of his or her dignity and individuality.

e) A patient is entitled to receive adequate and appropriate care, and to receive, from the appropriate individual within the facility, information about his or her dental condition, and proposed course of treatment, in terms that the patient can understand.

f) A patient is entitled to refuse treatment to the extent provided by law and to be informed of the consequences of that refusal. When a refusal of treatment prevents a health facility or its staff from providing appropriate care according to ethical and professional standards, the relationship with the patient may be terminated upon reasonable notice.

g) A patient is entitled to exercise his or her rights as a patient and as a citizen, and to this end may present grievances or recommend changes in policies and services on behalf of himself or herself or others to the facility staff, to governmental officials, or to another person of his or her choice within or outside the facility, free from restraint, interference, coercion, discrimination, or reprisal. A patient is entitled to information about the facility’s policies and procedures for initiation, review, and resolution of patient complaints.

h) A patient is entitled to information concerning an experimental procedure proposed as part of his or her care and shall have the right to refuse, to participate in the experiment without jeopardizing his or her continued care.

i) A patient is entitled to receive and examine an explanation of his or her bill.

j) A patient is entitled to know who is responsible for and who is providing his or her direct care, and is entitled to receive information concerning his or her continuing dental needs and alternatives for meeting those needs.

k) A patient is entitled to associate and have private communications and consultations with his or her dentist, attorney, or any other person of his or her choice. A patient’s civil and religious liberties, including the right to independent personal decisions and the right to knowledge of available choices, shall not be infringed and the facility shall encourage and assist in the fullest possible exercise of these rights.

l) A patient is entitled to be free from mental and physical abuse and from physical and chemical restraints, except those restraints consented to in writing by the patient, guardian, or parent of the patient, for a specified and limited time or as care necessitated by an emergency to protect the patient from injury to self or others, in which case the restraint may only be applied by a qualified professional who shall set forth in writing the circumstances requiring the use of restraints.

m) A patient is entitled to information about rules and regulations at the Mott Community College Dental Programs affecting patient care and conduct.

n) A patient is entitled to be treated in a manner consistent with accepted standards in regards to bloodborne pathogens.

Patient Responsibilities

SECTION 20202

1. A patient is responsible for following the rules and regulations affecting patient care and conduct at Mott Community College.

2. A patient is responsible for providing a complete and accurate medical/dental history.

3. A patient is responsible for making it known whether he or she clearly comprehends a contemplated course of action and things he or she is expected to do.

4. A patient is responsible for following the recommendations and advise prescribed in a course of treatment by the health care provider.

5. A patient is responsible for providing information about unexpected complications that arise in an expected course of treatment.

6. A patient is responsible for being considerate of the rights of other patients and the personnel and property of Mott Community College.

7. A patient is responsible for providing Mott Community College with accurate and timely information concerning his or her ability to meet financial obligations.

Mott Community College, as an Equal Opportunity/Affirmative Action employer, complies with all applicable federal and state laws, regarding non-discrimination and affirmative action, including Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973. Mott Community College is committed to a policy of nondiscrimination and equal opportunity for all persons regardless of race, sex, color, religion, creed, national origin or ancestry, age, marital status, sexual orientation, disability, or Vietnam veteran status in employment, educational programs and activities and admissions.

**Radiographs and Sealants**

All dental patients receiving dental radiographs are required to obtain a signed referral form. If the patient’s personal dentist signs the referral form, the original films are mailed to the dental office and a duplicate of the films are kept in the patient’s MCC dental chart.

If the patient’s referral form is signed by a dentist of the MCC faculty, the original films are filed in the MCC dental chart and a duplicate set of films are mailed to the patient’s personal dentist. All dental patients receiving dental care in the MCC Dental Hygiene Clinic are assessed for their radiography needs by the assigned dental hygiene student. Fees associated with radiographs are in addition to the comprehensive dental care fee.

The American Dental Association (ADA) published guidelines for prescribing dental radiographs in November 2012. The complete set of guidelines is available on their website at ada.org. MCC faculty and students follow the prescribed guidelines established by the ADA.

**Radiograph and Sealant Referral Form**

**Mott Community College**

**Dental Hygiene Clinic**

**Mott Memorial Building 2040**

1401 E. Court Street

Flint, MI 48503

Phone: (810) 762-0493

 FAX: (810) 232-8874

Please provide the following services for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Patient’s name (one name per request)

**[ ]** **Radiographs:** **[ ] Film [ ] Digital\***

 [ ] Complete series (includes interproximal series) ($30.00)

 [ ] Horizontal interproximal series ($15.00)

 [ ] Vertical interproximal series: [ ] Posterior [ ] Anterior ($15.00)

 [ ] Panoramic series ($30.00)

 [ ] TMJ exposure ($30.00)

 [ ] Special requests ($5.00 per film)

 Please specify request \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ] Additional duplication ($7.00)

 **\*Original Radiographs are sent to the referring dentist.**

**[ ]** **Sealants:** Please identify **tooth number** **and surfaces**. ($10.00 per tooth)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **[ ]**  **General Clinic:** Includes comprehensive preventive services: intraoral exam, extraoral

 exam, nutritional assessment, prophylaxis, fluoride and oral hygiene

 instruction. $25.00 all inclusive fee.

\***Please note:** All patients are referred back to the referring dentist at the conclusion of each clinical series.

Please print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentist’s name Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Area Code/Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City Zip Code FAX Number

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email Address **\*Digital images will be sent to this email.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dentist’s Signature (no stamps please)**

**Scheduling Procedures:**

Scheduling procedures are covered at the beginning of each semester. Students are allowed ample time to schedule their own patients. If the student does not have a patient scheduled by the designated time the administrative assistant will assign the student a patient. At that point, the student is required to see the patient the administrative assistant has assigned.

**STANDARDS FOR DENTAL HYGIENE PROGRAMS ACCREDITED BY THE COMMITTEE ON DENTAL ACCREDITATION FROM THE AMERICAN DENTAL ASSOCIATION**

**STANDARD 1 - INSTITUTIONAL EFFECTIVENESS**

1-1 The program must demonstrate its effectiveness using a formal and ongoing planning and assessment process that is systematically documented by:

a) developing a plan addressing teaching, patient care, research and service which are consistent with the goals of the sponsoring institution and appropriate to dental hygiene education.

b) implementing the plan;

c) assessing the outcomes, including measures of student achievement;

d) using the results for program improvement.

**Financial Support**

1-2 The institution must have a strategic plan which identifies stable financial resources sufficient to support the program's stated mission, goals and objectives.

1-3 The sponsoring institution must ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.

1-4 The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters must rest within the sponsoring institution.

**Institutional Accreditation**

1-5 Programs must be sponsored by institutions of higher education that are accredited by an institutional accrediting agency (i.e., a regional or appropriate\* national accrediting agency)

recognized by the United States Department of Education for offering college-level programs.

1-6 All arrangements with co-sponsoring or affiliated institutions must be formalized by

means of written agreements which clearly define the roles and responsibilities of

each institution involved.

**Community Resources**

1-7 There must be an active liaison mechanism between the program and the dental and allied dental professions in the community. The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters must rest with the educational institution.

**STANDARD 2 - EDUCATIONAL PROGRAM**

**Instruction**

2-1 The curriculum must include at least two academic years of full-time instruction or its equivalent at the postsecondary college-level. The scope and depth of the curriculum must reflect the objectives and philosophy of higher education. The college catalog must list the degree awarded and course titles and descriptions.

In a two-year college setting, the graduates of the program must be awarded an associate degree. In a four-year college or university, the graduates of the program must be awarded an associate degree, certificate, or a baccalaureate degree.

2-2 A process must be established to assure students meet the academic, professional and/or clinical criteria as published and distributed. Academic standards and institutional due process policies must be followed for remediation or dismissal.

**Admissions**

2-3Admission of students must be based on specific written criteria, procedures and policies. Previous academic performance and/or performance on standardized national tests of scholastic aptitude or other predictors of scholastic aptitude and ability must be utilized as criteria in selecting students who have the potential for successfully completing the program. Applicants must be informed of the criteria and procedures for selection, goals of the program, curricular content, course transferability and the scope of practice of and employment opportunities for dental hygienists.

2-4 Admission of students with advanced standing must be based on the same standards of achievement required by students regularly enrolled in the program. Transfer students with advanced standing must receive an appropriate curriculum that results in the same standards of competence required by students regularly enrolled in the program.

2-5 The number of students enrolled in the program must be proportionate to the resources available.

**Curriculum**

2-6 The dental hygiene program must define and list the competencies needed for graduation. The dental hygiene program must employ student evaluation methods that measure all defined program competencies. These competencies and evaluation methods must be written and communicated to the enrolled students.

2-7 Written course descriptions, content outlines, including topics to be presented, specific instructional objectives, learning experiences, and evaluation procedures must be provided to students at the initiation of each dental hygiene course.

2-8 The curriculum must include content in the following four areas: general education, biomedical sciences, dental sciences and dental hygiene science. This content must be integrated and of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies.

2-9 General education content must include oral and written communications, psychology, and sociology.

 2-10 Biomedical science content must include content in anatomy, physiology, chemistry, biochemistry, microbiology, immunology, general pathology and/or pathophysiology, nutrition and pharmacology.

2-11 Dental sciences content must include tooth morphology, head, neck and oral anatomy, oral embryology and histology, oral pathology, radiography, periodontology, pain management, and dental materials.

2-12 Dental hygiene science content must include oral health education and preventive counseling, health promotion, patient management, clinical dental hygiene, provision of services for and management of patients with special needs, community dental/oral health, medical and dental emergencies, legal and ethical aspects of dental hygiene practice, infection and hazard control management, and the provision of oral health care services to patients with bloodborne infectious diseases submitted for each course included in the dental hygiene program for all four content areas.

2-13 The basic clinical education aspect of the curriculum must include a formal course sequence in scientific principles of dental hygiene practice, which extends throughout the curriculum and is coordinated and integrated with clinical experience in providing dental hygiene services.

2-14 The number of hours of clinical practice scheduled must ensure that students attain clinical competence and develop appropriate judgment. Clinical practice must be distributed throughout the curriculum.

2-15 The dental hygiene program must have established mechanisms to ensure a sufficient number of patient experiences that afford all students the opportunity to achieve stated competencies.

**Patient Care Competencies**

2-16 Graduates must be competent in providing dental hygiene care for the child, adolescent, adult and geriatric patient.

Graduates must be competent in assessing the treatment needs of patients with special needs.

2-17 Graduated must be competent in providing the dental hygiene process of care which includes:

a) comprehensive collection of patient data to identify the physical and oral

health status;

b) analysis of assessment findings and use of critical thinking in order to address the patient’s dental hygiene treatment needs;

c) establishment of a dental hygiene care plan that reflects the realistic goals and treatment strategies to facilitate optimal oral health;

d) provision of patient-centered treatment and evidence-based care in a manner minimizing risk and optimizing oral health;

e) measurement of the extent to which goals identified in the dental hygiene care plan are achieved;

f) complete and accurate recording of all documentation relevant to patient care.

2-18 Graduates must be competent in providing dental hygiene care for all types of classifications of periodontal disease including patients who exhibit moderate to severe periodontal disease.

2-19 Graduates must be competent in interpersonal and communication skills to effectively interact with diverse population groups and other members of the health care team.

2-20 Graduates must be competent in assessing, planning, implementing and evaluating community-based oral health programs including, health promotion and disease prevention activities.

2-21 Graduates must be competent in providing appropriate life support measures for medical emergencies that may be encountered in dental hygiene practice.

**Ethics and Professionalism**

2-22 Graduates must be competent in the application of the principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care and practice management.

2-23 Graduates must be competent in applying legal and regulatory concepts to the provision and/or support of oral health care services.

Critical Thinking

2-24 Graduates must be competent in the application of self-assessment skills to prepare them for life-long learning.

2-25 Graduates must be competent in the evaluation of current scientific literature.

2-26 Graduates must be competent in problem solving strategies related to comprehensive patient care and management of patients.

**Curriculum Management**

2-27 The dental hygiene program must have a formal, written curriculum management plan, which includes:

a) an ongoing curriculum review and evaluation process with input from faculty, students, administration and other appropriate sources;

b) evaluation of the effectiveness of all courses as they support the program’s goals and competencies;

c) a defined mechanism for coordinating instruction among dental hygiene program faculty.

**STANDARD 3 - ADMINISTRATION, FACULTY AND STAFF**

3-1 The program must be a recognized entity within the institution’s administrative structure which supports the attainment of program goals.

**Program Administrator**

3-2 The dental hygiene program administrator must have a full-time appointment as defined by the institution, whose primary responsibility is for operation, supervision, evaluation and revision of the program.

3-3 The program administrator must be a dental hygienist who is a graduate of a program accredited by the Commission on Dental Accreditation and possesses a masters or higher degree or is currently enrolled in a masters or higher degree program or a dentist who has background in education and the professional experience necessary to understand and fulfill the program goals.

3-4 The program administrator must have the authority and responsibility necessary to fulfill program goals including:

a) curriculum development, evaluation and revision;

b) faculty recruitment, assignments and supervision;

c) input into faculty evaluation;

d) initiation of program or department in-service and faculty development;

e) assessing, planning and operating program facilities;

f) input into budget preparation and fiscal administration;

g) coordination, evaluation and participation in determining admission criteria and procedures as well as student promotion and retention criteria.

**Faculty**

3-5 The number and distribution of faculty and staff must be sufficient to meet the dental hygiene program’s stated purpose, goals and objectives.

3-6 The faculty to student ratios must be sufficient to ensure the development of competence and ensure the health and safety of the public. The faculty to student ratios for preclinical, clinical and radiographic clinical and laboratory sessions must not exceed one to five. Laboratory sessions in the dental science courses must not exceed one to ten to ensure the development of clinical competence and maximum protection of the patient, faculty and students.

3-7 The full time faculty of a dental hygiene program must possess a baccalaureate or higher degree.

Faculty providing didactic instruction must have earned at least a baccalaureate degree or be currently enrolled in a baccalaureate degree program. All dental hygiene program faculty members must have current documented knowledge of the specific subjects they are teaching. All program faculty must have current documented background in educational methodology consistent with teaching assignments. Faculty who are dental hygienists must be graduates of dental hygiene programs accredited by the Commission on Dental Accreditation.

3-8 Opportunities must be provided for the program administrator and full-time faculty to continue their professional development.

3-9 A defined faculty evaluation process must exist that ensures objective measurement of the performance of each faculty member.

3-10 Opportunities for promotion, tenure, and development must be the same for dental hygiene faculty as for other institutional faculty.

**Support Staff**

3-11 Qualified institutional support personnel must be assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.

3-12 Student assignments to clerical and dental assisting responsibilities during clinic sessions must be minimal and must not be used to compensate for limitations of the clinical capacity or to replace clerical or clinical staff.

**STANDARD 4 - EDUCATIONAL SUPPORT SERVICES**

4-1 The program must provide sufficient and appropriately maintained facilities to support the academic and clinical purposes of the program that conform to applicable regulations.

Clinical Facilities

The dental hygiene facilities must include the following:

a) sufficient clinical facility with clinical stations for students including conveniently located hand washing sinks and view boxes and/or computer monitors; a working space for the patient's record adjacent to units; functional, modern equipment; an area that accommodates a full range of operator movement and opportunity for proper instructor supervision;

b) a number of clinical stations based on the number of students admitted to a class (If the number of stations is less than the number of students in the class, one clinical station is available for every student scheduled for each clinical session.);

c) a capacity of the clinic that accommodates individual student practice on a regularly scheduled basis throughout all phases of preclinical technique and clinical instruction;

d) a sterilizing area that includes sufficient space for preparing, sterilizing and storing instruments;

e) sterilizing equipment and personal protective equipment/supplies that follow current infection and hazard control protocol;

f) facilities and materials for students, faculty and staff that provide compliance with accepted infection and hazard control protocols;

g) space and furnishings for patient reception and waiting provided adjacent to the clinic;

h) patient records kept in an area assuring safety and confidentiality.

**Radiography Facilities**

4-2 Radiography facilities must be sufficient for student practice and the development of clinical competence.

The radiography facilities must contain the following:

a) an appropriate number of radiography exposure rooms which include: modern dental radiography units; teaching manikin(s); and conveniently located hand-washing sinks;

b) modern processing and/or scanning equipment;

c) an area for mounting and viewing radiographs;

d) documentation of compliance with applicable local, state and federal regulations.

Regardless of the number of machines provided, it must be demonstrated that time is available for all students to obtain required experience with faculty supervision and that acceptable faculty teaching loads are maintained.

**Laboratory Facilities**

4-3 A multipurpose laboratory facility must be provided for effective instruction and allow for required laboratory activities. If the laboratory capacity requires that two or more sections be scheduled, time for all students to obtain required laboratory experience must be provided.

Laboratory facilities must contain the following:

a) placement and location of equipment that is conducive to efficient and safe utilization;

b) student stations that are designed and equipped for students to work while seated including sufficient ventilation and lighting, necessary utilities, storage space, and an adjustable chair;

c) documentation of compliance with applicable local, state and federal regulations.

**Extended Campus Facilities**

4-4 The educational institution must provide physical facilities and equipment which are sufficient to permit achievement of program objectives. If the institution finds it necessary to contract for use of an existing facility for basic clinical education and/or distance education, then the following conditions must be met in addition to all existing Standards:

a) a formal contract between the educational institution and the facility;

b) a two-year notice for termination of the contract stipulated to ensure that instruction will not be interrupted;

c) a contingency plan developed by the institution should the contract be terminated;

d) a location and time available for use of the facility compatible with the instructional needs of the dental hygiene program; e) the dental hygiene program administrator retains authority and responsibility for instruction and scheduling of student assignments;

f) clinical instruction is provided and evaluated by dental hygiene program faculty;

g) all dental hygiene students receive comparable instruction in the facility;

h) the policies and procedures of the facility are compatible with the goals of the educational program.

**Classroom Space**

4-5 Classroom space which is designed and equipped for effective instruction must be provided for and readily accessible to the program.

4-6 Office space which allows for privacy must be provided for the program administrator and faculty. Student and program records must be stored to ensure confidentiality and safety.

**Learning Resources**

4-7 Instructional aids and equipment must be provided for student learning. Institutional library holdings must include or provide access to a diversified collection of current dental, dental hygiene and multidisciplinary literature and references necessary to support teaching, student learning needs, service, research and development. There must be a mechanism for program faculty to periodically review, acquire and select current titles and instructional aids.

**Student Services**

4-8 There must be specific written due process policies and procedures for adjudication of academic and disciplinary complaints that parallel those established by the sponsoring institution.

**STANDARD 5 - HEALTH AND SAFETY PROVISIONS**

**Infectious Disease/Radiation Management**

5-1 The program must document its compliance with institutional policy and applicable regulations of local, state and federal agencies including, but not limited to, radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases. Policies must be provided to all students, faculty, and appropriate support staff, and continuously monitored for compliance. Policies on bloodborne and infectious diseases must be made available to applicants for admission and patients.

5-2 Students, faculty and appropriate support staff must be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella, tuberculosis, varicella and hepatitis B prior to contact with patients and/or infectious objects or materials in an effort to minimize the risk to patients and dental personnel.

**Emergency Management**

5-3 The program must establish, enforce, and instruct students in preclinical/ clinical/laboratory protocols and mechanisms to ensure the management of emergencies. These protocols must be provided to all students, faculty and appropriate staff. Faculty, staff and students must be prepared to assist with the management of emergencies.

**STANDARD 6 - PATIENT CARE SERVICES**

6-1 The program must have policies and mechanisms in place that inform patients, verbally and in writing, about their comprehensive treatment needs. Patients accepted for dental hygiene care must be advised of the scope of dental hygiene care available at the dental hygiene facilities.

6-2 The program must have a formal written patient care quality assurance plan that includes:

a) standards of care that are patient-centered, focused on comprehensive care, and written in a format that facilitates assessment with measurable criteria;

b) an ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of the care provided;

c) mechanisms to determine the cause of treatment deficiencies;

d) patient review policies, procedure, outcomes and corrective measures.

6-3 The use of quantitative criteria for student advancement and graduation must not compromise the delivery of comprehensive dental hygiene patient care.

6-4 The program must develop and distribute a written statement of patients’ rights to all patients, appropriate students, faculty, and staff.

6-5 All students, faculty and support staff involved with the direct provision of patient care must be continuously recognized/certified in basic life support procedures, including healthcare provider cardiopulmonary resuscitation with an Automated External Defibrillator (AED).

6-6 The program’s policies must ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained.