Dental Hygiene Clinic
Policy and Procedure Manual

Ferris State University
College of Health Professions
Dental Hygiene Program

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The intent of this manual is to provide guidelines to students, faculty, and staff concerning their expectations and obligations associated with participation in the Ferris Dental Hygiene clinic.

CLINIC PURPOSE

The dental hygiene clinic serves as the location for dental hygiene students to receive their pre-clinic and clinical experience in preparation to become a registered dental hygienist.

In general, the clinic also serves as the location for the general public to receive dental hygiene care, as they serve as patients for dental hygiene students.

As this facility provides patient treatment, it must be recognized that, during the time patients are being treated, all efforts must be directed toward safe, appropriate patient treatment and appropriate student supervision.

Only students who are scheduled to treat patients should be present in clinic unless appropriately authorized. Non-clinic related business should not be occurring during scheduled clinic times.

Clinic instructors are responsible for supervising the students and patients who have been assigned to them during a clinic session. Students (not scheduled in clinic), who need to speak to a clinic instructor, should make arrangements with the instructor to do so during the instructor’s office hour or other mutually agreeable time, rather than during the instructor’s clinic assignment.

Neither students nor instructors should be leaving their assigned clinic to conduct non-related business unless an emergency develops, or if follow up with a patient’s physician, pharmacy, etc., needs to be done. If instructors need to leave the area, they are to inform the students they are responsible for and make arrangements with another instructor(s) to supervise their assigned students.

The clinic area is restricted to clinic dentists, clinic instructors, students, and patients (and their parent or guardian, as appropriate). It should not be a place for visitors or friends to be present, nor is it a babysitting service. Every effort should be made by instructors and students to maintain the clinic as a patient treatment area.
NOTE: Dental hygiene faculty reserve the right to dismiss a student from clinic, lab, or lecture to correct infractions related to clinic participation of the dress and conduct policies. The student must correct the problem immediately and return to the clinic, lab, or lecture, if it is in the best interest of the student regarding health and safety issues. No make-up arrangements will be provided for time lost as a result of neglect of these responsibilities.

A. Requirements to Clinic Participation

1. Students must have completed their medical history questionnaire prior to their being allowed to treat patients.

2. Cardiopulmonary Resuscitation - Students (and staff) must maintain current (not expired) cardiopulmonary resuscitation (CPR) at the professional level throughout their clinical experience. This training is to include use of a face mask, use of the automated external defibrillator (AED), and one and two person CPR.
   
   a. Students are to provide documentation of professional level CPR certification prior to entering the first semester of the professional dental hygiene sequence.
   
   b. A student without current professional CPR certification will be denied access to patient treatment until such time as the CPR is current.

3. Students must show proof of a negative TB test not older than 6 months prior to entering the Dental Hygiene program.

4. Students must have been educated on proper infection control practices in prerequisite coursework.

5. Students must have been educated on infectious diseases as they apply to dental practice, including Hepatitis B in prerequisite coursework.

6. Students must be informed of the availability of the vaccine to protect from Hepatitis B. A record documenting that each student has been provided with appropriate information on the risks of Hepatitis B, as well as the risks and benefits of the vaccine will be kept in the student’s dental chart.
The Dental Hygiene Program recognizes that emergencies may occur in the dental hygiene clinic. A significant aid in preparedness for emergencies is training in basic life support.

It is the policy of the Dental Hygiene clinic that students, faculty and staff who participate in the dental hygiene clinic on a regular basis should maintain current certification in cardiopulmonary resuscitation (CPR).

The goal of the program is that all faculty, staff, and student training should be at the level of Basic Life Support for the Professional Rescuer (BLS – American Red Cross) or “Basic Life Support for Health Care Providers” (BLS Course C – American Heart Association). Training should include the use of a face mask, automated external defibrillator (AED), and one and two person CPR.

An exemption will be made for those who may not participate in training or deliverance of CPR for documented medical reasons. The documentation must be provided to the Dental Hygiene Clinic Operations Supervisor to keep on file. Records of certification status will be maintained by the Dental Hygiene Clinic Operations Supervisor.

Adopted as clinic policy: October 21, 1994
Revised 2007, 2008
Reviewed 2012
B. Clinic Attendance

1. It is of extreme importance that students attend scheduled clinics in order to gain the knowledge and skills necessary to become a licensed dental hygienist.

2. Students are expected to be present in clinic for all scheduled clinic sessions for the entire duration. Students are expected to be on time for all scheduled clinic sessions and to manage their time well in order to be on time for patient treatment.

3. Students are expected to be present in clinic for all scheduled clinic sessions in which they are assigned supportive duties (i.e., office assistant, clinic assistant, sterilizing assistant, radiography assistant, etc.).

4. First and second year students in clinic who have moved or changed phone numbers during the school year must report this local change to the clinic receptionist as promptly as possible. It is recommended to have a mobile phone with reliable service so you can be reached directly by the reception office staff in the event a patient should cancel.

5. The only reasons that are acceptable as excused absences are:
   a. Personal illness (or your child’s illness) that requires a physician’s attention (written document)
   b. A death in the immediate family or significant other (with documentation)
   c. University sponsored events (with authorized form such as athletics, debate, etc.)
   d. Subpoena requiring you to be in court for testimony.
   e. Inclement weather that, in the opinion of the local law enforcement, makes it too dangerous to drive (for commuters only).
   f. School cancellations, recently, FSU has had a number of weather related cancellations due to severe winter weather.

6. Students who are ill, under a physician’s care and cannot be present for clinic must make arrangements for their patients and call the clinic receptionist at extension 2260. Leave a message for the receptionist if not able to speak to someone at that time. The course coordinator must be called also to report the illness.

7. After an excused absence, students are responsible for obtaining notes and assignments missed, speaking to clinic course coordinator, and scheduling clinic rotation(s) to make up missed clinic time.

C. Equipment

1. Students are responsible for the cleanliness of locker, laboratory benches, the laboratory in general, clinic units, and all areas to which they are assigned.
2. Correct operational procedures must be followed when using clinic or laboratory equipment. Students must not work unsupervised at any time.

3. Students are responsible for the cleaning and maintenance of assigned dental unit(s), operator chair, and surrounding clinic area. Frequency and technique of cleaning and maintenance to be followed are covered in first and second year clinic courses.

4. Students are responsible for the cleaning and maintenance of clinic instruments and equipment they use on an individual basis. If taking an instrument out on loan, the student MUST return the item to inventory immediately after its use.

5. Checking the operation of the dental equipment prior to each clinic appointment is essential. Report malfunction of equipment immediately. Notify your clinic instructor of any clinic or x-ray equipment malfunction. Give name of malfunctioning item, unit location, and specific problem. List the problem in the clinic repair book, and tag the item indicating the date, problem, and your name.

6. Intentional misuse or willful destruction of clinic equipment may result in dismissal from clinic, assessment of repair charges, or legal action by FSU.

D. Professional Conduct

1. Smoking/Drinking
   a. **NO SMOKING** is allowed in your scrubs or within 25 feet of the building. Clinic scrubs are considered to be professional attire and must not be worn when engaging in social activities outside of the clinic, i.e., smoking, and drinking.

   The dental hygiene faculty, staff, and students will strictly adhere to this policy. Student grade deductions may be given to a student violating this policy. It is the philosophy of our Allied Health educator’s and staff that anyone in the College of Health Professions must model healthy choices.

   b. If a student (faculty or staff) smoke, one must be absolutely sure that no offensive odor of tobacco lingers on ones clothes, hands, or breathe when presenting to clinic.

   c. This policy prohibits a student (faculty or staff) from leaving the clinic and going to a bar or restaurant while in FSU scrubs with the intention of drinking or partying.

2. **NO FOOD, DRINK, OR GUM CHEWING ARE ALLOWED IN THE CLINIC, CLINIC HALLS, STERILIZATION ROOM, X-RAY AREA, OR RECEPTION AREAS.** Doing so is a MIOSHA, OSHA violation and will be severely addressed by the Dental Hygiene Clinic Operations Supervisor.

3. Noise must be kept to a minimum on second floor in the clinic areas at all times.

4. Cell phones must be turned off or turned on silent mode while treating patients in clinic. Cell phones are considered disruptive during patient treatment. This policy
includes students, patients, and staff. If there is an emergency, students, patients, or staff must leave the clinic area to use their phone and return promptly or advise others of the emergency. It is considered unprofessional to use cell phones in the immediate hallways adjacent to the clinical and reception areas.

If a student leaves his/her cell phone on in their lockers with the volume on and receives frequent calls, it will be at the discretion of the DH Clinic Operations Supervisor or the DH Facilities Supervisor to have the lock cut off, locate the cell phone, and turn the phone off. The loss of a lock will NOT be the responsibility of the Dental Hygiene department.

5. Attitude

a. Respect and courtesy toward everyone with whom you come in contact is essential to your success as a dental hygienist and an individual.

b. Address faculty members, dentists on legal coverage, and employees by their proper names at all times, unless otherwise indicated by the faculty or staff.

c. Address adult patients by Mr., Mrs., Ms., and their proper name during telephone contact and in clinic situations, unless otherwise indicated by the patient.
6. Impairment

A student who appears to be impaired due to the use of legal or illegal substances will be dismissed from the clinic, or any other dental hygiene related function, (i.e., site visits, pinning practice, SLA courses, etc). Be informed that it may be necessary to call a cab for the safe delivery of the student to their FSU home, or other arrangements may be made. However, a faculty or staff member is to never take an impaired student to their FSU home as is stated in the FSU Business and Policies Letters.

If it is determined that the student is severely impaired and not able to function in a safe and healthy manner within the scope of care in dental hygiene, FSU Public Safety may be called to manage the situation, extension 5000. Should this occur, the issue will be referred to the Student Conduct Office, Student Judicial Services at extension 3619.
A. Patient Policies

1. All patients should be treated using universal aseptic precautions, including the operator wearing a lab coat, new gloves, over gloves, while charting, mask, and safety glasses. Every effort should be made to avoid direct contact with the patient’s blood and saliva.

2. All patients who are to receive any intraoral examination or treatment in the dental clinics must have completed the following before treatment may begin:
   b. The Medical History questionnaire must be approved by an instructor prior to commencing any intraoral procedures. This should be reviewed verbally at subsequent appointments in a treatment sequence, with changes noted on the patient chart. If the patient has not been treated in the clinic for 3 years, the patient must complete the Medical History questionnaire again. Any YES responses indicated by the patient, with reference to specific medical conditions, allergies, or medications require that the student practitioner consult with the clinic faculty member or staff dentist prior to commencing treatment. Guidelines for managing patients with specific medical conditions are found in Section 12.
   c. Clinic Information/Consent for Treatment statement of the chart must be signed, dated, and witnessed by the student operator. See Clinic Information Statement below.
   d. Emergency contact person, with local phone number, must be identified on the front of the patient’s manila chart.

3. Any procedure performed on a patient and any special circumstances related to treatment must be documented on the Services Rendered section of the patient’s dental record, signed by the student performing the treatment and signed by the supervising clinic instructor and/or the dentist providing legal coverage. Guidelines for entries are found in Section 7.

4. Hard tissue charting should use the symbols identified in Section 7.

5. Periodontal charting should use the symbols identified in Section 7, Periodontal Charting Symbols.

6. Safety glasses must be worn by all patients during treatment (excluding radiographs, home care instruction, and extra oral exam.

7. The dental clinics reserve the right to reassign or deny treatment to any individual, if it is determined that the individual could place a student, faculty, staff person, or other patients at undue risk, or if the treatment required by the
patient is beyond the capabilities of the dental hygiene clinic and student abilities.
Welcome to the Ferris State University Dental Hygiene clinic. This facility provides the opportunity for our dental hygiene students to receive their clinical experience in preparation to become licensed professional dental hygienists. The services provided by the student dental hygienists are under the supervision of licensed dental hygienists and dentists.

These services include:

- Blood pressure screening
- Extra and intraoral examination
- Infant dental care and parent patient education
- Oral prophylaxis and patient education
- Patient education evaluation and instruction
- Pit and fissure sealants
- Topical fluoride application
- X-rays for diagnosis by your dentist

As a patient in the clinic, you are entitled to considerate, respectful, and confidential treatment that meets the dental hygiene profession’s standard of care. You should expect to be informed of the treatment recommended and alternatives, the option to refuse treatment, the risk of no treatment, and the expected outcomes of various treatments. You should expect to know the cost of the treatment in advance. You should expect to be kept informed on the status of your condition and the anticipated length of time for treatment to be completed.

The dental hygiene care that you receive is NOT a substitute for your regular periodic examination from your own dentist. We encourage you to contact your dentist for a dental examination so that he/she can determine your additional dental needs.
BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN
DENTAL HYGIENE PROGRAM
DENTAL CLINIC

Statement of General Philosophy of Standard Precautions

Since medical history alone cannot reliably identify all patients infected with blood borne pathogens, such as Hepatitis B or HIV, blood and body fluids precautions should be consistently used for ALL patients. Blood, saliva, and gingival fluid from ALL dental patients should be considered infective.

I. Purpose:

The purpose of this policy is to provide health protection measures for providers/employees in the dental hygiene clinics within the College of Allied Health Sciences who may be occupationally exposed to human blood or other potentially infectious material. Specific rules and procedures are hereby established so that provider/employees are afforded the necessary protection when occupationally exposed. This policy is adapted using the Michigan Department of Public Health rules, Blood borne Infectious Diseases, R 325.70001 – R 325.70018 as a guide. Where providers/employees are noted, if one or the other is inadvertently omitted, this policy is intended to apply to both providers and employees, those persons being students in dental hygiene, faculty, staff, and work study students.

II. Scope:

This policy shall apply to dental hygiene providers/employees (student, faculty, staff, and work study students) with occupational exposure to blood or other potentially infectious materials. Occupational exposure means reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of the clinical experience. The exposure determination is made without regard to the use of personal protective equipment.

III. Definitions

Definitions for terms can be found in terms in Michigan Department of Public Health Rules, Blood borne Infectious Diseases, R 325.7001 – R 325.70018.

The work area for this program includes: dental hygiene clinic (VFS 201 and 204), central sterilization room (VFS 203 F), storage and distribution area (VFS 203A), dental radiography area (VFS 203 B, C, D, E, G, H, J, K, L, M), and biomaterials/oral sciences lab (VFS 206). Occasional off-campus work sites are MOISD, MOARC, and nursing home facilities where oral hygiene instruction and intraoral evaluation may occur.

IV. Exposure Determination

A. In this facility, dental hygiene providers may incur exposure to blood and other potentially infectious material during their clinical training.
The tasks include scaling and root debridement of teeth, rubber cup polishing or air polishing of teeth, ultrasonic scaling of teeth, fluoride application, pit and fissure application, exploring for calculus, handling instruments and equipment contaminated with blood and saliva, taking radiographs, oral irrigation, giving local anesthesia injections, or any procedure performed intraorally.

When assigned as the sterilizing room assistant, the tasks include receiving dental instruments and motorized hand pieces which have been contaminated with blood and saliva, preparation of those instruments for sterilization, use of the ultrasonic cleaners, preparation and disposal of chemical cleaning solutions, operation and cleaning of autoclaves, and cleaning of patient dentures.

V. Compliance Methods

Standard precautions will be observed at this facility in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

A. Engineering Controls – Act on the source of the hazard and eliminate or reduce exposure without reliance on the provider to take self-protective action.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to providers at this facility. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. At this facility, the following engineering controls will be utilized:

1. Magnaclave – steam autoclave
2. Tuttenauer – steam autoclave, large
3. Tuttenauer – steam autoclave, small
4. Statim
5. Meile Thermal Disinfector
6. Instrument Cassettes
7. Needle recapping device – When anesthetic syringe is to be used, a cardboard sheath guard is to be placed on cap of the syringe needle. When cap is removed from syringe it is to be placed with sheath guard on the instrument tray. The syringe will be recapped, using one handed scoop method, by inserting the needle into the cap which is conveniently positioned by the sheath guard.

8. Container for disposable sharps – Disposable sharps are defined as all disposable dental objects that may cause skin punctures or cuts, such as needles and anesthetics carpules, scalpels, and glass from a broken mirror. The metal tips from irrigating syringes and acid etchant delivery syringes shall be placed in the sharps container after use.

Individual sharps containers are to be requested by students, faculty, or staff when giving an injection in the clinic. This will allow sharps to be disposed of chair side.

Contaminated sharps that are disposable are to be placed immediately, or as soon as possible after use into appropriate sharps containers – chair side.

Under no circumstances are these objects to be placed in wastebaskets with ordinary trash. Shearing or breaking of contaminated needles or other sharps
is not permitted.

At this facility, the sharps containers are puncture resistant, labeled with a biohazard label, and are leak proof. They are located in all clinical areas and individual sharps containers can be carried to the area of use. The Dental Hygiene Facilities Coordinator is responsible for the sharps container. When the sharps container is full, it will be sterilized by use of steam autoclave. The sterilized sharps container will be transported from the dental clinics to the Physical Plant, Environmental Health and Safety Office for appropriate disposal.

7. Reusable sharps container – Reusable contaminated sharps (e.g., sharp instruments) are placed in leak proof, puncture resistant containers while they are waiting to be processed. The container is labeled with the biohazard label. The container is located at the instrument receiving window of the central sterilization area, in the sterilizing room and in VFS 204. Utility gloves must be worn when placing sharps into containers, when possible.

8. Appropriate Personal Protective Equipment (PPE’s), Lab coat, safety glasses, and utility gloves are to be worn when contaminated instruments are being processed and prepared for sterilization.

9. Low and high volume evacuation is available for use at the dental operatories.

10. Tongs and/or forceps are to be used for dispensing items that are maintained in centralized dispensing areas. Items which should be obtained by using forceps include cotton tipped applicators, Stabes, and tongue blades.

11. CPR mask – if mouth-to-mouth resuscitation is needed, CPR mouthpieces which avoid direct contact with the victim's saliva are to be used. These mouthpieces are available in the emergency box located in the central sterilization room, next to the telephone in the dental hygiene clinics (VFS 201 and VFS 204, and on the small bulletin board in the radiography viewing room).

12. Off-campus use of instruments – universal precautions will be practiced when interacting with patients at off-campus sites. Instrument management will be according to the following procedure:
   a. All potentially contaminated instruments shall be handled with gloved hands.
   b. If possible, instruments should be sterilized at the off-campus site.
   c. As an alternative, when contaminated instruments are to be transported to the central sterilization area of the dental hygiene program, the instruments are to be placed in a closable, leak proof container during collection and transport.
   d. The container must be identified as containing biohazardous materials. This is to be accomplished by either having a biohazard label prominently affixed to the container, or by enclosing the container in an appropriately labeled red bag (biohazard bag).
   e. Both the closed container and the biohazard bag can be obtained in the central sterilization area of the dental hygiene clinic.
   f. The container shall also be labeled with its contents and date that it was transported to central sterilization.
B. Work Practice Controls

1. Providers will wear appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood and body fluid, mucous membranes, or non-intact skin of ANY patient is anticipated.

2. Gloves should be changed for each patient.

3. Masks and protective eye wear should be worn for all procedures. It is expected that masks will be changed between each patient or if the procedure is extended during the use of ultrasonic prophylaxis.

4. Lab coats, scrubs, and other protective clothing should be worn while treating patients or observing patient treatment in the clinic.

5. Every effort should be made to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures. To prevent needle stick injuries, needles should not be recapped, purposely bent or broken by hand. Recapping of needles must be done with the aid of a needle shield, hemostat, or other protective device.

6. Used disposable needles (both dental needles for injection and leur-lock used for irrigation and dispensing sealants) and other sharp items like glass or broken mirrors should be placed in a puncture resistant container for disposal.

   If mouth to mouth resuscitation is needed, a mouth piece or other ventilation device should be used to avoid the need for direct contact with the patient’s saliva. Such devices are available in the emergency box in the sterilizing room, mounted on the wall next to the telephones in the clinic, and mounted on the wall in the radiography viewing room.

7. Providers who have exudative lesions or adverse skin conditions, should refrain from all direct patient care and from handling patient-care equipment until the condition resolves.

8. Low and high speed evacuation and proper patient positions, when appropriate, should be utilized to minimize generation of droplets and spatter.

9. All instruments and equipment which can withstand autoclaving must be autoclaved prior to use. This is especially critical for those instruments which are involved with invasive or submucosal procedures.

10. A new air/water syringe tip should be used for each patient. The remainder of the air/water syringe should be covered with a new barrier cover for each patient; the syringe will be wiped down with a germicide at the end of each clinic session. The water lines should be flushed before every new patient procedure begins.

11. Blood and saliva should be thoroughly and carefully cleaned from material that has been used in the mouth (e.g., impression materials, dentures). Contaminated materials, impressions, and intraoral devices should also be cleaned and disinfected before being handled in the dental laboratory, and before they are placed in the patient’s mouth.
12. All surfaces in the dental operatory that may become contaminated must be disinfecte‌d or sanitized using a germicidal product before and after patient treatment.

13. Dental equipment and surfaces that are difficult to disinfect and that may become contaminated should be wrapped or covered with the barrier wrap provided in clinic. These are to be replaced for each patient.

14. Hand washing facilities are available to the providers who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure. At this facility, hand-washing facilities are located in rooms 202 and 204, adjacent to each dental operatory; in 203, the Central Sterilization room, and in 203 A-G – each radiology room. At MOARC and MOISD, the sinks are in the examination room and in an easily accessible adjacent room.

After removal of personal protective gloves, providers shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

If provider incurs exposure to their skin or mucous membranes, then those areas shall be washed or flushed (if eye exposure) with soap and water as appropriate as soon as feasible following contact. Eyewash stations are located in VFS 201, 204, and 206.

15. Eye glasses will be disinfected with Birex prior to leaving the work area.

16. Contaminated x-ray film packets will be decontaminated with Birex, then opened in the darkroom with CLEAN disposable gloves.

C. Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, providers/employees are not to eat, drink, chew gum, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials. Methods which will be employed at this facility to accomplish this goal are: high and low volume suction evacuation, usage of dental dams if appropriate, etc.

D. Contaminated Equipment

Equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated or sterilized as necessary, unless the decontamination of the equipment is not feasible. Hand pieces being returned for maintenance will be autoclaved prior to shipping. A note will be attached with the shipping material describing whether the equipment has been decontaminated or sterilized.
E. **Personal Protective Equipment**

The program will determine the personal protective equipment required to be worn by providers/employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the provider’s clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use, and for the duration of time which the protective equipment will be used.

All work study students **MUST** comply with these policies while working in and around bio-hazardous conditions. While processing instruments, all individuals (providers/employees) must wear an appropriate lab coat, face mask, safety glasses, and appropriate gloving for the task they are doing. A variety of gloves are available to all in the sterilizing room.

Failure for work study students to comply with this policy will result in an immediate reprimand and correction thereof. If three or more warnings have occurred during the work study employment, disciplinary action will be taken and could result in dismissal.

**Lab coat** – A long sleeved clinic jacket/lab coat must be worn when providing patient treatment, supervising students who are providing treatment in clinics or radiology laboratories, and while present in the sterilizing room.

As a guideline, clinic lab coats should be changed after each clinic session. Change clinic lab coat when it becomes visibly soiled, or if it is penetrated by blood or body fluids.

**Lab coats, masks, gloves, are to be removed when leaving the clinical area. Every attempt must be made to protect the reception office area from contaminants. Lab coats, masks, and gloves are not to be worn in and around the reception area. Lab coats must be removed when going into the restrooms.**

**Gloves** – Gloves shall be worn where it is reasonably anticipated that providers/employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Gloves will be available at the three dispensing islands in the center of the clinic in 203, in the center cabinets in 204, at the dispensing shelves in the radiology area, and the central sterilization room. Gloves will be used for the following procedures: All procedures which may involve contact with blood, body fluids, or mucous membranes.

Non-latex gloves in a variety of sizes will be available. The Dental Hygiene Facilities Coordinator will work with providers/employees if he/she is experiencing difficulty with comfort or size of gloves.

Disposable gloves used at this facility are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated, or as soon as feasible if they are torn, punctured, or when ability to function as a barrier is compromised.

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

**Masks, in combination with eye protection devices** such as goggles or glasses with
solid side shield or chin length face shields, are required to be worn whenever
splashes, spray, splatter, or droplets of blood or other potentially infectious materials
may be generated and eye, nose, or mouth contamination can reasonably be antici-
ipated. Situations at this facility which would require such protection are as follows:
any intraoral patient treatment, presence in sterilizing area during the cleaning of
instruments and equipment when aerosols might be present (e.g., ultrasonic cleaner
if uncovered). Several styles of masks will be available, including ear loop and cone
type.

for Occupational and Educational Eye and Face Protection.

F. Housekeeping

This facility will be cleaned and decontaminated according to the following schedule.
Students -dental units are cleaned and decontaminated before and after every patient's
treatment. Lab coats, gloves, mask, and eye protection are to be worn during the
cleaning. Supervised by dental hygiene faculty/staff.
Facilities Coordinator- responsible for management of instrument cleaning and
sterilization. Supervises workstudy students trained in instrument management.
Janitorial Staff- responsible for cleaning clinic floors. Supervised by janitorial supervisor.

Decontamination will be accomplished by utilizing the following materials: Birex (or
an equivalent product) – wipe-wipe technique. The D. H. Facilities Coordinator is
responsible for the mixing of and discarding of this decontaminant.

All contaminated work surfaces will be decontaminated after completion of proce-
dures and immediately or as soon as feasible after any spill of blood or other poten-
tially infectious materials, as well as the end of the work shift if the surface may have
become contaminated since the last cleaning. See: Cubicle Surface
and Equipment Management Protocol at end of this section.

In the radiology area, the unit activating buttons will be covered with plastic wrap or
other impervious material and changed after each patient. X-ray heads will be cover-
ed in a manner which keeps the x-ray tube from being in contact with contaminated
hands of the operator. Current methods for covering is using a large plastic bag
which is replaced after each patient. See: Radiology Area Asepsis page 39.

The light tips on light curing units will be covered with appropriate barrier.

All wastebaskets or bins which may contain used gauze, gloves, face masks, etc.
must be lined with a plastic bag. All clinic-patient related wastes must be disposed of
within a plastic bag. No clinic-patient related wastes are to be placed in the large
dumpster unless contained in a plastic bag and tied securely.

Any broken glassware which may be contaminated will not be picked up directly with
the hands. It will be picked up with a brush and dust pan located in the janitor's
closet. It will be disposed of in the sharps container, if small enough. If too large for
sharps container, it will be held in a cardboard or plastic box labeled as contaminated
broken glass. The Environmental Health and Safety Officer will be notified request-
ing its removal. Broken glass will not be placed in trash cans.

G. Regulated Waste Disposal
All contaminated sharps shall be discarded as soon as feasible in sharps containers which are located in all clinical areas. Sharps containers are located in the Central Sterilizing Room – VFS 203 and VFS 204. When full, sharps containers are autoclaved and picked up for disposal by the FSU Environmental Health and Safety Engineer at least every 90 days.

Blood, blood products, and saliva may present during patient treatment. These are removed by evacuation with suction which is connected to the sanitary sewer system.

Blood, blood products, and saliva may be present in small quantities on gauze sponges. These gauze sponges are placed in plastic bags which are tied securely and disposed of in the large dumpster.

H. Laundry Procedures

Faculty, students, staff, and work study students wear disposable lab gowns. There is little laundry that is generated in the DH clinic. Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. In this facility, the laundry consists of linen towels that are used in the sterilization area and are laundered according to the current laundry service used, which is Pete’s Cleaners in Big Rapids, Michigan. Such laundry will be placed in the laundry bin located in the sterilizing room. Laundry will not be sorted or rinsed in the area of use.

When transported to laundry vendor, the contaminated laundry is identified with a biohazard label on it. This labeling system is for the protection of the public and employees of the laundry vendor.

All providers/employees who handle contaminated laundry will utilize personal protective equipment (PPE) to prevent contact with blood or other potentially infectious materials, including protective lab coat and gloves.

I. Hepatitis B Vaccination

All providers will be informed of the risks of Hepatitis B and the availability of a vaccine to protect from Hepatitis B. The cost of the vaccine is the student’s responsibility. If a student refuses the vaccine, a declination form must be signed.

J. Post-Exposure Evaluation and Follow-Up

When a provider/employee incurs an exposure incident, it must be reported to Dental Hygiene Clinic Operations Supervisor using the Student Injury/Incident Report. Protocol for an exposure incident is found in See: Exposure Incident Protocol for Dental Hygiene Program, which is found at the end of this section.

K. Training

Training for providers/employees will be conducted as part of the preparation for participating in clinic where exposure may occur.
The training program will include an explanation of the following:

1. The OSHA/MIOSHA regulation for Bloodborne Pathogens
2. Epidemiology and symptoms of blood borne diseases
3. The modes of transmission of blood borne pathogens
4. This exposure control plan
5. Procedures which might cause exposure to blood or other potentially infectious materials at this department
6. Control methods which will be used at this department to control exposure to blood or other potentially infectious materials
7. The basis for selection of personal protective equipment
8. The Hepatitis B vaccination program of the University
9. The procedure to follow if an exposure incident occurs
10. The post exposure evaluation and follow-up procedure
11. Signs and labels used at this department
12. HIPAA

Providers/employees will receive annual refresher training.

M. Recordkeeping

The Dental Hygiene Program Coordinator shall maintain all training records. The Birkam Health Center shall maintain all medical records related to an exposure.

Revised 6/98
Revised 8/02
Revised 5/03
Revised 7/04
Revised 7/07
Revised 6/08
Reviewed 6/11
Reviewed 6/12
Reviewed 6/15
Reviewed 9/19
EXPOSURE INCIDENT PROTOCOL
DENTAL HYGIENE PROGRAM
DENTAL CLINIC

An exposure incident means a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee’s duties.

In the event that you experience an accidental exposure to blood or other potentially infectious materials, the following steps should be taken:

Immediately decontaminate the area of the exposure by:

- Washing the skin thoroughly with soap and water.
- If you are accidentally poked with an instrument or needle contaminated with blood or if blood came in contact with an open sore on your skin, wash the area thoroughly with soap and water.
- Rinsing exposed mucous membranes with water.
- If blood is splashed into your eyes, use the eyewash to flush your eyes for several minutes.
- If blood is splashed into your mouth or nose, flush the area with clean running water.

For a student injury: Report the exposure to the Dental Hygiene Clinic Operations Supervisor as quickly as possible using a Student Injury/Incident Report. The D.H. Clinic Operations Supervisor will inform you to contact the Birkam Health Center to request an appointment for a post exposure evaluation. The Birkam Health Center medical staff shall make a confidential medical evaluation. This appointment should be made as soon as possible following injury.

In the event the D.H. Clinic Operations Supervisor is not available, report the incident to the lead instructor during that clinic, fill out the Student Injury/Incident Report, keep a copy of it, then send the student to Birkham Health Center as soon as possible for follow up care. Birkham Health Center will need to be informed that the student is coming with a completed copy of the Student Injury/Incident Report.

If the incident occurs during an evening clinic, the person must be sent to the Mecosta County General Hospital for follow up. Send the injured individual to the hospital with the completed copy of the Student Injury/Incident Report or the Employee Injury form. It is strongly recommended that students follow up with Birkham Health Center as soon as possible following injury.

The following information is protocol for post-exposure as determined by Birkham Health Center. If the incident occurs during an evening clinic, please copy this information, along with the student incident report and send it with the student to the Mecosta County Hospital for follow up as soon as possible after the incident.
FERRIS STATE UNIVERSITY
STUDENT AFFAIRS DIVISION

SYSTEM: Birkam Health Center

SUBJECT: Employees and Students with Potential Blood borne Pathogen Exposure

POLICY: Birkam Health Center will provide evaluation of the employee or student potential blood borne pathogen exposure.

PROCEDURE:

Post-Exposure Procedure

1. Individual should squeeze the area to expel blood, then wash affected area vigorously with soap and water and report incident to supervisor. Flush eyes, nose, mouth, if exposure is there.

2. The employee should fill out the “Exposure Incident Investigation Form”.

3. The employee will be evaluated at BHC. If the Health Center is not open, the employee may be directed to Mecosta County Medical Center Occupational Health Department. If significant exposure or injury exists, the employee may be directed to MCMC Emergency Department.

4. If possible, the source patient should be tested for anti-HCV, Hepatitis B surface antigen, and HIV. If the evaluating clinician feels the time frame is appropriate, the rapid HIV test should be ordered stat at MCMC laboratory.

5. BHC will provide initial care for the employee, chart the circumstances of the incident and the examination findings of the employee in the employee’s chart, and fill out the Exposure Incident Investigation Form.

6. The employee’s blood should be tested for anti-HBs if they have received Hepatitis B Vaccine, and for HBsAg and anti-HBs if not previously vaccinated. If the anti-HBs is negative or the employee has not been previously vaccinated, consider retesting employee for HBsAg in six months. If the source patient is HBsAg positive, also draw anti-HBc.

A. For employees not previously vaccinated:
   i) If anti-HBs positive, no further action.
   ii) If anti-HBs negative, give HBIG within seven days if source patient is HBsAg positive.
   iii) Give Hepatitis B vaccine or obtain declination, unless anti-HBs is positive.

7. If the source patient is positive for anti-HCV, draw anti-HCV on employee and repeat in six months. If anti-HCV is positive on employee, refer to family physician. If the source patient is not tested, provider may recommend anti-HCV.

8. The employee’s blood should be tested for HIV after consent is obtained, and serial testing at 3, 6, and possibly 12 months is recommended. If consent is not obtained, the specimen is saved for at least 90 days.

9. Assess tetanus immunization status and update if needed.

10. If the source patient is HIV positive, the exposed employee can be referred to their personal physician to discuss possible prophylaxis and if it can be done immediately; or prophylaxis may be offered after discussion and review of current recommendations.

11. If the source is not known to be HIV positive, but there is a very strong suspicion of it; consider referring to their private physician or obtaining consultation.

12. Patient confidentiality must be strictly maintained and any breach will be subject to disciplinary action.

13. The employee will be seen back for test results and counseled.

14. The Physician’s Evaluation statement will be completed and a copy forwarded to the employee’s supervisor or to the student’s instructor, if a student.

15. The Exposure Incident Check List will be placed in the chart and the individual accomplishing each task is to check off and initial.

16. The exposed employee’s name is logged by the Nursing Supervisor in a log book.
Chemoprophylaxis after occupational exposure to HIV positive patient

1. The CDC advises chemoprophylaxis after certain exposures from a known HIV positive source.
2. If the exposure incident is from a known HIV positive source, the evaluation at the Health Center will try to determine the exposure category and therefore what recommendations to give the employee.
3. If the employee with an occupational exposure incident to a known HIV positive patient desires and can be immediately referred to their personal physician for consideration of chemoprophylaxis, this should be done as soon as possible.
4. General considerations about chemoprophylaxis:
   A. Employees should be informed of limitations of knowledge about effectiveness and toxicity of treatment.
   B. For many incidents involving known HIV positive patients, prophylaxis is not justified or may be offered and not necessarily recommended.
   C. It is advised that prophylaxis be given promptly (if given), preferably within 1-2 hours. Benefit is unclear if given later than 24-36 hours post exposure. Highest risk exposures may be considered for prophylaxis even later, after consultation.
   D. At this time, 28 days of prophylaxis is usually given.
   E. Women of childbearing age need a pregnancy test done stat. Chemoprophylaxis, if pregnant, requires further consultation.
   F. If the source patient’s HIV status cannot be determined, and other compelling factors are present, consultation should be obtained if possible.
   G. If post exposure prophylaxis is used, laboratory studies to include a CBC, and renal and hepatic function tests are recommended at baseline, two weeks, four weeks, and six weeks after initiation.
   H. Health care workers taking chemoprophylaxis should be enrolled in proper registries, with current information being available from the Health Department or local hospital Infection Control Officer.
   I. The following table summarizes risk for exposure from source known to be HIV infected or strongly suspected based on risk behaviors:
      - **High Risk**: Both large volume of blood and blood containing a high HIV titer.
      - **Medium Risk**: Either large volume or high HIV titer.
      - **Low Risk**: Neither large volume or high HIV titer.
   J. If prophylaxis is initiated through BHC, the procedure will occur as follows:
      i) The patient is counseled regarding possible risks and benefits and signs the consent form.
      ii) If the employee elects chemoprophylaxis the initial dosage of the medications will be obtained from the hospital pharmacy at that time. This will usually be accomplished by BHC pharmacist.
      iii) The patient will be referred to their primary physician for further treatment and follow-up. If this is not possible, cases will be handled individually.
      iv) Refer to Appendix A (from 2009 New England Journal of Medicine) for current post exposure drug prophylaxis.
# GENERAL GUIDELINES FOR POSTEXPOSURE CHEMOPROPHYLAXIS

## I. PERCUTANEOUS INJURIES

<table>
<thead>
<tr>
<th>Exposure Level</th>
<th>Description of Exposure</th>
<th>Class 1 Source</th>
<th>Class 2 Source</th>
<th>Class 3 Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Assymptomatic, known low titer</td>
<td>AIDS; symptomatic infection</td>
<td>Pre-terminal AIDS; acute seroconversion</td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>Superficial injury visibly contaminated device</td>
<td>Offer</td>
<td>Recommend</td>
<td>Strongly Encourage</td>
</tr>
<tr>
<td>II</td>
<td>Used in artery or vein</td>
<td>Recommend</td>
<td>Recommend</td>
<td>Strongly Encourage</td>
</tr>
<tr>
<td>III</td>
<td>Deep/IM Actual Injection</td>
<td>Strongly Encourage</td>
<td>Strongly Encourage</td>
<td>Strongly Encourage</td>
</tr>
</tbody>
</table>

## II. MUCOSAL EXPOSURES

<table>
<thead>
<tr>
<th>Exposure Level</th>
<th>Description of Exposure</th>
<th>Class 1 Source</th>
<th>Class 2 Source</th>
<th>Class 3 Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Small volume and brief contact</td>
<td>Offer</td>
<td>Offer</td>
<td>Offer</td>
</tr>
<tr>
<td>II</td>
<td>Large volume or prolonged contact</td>
<td>Recommend</td>
<td>Recommend</td>
<td>Recommend</td>
</tr>
<tr>
<td>III</td>
<td>Large volume and prolonged contact</td>
<td>Recommend</td>
<td>Recommend</td>
<td>Strongly Encourage</td>
</tr>
</tbody>
</table>

## III. Cutaneous Exposures

<table>
<thead>
<tr>
<th>Exposure Level</th>
<th>Description of Exposure</th>
<th>Class 1 Source</th>
<th>Class 2 Source</th>
<th>Class 3 Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Small volume and brief contact (a few drops)</td>
<td>Offer only if portal of entry</td>
<td>Offer only if portal of entry</td>
<td>Offer only if portal of entry</td>
</tr>
<tr>
<td>II</td>
<td>Large volume or prolonged</td>
<td>Offer; Recommend if portal of entry</td>
<td>Offer; recommend if portal of entry</td>
<td>Offer, recommend if portal of entry</td>
</tr>
<tr>
<td>III</td>
<td>Large volume and prolonged contact</td>
<td>Recommend, especially with portal of entry</td>
<td>Recommend, especially with portal of entry</td>
<td>Recommend, especially with portal of entry</td>
</tr>
</tbody>
</table>
SPECIFIC CHEMOPROPHYLAXIS REGIMENS FOR HIV EXPOSURE

I. Percutaneous Injuries
A. Determine if exposure is:
   1. Highest Risk – Both larger volume of blood (e.g. deep injury, needle actually in source patients vein or artery) and high titer of HIV (e.g. source patient with end-stage AIDS or acute seroconversion)
   2. Increased Risk – EITHER larger volume of blood or high titer of HIV.
   3. No increased risk – NEITHER larger volume of blood nor high titer of HIV.

<table>
<thead>
<tr>
<th>Source</th>
<th>Prophylaxis?</th>
<th>Regimen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood – Highest Risk</td>
<td>Recommend</td>
<td>See Appendix A</td>
</tr>
<tr>
<td>Blood – Increased Risk</td>
<td>Recommend</td>
<td>See Appendix A</td>
</tr>
<tr>
<td>Blood – No increased Risk</td>
<td>Offer</td>
<td>See Appendix A</td>
</tr>
<tr>
<td>Fluid containing visible blood, other potentially infectious fluid, or tissue</td>
<td>Offer</td>
<td>See Appendix A</td>
</tr>
<tr>
<td>Other body fluid (e.g. urine)</td>
<td>Don’t Offer</td>
<td></td>
</tr>
</tbody>
</table>

II. Mucous Membrane Exposure

<table>
<thead>
<tr>
<th>Source</th>
<th>Prophylaxis?</th>
<th>Regimen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood</td>
<td>Offer</td>
<td>See Appendix A</td>
</tr>
<tr>
<td>Fluid containing visible blood, other potentially infectious fluid, or tissue</td>
<td>Offer</td>
<td>See Appendix A</td>
</tr>
<tr>
<td>Other body fluid (e.g. urine)</td>
<td>Don’t Offer</td>
<td></td>
</tr>
</tbody>
</table>

III. Skin Exposure
A. Determine if increased risk – which is exposure to high titer of HIV, prolonged contact with skin, extensive area involved, or if skin is visibly compromised.
B. If increased risk is present, consult table below

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>PROPHYLAXIS?</th>
<th>REGIMEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood</td>
<td>Offer</td>
<td>See Appendix A</td>
</tr>
<tr>
<td>Fluid containing visible blood, other potentially infectious fluids, or tissue</td>
<td>Offer</td>
<td>See Appendix A</td>
</tr>
<tr>
<td>Other body fluid (e.g.urine)</td>
<td>Don’t Offer</td>
<td></td>
</tr>
</tbody>
</table>

Reviewed: 03-26-2012 (Birkham Health Center Staff)

For students on internships/site visits: The student is to follow the protocol set up in the Internship Affiliation Agreement according to each site. Following exposure, the student must notify their supervising instructor to complete the FSU Student Injury/Incident Report, as soon as possible following injury. The form is to be turned in to the D.H. Clinic Operations Supervisor for follow up and reporting.

For an employee/work study injury: Follow the above procedures with the exception of filling out the Employee Injury form. All other procedures remain in place.
• Document route of exposure and the circumstances related to the incident

• If possible, identify the source individual and the status of the source individual. If consent is received, the blood of the source individual will be tested for HIV/HBV infectivity.

• The results of testing of the source individual will be made available to the exposed student with the exposed student informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.

• The student will be offered the option of having his/her blood collected for testing of the HIV/HBV serological status.

• Post exposure prophylaxis will occur in accordance with the current recommendations of the U.S. Public Health Service

• Appropriate counseling will be offered concerning precautions to take during the period after the exposure incident. The student will also be given information on signs and symptoms associated with the development of illness associated with the exposure.

• These instructions will also be located in the Incident Report notebook found in the sterilizing room. The injury forms are in the notebook. The notebook is located on the shelf nearest the south-facing window.

Updated 6/2012
SURFACE AND EQUIPMENT MANAGEMENT
DENTAL HYGIENE PROGRAM
DENTAL CLINIC

Chemical Agent Used for Surface Disinfection

- Agent: Sani-Cloth
- Treatment Time – 3 minutes

Before the First Patient – At the Start of Clinic

1. **Don** safety glasses, face mask and utility gloves, lab coat or gown
2. **Check for gross debris** – if present, remove with disinfectant, then dry surface.
3. **Disinfect** the following surfaces using the technique described below.

Initial Wipe – Wipe Technique

1. **Procedure:**
   a. Wipe surface/small items with disinfectant.
   b. Wipe surfaces with disinfectant-wetted guaze.
   c. Wipe surface/small items.
   d. Leave surfaces wet for 3 minutes.
   e. At the end of 3 minutes: with gloved hands, dry any surface/item still wet with disinfectant prior to putting out patient treatment supplies.

2. **Surfaces to be Treated:**
   a. Side counter top/mobile cabinet or table top.
   b. Small items (towel chain, clipboard, patient safety glasses, pens, pencils, acrylic mirror, floss font, etc).

Second Wipe – Wipe Technique:

1. **Procedure:**
   a. Wet 4x4 gauze with disinfectant.
   b. Wipe appropriate surfaces.
   c. Wet a new 4x4 gauze.
   d. Wipe appropriate surfaces a second time.

2. **Surfaces to be Treated:**
   a. Door/Drawer handles.
   b. Viewbox and On/Off switch.
   c. Suction arms and supports.
   d. Soap dispenser handle.
   e. Operator stool: arm pads, back, and seat levers.

Treat Utility Gloves As Follows:

a. Wipe gloves with disinfectant moistened paper towel or gauze.
b. Dry gloves with paper towel.
c. Remove and place gloves in zip lock bag.
d. Place bagged gloves in instrument case.

Wash Hands

Barrier Cover the Following Surfaces:

<table>
<thead>
<tr>
<th>SURFACE</th>
<th>APPROPRIATE BARRIER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental chair – headrest, back</td>
<td>Plastic bag</td>
</tr>
<tr>
<td>Dental unit – bracket tray</td>
<td>Paper IMS cassette cover</td>
</tr>
<tr>
<td>Dental unit – handpiece pad and console, chair positioning touch pad, both bracket tray arm brake levers</td>
<td>Plastic bag – tie off to side</td>
</tr>
<tr>
<td>Dental unit – air/water syringe</td>
<td>Plastic barrier syringe cover</td>
</tr>
<tr>
<td>Suction arm – saliva ejector adaptor, HVE adaptor, air/water syringe</td>
<td>Plastic barrier</td>
</tr>
<tr>
<td>Dental light – handle (operator’s side, only)</td>
<td>Plastic barrier for handles</td>
</tr>
<tr>
<td>Dental light – On/Off switch</td>
<td>Plastic barrier for switch</td>
</tr>
<tr>
<td>Side counter – table surface</td>
<td>Paper tray cover</td>
</tr>
</tbody>
</table>

Activate the self-contained water system:

a. Turn off the unit master switch.
b. Remove the water bottle from the unit.
c. Fill with water from sink.
d. Re-install filled bottle by doing the following:
   - Hold bottle beneath water pick-up tube.
   - Catch end of the water pick-up tube with the lip of the bottle, allowing the tube to extend straight down into the bottle as you position the bottle beneath the cap. **Do not touch the pick-up tube during this process for asepsis reasons.** If you must touch the tube to get it into the bottle, do so by holding it with a clean paper towel.
   - Screw the bottle onto the unit until it is just secure. **Do not over tighten.**
e. Turn on the master switch.
f. Wait 60 seconds. During this time you will hear air pressurizing the bottle to 40 psi.
g. Operate the air/water syringe (hold over sink) by pressing the water button to replace the air in the line with water.

Patient Treatment Supplies Set-Up
Between Patients

1. Don safety glasses, face mask, and utility gloves, lab coat or gown.
2. **Carefully remove all barrier covers** in such a manner that prevents contamination of the surface beneath the barrier.
3. **Disinfect** the following surfaces, using the appropriate technique.
### Wipe-Wipe Technique

<table>
<thead>
<tr>
<th>Door/drawer handles</th>
<th>Viewbox and Off/On switch</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suction arm and supports</td>
<td>Soap dispenser handle</td>
</tr>
<tr>
<td>Side counter/table or mobile cabinet</td>
<td>Small items – towel chain, clipboard, pens, pencils, patient safety glasses, acrylic mirror, floss font, etc.</td>
</tr>
</tbody>
</table>

4. **Treat utility gloves** as previously described and store in case.
5. **Wash hands.**
6. **Flush water line for 30 seconds.** Hold air/water syringe over sink, while depressing the water button for 30 seconds to run water through the lines.
7. **Place new barrier covers** as described in “Start of Clinic Procedure”.
8. **IF WATER IN BOTTLE IS LOW**, refill the bottle following the steps listed in “Start of Clinic” procedure.
9. You are now ready to set up patient treatment supplies needed for an appointment.

### After the Last Patient – At the End of Clinic

1. **Don** safety glasses face mask and utility gloves, lab coat or gown.
2. **Remove handpiece** from connector/tubing (If used).
3. **Remove the air/water syringe tip**, dispose of disposable tip. If a stainless steel tip is used, turn in to sterilization.
4. **Take cassette** (and handpiece if used) to sterilizing room.
5. **Treat suction system** by doing the following:
   a. Run one cup of water through the line of the suction element used (i.e., HVE and/or saliva ejector).
   b. If the HVE was used, clean the solids collector as described in the handout on the A-dec Cascade Dental Unit.
6. **Carefully remove all barrier covers.**
7. **Disinfect the following surfaces** (i.e., all surfaces that were previously disinfected, plus selected surfaces that had been barrier covered).

**Previously disinfected surfaces to be chemically treated.**
- Side counter/table top (Wipe-Wipe or WW)
- Small items: towel chain, clipboard, patient safety glasses, pens/pencils, acrylic mirror, floss font, etc. (WW)
- Door/Drawer handles (WW)
- Viewbox and On/Off switch (WW)
- Suction arm and supports (WW)
- Soap dispenser handle (WW)
Barrier covered surfaces to be disinfected. Use Wipe-Wipe technique for all the following surfaces.

<table>
<thead>
<tr>
<th>Surface</th>
<th>Disinfectant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental chair</td>
<td>Headrest adjustment knob</td>
</tr>
<tr>
<td>Dental unit</td>
<td>Bracket tray and tray support (do not try to disinfect the no-skid mat under the metal tray)</td>
</tr>
<tr>
<td></td>
<td>Air/water syringe and cord</td>
</tr>
<tr>
<td></td>
<td>Handpiece pad</td>
</tr>
<tr>
<td></td>
<td>Handpiece connector and hose</td>
</tr>
<tr>
<td></td>
<td>Chair positioning touch pad</td>
</tr>
<tr>
<td></td>
<td>Bracket tray arm brake lever(s)</td>
</tr>
<tr>
<td>Dental light</td>
<td>Handle used</td>
</tr>
<tr>
<td></td>
<td>On/Off switch</td>
</tr>
<tr>
<td>Suction arm</td>
<td>Items used, saliva ejector adaptor, HVE adaptor, air/water syringe, if used or touched</td>
</tr>
</tbody>
</table>

Any surface that is visibly contaminated or that might have been contaminated during treatment or barrier removal.

8. Wipe the dental chair with hard surface disinfectant. (Birex).
9. Scour sink.
10. Wash operator glasses.
11. Prepare water bottle by:
   - Removing, emptying and reinstalling empty bottle.
   - Hold handpiece tubing and air/water syringe over a sink or basin to force air through water lines. Do this by pressing on each of the following:
     - Dental unit flush valve
     - Air/water syringe – water button
     - Foot pedal
     - Reminder: all handpieces are to be removed prior to purging the water lines.

12. Trash - remove bag under sink. Leave open on floor until your cleaning is complete.
13. When cleaning is complete and you are ready to take trash to dumpster, **TIE THE BAG TIGHTLY AND PRESS ANY AIR OUT OF THE BAG PRIOR TO PLACING IN DUMPSTER. UNTIED BAGS ALLOW THE BIOHAZARDOUS GAUZE, ETC. TO POTENTIALLY ESCAPE AND CONTAMINATE THE SURROUNDING GROUNDS!**
14. Treat utility gloves with Birex and then dry and store.
15. Wash hands.
16. Remove lab coat or gown and dispose of it according to clinic policy.
17. Take tied trash to dumpster in hallway outside of clinic.
18. Turn the dental unit master On/Off switch to the Off (“O”) position.
19. Position the equipment in the **Closed Unit** position.
   - a. Dental chair is positioned upright.
   - b. Dental chair elevated on base high enough to keep hoses off the floor.
   - c. Foot pedal is placed on a clean paper towel on the chair seat.
   - d. Dental tray and handpiece console is positioned over chair seat.
   - e. Dental light is positioned over dental tray/handpiece console.
f. Operator’s stool is positioned behind the dental chair with swing arms behind or in front of the operator’s chair.

Reviewed 6/2012
DISPOSAL OF INFECTIOUS MEDICAL WASTE
DENTAL HYGIENE CLINIC PROGRAM
DENTAL CLINIC

1. **SHARPS** – all disposable dental objects that may cause skin punctures or cuts, such as needles and anesthetic carpules, scalpels, any glass, and irrigating syringes are to be placed in the rigid, puncture-proof sharps containers found in all clinical areas.

Under no circumstances are these objects to be placed in waste baskets with ordinary trash.

When the sharps container is full, it shall be sterilized by use of steam autoclave. Following sterilization, the sharps container will be picked up for disposal by the FSU environmental Health and Safety Engineer.

2. **LIQUID WASTE** – including blood and saliva is to be flushed down the drain or the toilet. An example of this would be severely blood soaked gauze.

3. **SOILED GAUZES AND SPONGES** – those items related to a dental procedure are to be placed in a dental chair plastic barrier that was used for the patient prior to being placed in the large dumpster. **The bags are to be tied securely in order to prevent any biohazardous waste to escape.** Dispose of in the FSU dumpster in the clinic hallway.

If the patient presents with copious bleeding, it is encouraged to use high speed suction to remove the majority of the blood. If the gauze is saturated, blood soaked, and dripping, it can be placed in an autoclave bag, sealed, autoclaved, then disposed of in regular trash. Or, if there is not a lot of blood soaked gauze, it can be flushed in the toilet.
TRANSPORTING CONTAMINATED INSTRUMENTS FROM OFF-CAMPUS SITES
DENTAL HYGIENE PROGRAM
DENTAL CLINIC

1. Policy

Dental examinations conducted at off-site campus locations may result in dental instruments being contaminated with potential infectious material including saliva. Every effort **MUST** be made to avoid direct contact with contaminated instruments, both during their use on patients and, when applicable, during their transport and delivery for cleaning and sterilization.

2. Procedure

A. All potentially contaminated instruments shall be handled with gloved hands.

B. If possible, instruments should be sterilized at the off-campus site.

C. As an alternative, when contaminated instruments are to be transported to the central sterilization area of the Dental Hygiene Program, the instruments are to be placed in a closeable, leak proof container during collection and transport.

D. The container must be identified as containing biohazardous materials. This is accomplished by either having a biohazard label prominently affixed to the container, or by enclosing the container in an appropriately labeled red bag (indicating biohazard).

E. Both the closed container and the biohazard bags can be obtained in the sterilizing room in the dental hygiene clinic.

F. The container shall also be labeled with its contents and date that it was transported to sterilization (e.g. dental mirrors, explorers, and the date of service).
Faculty, students and staff are members of a health profession team. We seek to create for our patients, colleagues, and visitors a professional atmosphere in all areas of the College of Health Professions and outreach sites. The appearance and behavior of the faculty, students and staff must contribute to maintaining a professional environment. Unprofessional appearance and behavior may cause patients and visitors to question the standard of care offered at the Ferris State University Dental Hygiene Clinic and outreach sites.

**Clinic and Lab Attire**

The student uniform or professional decorum policy for clinic and radiology lab participation consists of the following:

**Surgical scrubs:** Style and color selected by program and each student is expected to have a clean (and free of odors) set of scrubs for each day that they are scheduled to be in clinic.

**Disposable lab coats:** for patient treatment. This is identified as the personal protective equipment (PPE). As of 2012 white lab coats are not included in the student kit and should not be worn during clinic times. Faculty, staff, and work study students will also utilize disposable lab coats or gowns.

1) The lab coat should be buttoned during patient care, if it is a button up coat.
2) All students in patient treatment clinics will wear disposable lab coats when working in the oral cavity. Students in pre-clinic will wear lab coats as soon as partner practice begins.

**White T shirt or a white turtleneck:** may be worn under and tucked into scrubs for warmth. Other colors worn underneath the scrubs will not be allowed.

**Socks:** Plain, white socks must be clean and free of holes. Socks must be high enough so that no skin is exposed when seated.

**Shoes:** Clean, white, rubber soled, low heeled and closed toe. Crocs are not acceptable.

**Identification:** Students are to wear name badges acquired from the Timme Center with their first name and the first letter of their last name on it.

**X-Ray Monitoring Badges:** Students that are to wear this will be identified by the DH Program Coordinator. The badge must be worn when working in the radiology area. The badge must be returned at the end of each clinic/rad session.

**Hair:** Hair must be off the collar by either securing it with neutral color clips, pins, pony tail holder, or headband. It must be clean, away from the face, tied back or braided if long, so that it does not fall forward on shoulders.

Male facial hair will be short, trimmed, neat, and professional.

**Fingernails:** Must be short, clean, and free of nail polish. Fingernails must
not extend past the end of your fingers when your palms are facing up. Hands must be free of odors i.e., smoking, heavily scented lotions or creams, etc.

**Make-up:** May be worn in moderation.

**Jewelry:** Only a wedding band, small watch, and up to 3 post-style earrings worn in the ear.

**Piercings:** No other facial piercings of the head and neck are allowed.

**Odors/Aromas:** Odors and aromas can be offensive to patients. For this reason, personal hygiene is of the utmost importance.

**Safety Glasses:** Safety glasses with side shields must be worn by the individuals during patient treatment and/or instrument processing. Lenses must be clear or may be specially treated to reduce fluorescent light glare. Clinician safety glasses must bear the OSHA approval code: ANSI Z87.1-1989 (R-1989) – American National Standards Institute’s Standard Practice for Occupational and Educational Eye and Face Protection.

Updated 6/2012
All policies, with relation to the use of radiation emitting devices, are to be consistent with Ferris State University Environmental Health and Safety Office – Radiation Control Manual, December 1987 (revised 1993-94).

1. Clinic instructors have taken appropriate course work in the use of radiation emitting devices in order to operate the equipment (e.g., Radiology course taught in an ADA accredited dental hygiene or dental assisting program, or the equivalent).

2. Students must be taught radiation safety prior to being permitted to use the x-ray units.

3. All radiographs are to be taken for DIAGNOSTIC PURPOSES ONLY. Radiographs without a specific reason are contraindicated. (See Guidelines for Radiographic Examination of Patients below for more detail.)

4. Selected providers will be asked to wear radiation monitoring badges when working in the area of the X-ray producing devices for monitoring purposes. The badges are to be kept on the storage board adjacent to the clinic when not being worn. The badges are not to leave the area of the clinic. Badges will be collected monthly for reading by a professional service contracted for this purpose. Results are posted adjacent to the darkroom. Records are maintained by the Radiation Safety Officer.

5. If the radiation monitoring badge is lost, a discussion will occur between the provider and the D.H. Clinic Operations Supervisor or the DH Facilities Coordinator regarding their responsibility in this monitoring process.

6. All dental X-ray units are to be calibrated on a regular basis. Responsibility for this is through the FSU Radiation Safety Officer.

7. No film is to be issued or used unless it is appropriately requested. It is the responsibility of the Radiology Instructor to verify that the patient is an acceptable candidate for x-rays and has been appropriately approved (as outlined in the radiology manual under protocol for taking x-rays).

A. Guidelines for Radiographic Examination of Patients

1. **GENERAL GUIDELINES** – All radiographs are to be taken for DIAGNOSTIC PURPOSES ONLY. Radiographs without a specific reason are contraindicated.

2. Ferris State University will follow the philosophy of ALARA – lowest allowable radiation dose in order to obtain diagnostic quality X-rays at all times.
   a. Prior to taking x-rays, the patient must have a dental chart with the permission to treat portion of the chart signed and witnessed, and the medical history completed and reviewed.
   b. Proof of authorization and payment of X-rays must be present before x-rays are issued by the Radiology Instructor.
   c. The student operator will complete visual inspection and record any obvious
abnormalities. An appropriate clinic instructor will check this exam before the x-rays may be taken.

Patients must be properly protected with an x-ray shield and leaded cervical collar (except when taking a panoramic film – no cervical collar used) during the exposure of x-ray.

**Providers must have the door to the X-ray room completely closed prior to exposing x-ray.**

Assigned providers must wear monitoring badges while working in Radiology area.

3. **ELIGIBILITY** – Specific guidelines to determine who may be an appropriate candidate for consideration of receiving dental x-rays is included at the end of this section.

**B. Radiography Procedures**

1. The degree of supervision of the student exposing the radiographs will depend upon the degree of proficiency demonstrated by the student. No students will operate x-radiation equipment without the knowledge of an instructor. **The student must be supervised within the clinic.**

2. No student will energize any radiographic machine without **direct supervision by or permission of a clinic instructor.**

3. Duplicate x-ray film (double film packs) is to be used whenever possible for patient treatment. One set of the X-rays is to be maintained in the patient’s chart, the second set is to be sent or hand carried to the dentist requesting the films. **Both x-ray sets must be mounted, labeled, and dated.**

Digital patient radiographs were taken for the first time in spring semester, 2009. As FSU continues to work towards more technology in radiography, students will be expected to utilize this technology more and more for patient requirements. Our software will store the exposed digital radiographs should we need to pull them up while the patient is in the clinic.

When the office is asked to electronically send a copy, students advise the office staff to contact the dental office they are to be sent to and the D.H. Clinic Operations Supervisor and the office staff will determine if the radiographs can be electronically transmitted to the patient’s dentist of choice.
4. Patients must be informed that the dental clinic has provided the service of taking x-rays because of the request of a dentist and that it is not the intent or function of the dental clinic to diagnose the patient's condition. The patient must be informed that they should return to their dentist for evaluation and diagnosis.

5. All radiographs (with the exception of digital radiographs that were electronically transmitted) are to be sent or hand carried to the dental office requested by the patient with the exception of those radiographs retained and utilized by Ferris State University. The patient's record will indicate the date, name, and address of the dental office to which the radiographs were sent. If the radiographs were submitted electronically, that must be noted in the dental services rendered area, as well.

As of summer, 2012, Ferris State University, the IT department and FSU Legal Counsel are working on HIPAA policy so that electronic submissions to various dental offices will be securely submitted. At the time of the writing of this manual update, that policy has not been completed.

X-rays must be sent to the requesting dentist in a timely manner within one week from the time the x-rays are requested. Professional responsibility point deduction may occur from the clinic grade if this is seriously violated.

C. X-Ray Retake Policy (Patient Related Retakes)

Retakes will be deemed necessary on an individual basis. Individual films should not be re-taken, provided other films permit a good diagnosis. The student should, however, understand that the first effort has been less than desired and will be evaluated accordingly. When a good diagnosis cannot be made from the student’s first effort, the student's efforts should be constructively criticized or suggestions and demonstrations will be given on how to overcome the technical faults noted on the first effort. Retakes will be approved and supervised based upon the degree of supervision deemed necessary by the radiology instructor. The third attempt at an exposure will be made by the supervisor.

Determination for and supervision of retakes should be under the direction of the radiology instructor. Retakes should be taken using the following policies:

1. Retakes must be authorized and supervised by radiography Instructor.

2. Three (3) retakes in any one set require direct instructor supervision, i.e., checking of technique by an instructor before the film is exposed.

3. Five (5) or more retakes from any one set requires student remediation before any more radiographs (including the necessary retakes) are exposed on live subjects. The XCP device should be used for any retakes so student “sees” the angulation technique.

The type of remediation (with or without the use of DXTTR) will be at the discretion of radiography instructor.

The student, once told of the need for remediation, is responsible for scheduling his/her own appointment with radiography instructor. Students in clinic with patients will always be given priority for instruction. Remediation needs of the student are equally important as those of patients needing x-rays. The radiography instructor will determine the schedule of all radiography activities during clinic hours.
If necessary, a clinic student with a patient may “bump” a remediation student/DXTR during any scheduled clinic times to accommodate a patient.

4. Any retakes of retakes must be exposed by a clinic instructor or radiography instructor with the student observing.

D. Radiographic Policy for Pregnant Patients

It is desirable not to have any irradiation during pregnancy, especially during the first trimester, since the developing fetus is particularly susceptible to radiation damage. All pregnant patients will be referred to their dentist for care regarding radiographs. No radiographs on pregnant patients are to be taken until after the birth of the baby.

E. Radiographic Policy for Pregnant Students or Clinic Staff

In case of an anticipated or confirmed pregnancy in a female (student/clinic instructor/staff member) working in a restricted (radiation) area, the following procedures shall be followed.

1. The individual shall inform the Program Coordinator in writing. A copy of the notice shall be submitted to the FSU Radiation Safety Officer.

2. The individual will be provided a copy of the appendix to Regulatory Guide 8.13, “Possible health risks to children of women who are exposed to radiation during pregnancy.”

3. The Program Coordinator or Radiation Safety Officer shall discuss with the individual the precautionary measures she may take to reduce radiation exposure.

4. A written plan will be made for the individual which may involve consultation with appropriate clinic instructor, Program Coordinator, and pregnant student or staff member to insure radiation safety is practiced. A copy of the plan will be forwarded by the Program Coordinator to the Radiation Safety Office.

5. All students/staff shall abide by these policies, strictly. If a student/staff should not follow through as soon as possible following awareness of pregnancy and has not notified appropriate individuals in the department and Radiation Safety Officer, student/staff will not be allowed to participate in radiology-oriented activities until such time as appropriate notification has been made. The D.H. Clinic Operations Supervisor may dismiss the student/staff from clinic/radiology in order to complete this notification.

4. NCR Regulatory Guide 8.13 will be followed as per the FSU Radiation Safety Officer.
RADIOLOGY AREA ASEPSIS
DENTAL HYGIENE PROGRAM
DENTAL CLINIC

Preparing the x-ray cubicle

1. Don the personal protective equipment
   a. Film badge (if assigned to wear) and clinic lab coat
   b. Safety glasses
   c. Face mask
   d. Gloves
   e. Lab coat or gown

2. Disinfect room surfaces (using the wipe-wipe technique) and small items
   a. Chair arms
   b. Chair headrest (supporting frame with control bar)
   c. X-ray view box (front, top, and sides)
   d. Clipboard
   e. Pens, pencils
   f. Tray

3. Remove gloves and wash hands.

4. Place barrier covers over the following:
   • Tubehead – bag
   • Headrest – cover with headrest barrier
   • Exposure selector knob – use adhesive backed sheet
   • Exposure button (hall) – use adhesive backed sheet
   • 2 pieces of barrier on windowsill
   • Vertical post (supporting tube head) – use adhesive backed sheet
   • Tray – use tray cover
   • Cubicle door – use two, connected adhesive backed sheets; placing one half on the front side of the door and one half on the back side of the door.

5. Change STOP sign to GO. This indicates that the room is ready for patient treatment. When in doubt, sanitize!
6. Gather supplies
   - Label cups with UE and E for unexposed films and exposed films
   - Stabe holders
   - Bitewing tabs (2 or 4)
   - Cotton tip applicators
   - Cotton rolls (if needed)
   - Armamentarium for digital radiographs will be different, contact radiology instructor for guidance

Preparing to Expose Radiographs
1. Greet patient and take care of fee collection right away.
2. Complete any paperwork or patient data review needed:
   a. Complete/review MD Hx, BP, OE (as needed)
   b. Get films and an evaluation sheet, place it on clipboard
3. Drape patient with lead-lined apron/thyroid collar (unless taking a panoramic film – no thyroid collar is to be used).
4. Wash or sanitize hands.
5. Don treatment gloves and face mask and expose x-rays.
6. Remove treatment gloves and wash or sanitize hands.
7. Remove lead shield from patient.
8. Dismiss patient to waiting room or clinic as appropriate.

Expose Radiographs Safely, Ensuring Door Is Closed When Exposing

Preparing to Process Films
1. Don clean gloves.
2. Cover a tray with paper towel.
3. Place a clean cup in upper right corner of tray.
5. Moisten gauze with disinfectant.
6. Wipe both sides of each film.
7. Place wiped films in the clean cup. **NOTE:** the films are not sterilized, nor appropriately sanitized, bacterial load has just been reduced. You still must maintain asepsis.
8. Throw away all contaminated items, change gloves.
9. Wash hands or sanitize.
10. Don new treatment gloves
11. Take the clean cup of radiographs into the darkroom for processing remembering that the radiographs are not sterile. Maintain asepsis.
12. In darkroom, after all films have been placed in the processors, clean up contaminated items, remove gloves and wash hands in darkroom prior to leaving the area.
THE SELECTION OF PATIENTS FOR
DENTAL RADIOGRAPHIC EXAMINATIONS
REVISED: 2004
AMERICAN DENTAL ASSOCIATION
Council on Dental Benefit Programs
Council on Dental Practice
Council on Scientific Affairs
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Food and Drug Administration

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GUIDELINES FOR THE SELECTION OF PATIENTS FOR DENTAL RADIOGRAPHIC EXAMINATIONS – 2004

Background
The dental profession is committed to delivering the highest quality of care to each of its individual patients and applying advancements in technology and science to continually improve the oral health status of the U.S. population. These guidelines were developed to serve as an adjunct to the dentist’s professional judgment of how to best use diagnostic imaging for each patient. Radiographs can help the dental practitioner evaluate and definitively diagnose many oral diseases and conditions. However, the dentist must weigh the benefits of taking dental radiographs against the risk of exposing a patient to x-rays, the effects of which accumulate from multiple sources over time. The dentist, knowing the patient’s health history and vulnerability to oral disease, is in the best position to make this judgment in the interest of each patient. For this reason, the guidelines are intended to serve as a resource for the practitioner and are not intended to be a standard of care, requirements or regulations.

The guidelines incorporate the following updates:

- An additional clinical category entitled “Other Circumstances,” which describes the use of radiographs in assessing patients for implants, monitoring remineralization of enamel, and evaluating restorative and endodontic needs and other pathology;
specific monitoring of edentulous patients;
expanded use of panoramic examination, recognizing that panoramic technology has improved over the last 15 years;
clarification that “bitewings” refers to either or both horizontal and vertical bitewings; and
an updated bibliography that can be a valuable reference for the practitioner.

The guidelines are not substitutes for a clinical examination and health history. The dentist is advised to conduct a clinical examination, consider the patient’s signs, symptoms and oral and medical histories, as well as consider the patient’s vulnerability to environmental factors that may affect oral health. This diagnostic and evaluative information may determine the type of imaging to be used or frequency of its use. Radiographs should be taken only when there is an expectation by dentists that the diagnostic yield will affect patient care. Based on this premise, the guidelines can be used by the dentist to optimize patient care, minimize the total diagnostic radiation burden and responsibly allocate health care resources.

Introduction
The guidelines titled “The Selection of Patients for X-Ray Examination” were first developed in 1987 by a panel of dental experts convened by the Center for Devices and Radiological Health of the U.S. Food and Drug Administration (FDA). The development of the guidelines at that time was spurred by concern about the U.S. population’s total exposure to radiation from all sources. Thus, the guidelines were developed to promote the appropriate use of x-rays. The guidelines have served dentists and other interested parties well during the subsequent 15 years. In 2002, the American Dental Association, recognizing that dental technology and science continually advance, recommended to the FDA that the guidelines be reviewed for possible updating. The FDA welcomed organized dentistry’s interest in maintaining the guidelines, and so the American Dental Association undertook this review.

The initial review of the guidelines was carried out by an informal work group, made up of representatives from the American Dental Association, the Academy of General Dentistry, the American Academy of Oral and Maxillofacial Radiology and the FDA. The draft of recommendations produced by the informal work group was then reviewed by representatives of dental specialties, including the American Academy of Pediatric Dentistry, the American Association of Endodontists, the American Academy of Periodontology, the American College of Prosthodontists and the American Association of Orthodontists, and was sent to the American Association of Oral and Maxillofacial Surgeons and Association for Public Health Dentistry for comment. The final draft was then submitted to the FDA for its consideration and was accepted in November 2004.

The Guidelines
Radiographs and other imaging modalities are used to diagnose and monitor oral diseases, as well as to monitor dentofacial development and the progress or prognosis of therapy. Radiographic examinations can be performed using digital imaging or
conventional film. The available evidence suggests that either is a suitable diagnostic method (1-3). Digital imaging may offer reduced radiation exposure and the advantage of image analysis that may enhance sensitivity and reduce error introduced by subjective analysis (4). In addition, new imaging technology offers the possibility of three dimensional visualization of skeletal and other structures.

The development and progress of many oral conditions are associated with a patient’s age, stage of dental development, and vulnerability to known risk factors. Therefore, the guidelines on page 5 are presented within a matrix of common clinical and patient factors, which may determine the type(s) of radiographs that is commonly needed. The guidelines assume that diagnostically adequate radiographs can be obtained. If not, appropriate management techniques should be used after consideration of the relative risks and benefits for the patient.

Along the horizontal axis of the matrix, patient age categories are described, each with its usual dental developmental stage: child with primary dentition (prior to eruption of the first permanent tooth); child with transitional dentition (after eruption of the first permanent tooth); adolescent with permanent dentition (prior to eruption of third molars); adult who is dentate or partially edentulous; and adult who is edentulous.

Along the vertical axis, the type of encounter with the dental system is categorized (as “New Patient” or “Recall Patient”) along with the clinical circumstances and oral diseases that may be present during such an encounter. The “New Patient” category refers to patients who are new to the dentist, and thus are being evaluated by the dentist for dental disease and for the status of dental development. Typically, such a patient receives a comprehensive evaluation or, in some cases, a limited evaluation for a specific problem. The “Recall Patient” categories describe patients who have had a recent comprehensive evaluation by the dentist and, typically, have returned as a patient of record for a periodic evaluation or for treatment. However, a “Recall Patient” also may return for a limited evaluation of a specific problem, a detailed and extensive evaluation for a specific problem(s), or a comprehensive evaluation.

Both categories are marked with a single asterisk that corresponds to a footnote that appears below the matrix; the footnote lists “Positive Historical Findings” and “Positive Clinical Signs/Symptoms” for which radiographs may be indicated. The lists are not intended to be all-inclusive, rather they offer the clinician further guidance on clarifying his or her specific judgment on a case.

The clinical circumstances and oral diseases that are presented with the types of encounters include: clinical caries or increased risk for caries; no clinical caries or no increased risk for caries; periodontal disease or a history of periodontal treatment; growth and development assessment; and other circumstances. The category of “Other Circumstances” is a new category, added to update the guidelines. A few examples of “Other Circumstances” proposed are: existing implants, pathology, endodontic/restorative needs, and remineralization of dental caries. These examples are not intended to be an exhaustive list of circumstances for which radiographs or other imaging may be appropriate.

The categories, “Clinical Caries or Increased Risk for Caries” and “No Clinical Caries and No Increased Risk for Caries” are marked with a double asterisk that corresponds to a footnote that appears below the matrix; the footnote contains a list of factors that place a patient at increased risk for caries. It should be noted that a patient’s risk status can change over time and should be periodically reassessed (5). The list is not intended to be all-inclusive, rather it offers the clinician further guidance on clarifying his or her specific
judgment on a case.

The panel also has made the following recommendations that are applicable to all categories:

1. Intraoral radiography is useful for the evaluation of dentoalveolar trauma. If the area of interest extends beyond the dentoalveolar complex, extraoral imaging may be indicated.
2. Care should be taken to examine all radiographs for any evidence of caries, bone loss from periodontal disease, developmental anomalies and occult disease.
3. Radiographic screening for the purpose of detecting disease before clinical examination should not be performed. A thorough clinical examination, consideration of the patient history, review of any prior radiographs, caries risk assessment and consideration of both the dental and the general health needs of the patient should precede radiographic examination (6-12).

In the practice of dentistry, patients often seek care on a routine basis in part because dental disease may develop in the absence of clinical symptoms. Since attempts to identify specific criteria that will accurately predict a high probability of finding interproximal carious lesions have not been successful for individuals, it was necessary to recommend time-based schedules for making radiographs intended primarily for the detection of dental caries. Each schedule provides a range of recommended intervals that are derived from the results of research into the rates at which interproximal caries progresses through tooth enamel. The recommendations also are modified by criteria that place an individual at an increased risk for dental caries. Professional judgment should be used to determine the optimum time for radiographic examination within the suggested interval.

Once a decision to obtain radiographs is made, it is the dentist's responsibility to follow the ALARA Principle (As Low as Reasonably Achievable) to minimize the patient's exposure to radiation (13). Examples of good radiologic practice include

- use of the fastest image receptor compatible with the diagnostic task;
- collimation of the beam to the size of the receptor whenever feasible;
- proper film exposure and processing techniques; and
- use of leaded aprons and thyroid collars.

The amount of scattered radiation striking the patient’s abdomen during a properly conducted radiographic examination is negligible (14). However, there is some evidence that radiation exposure to the thyroid during pregnancy is associated with low birth weight (15). Protective thyroid collars substantially reduce radiation exposure to the thyroid during dental radiographic procedures (16). Because every precaution should be taken to minimize radiation exposure, protective thyroid collars and aprons should be used whenever possible. This practice is strongly recommended for children, women of childbearing age and pregnant women.

**Guidelines for Prescribing Dental Radiographs** – See chart on next page
The recommendations in this chart are subject to clinical judgment and may not apply to every patient. They are to be used by dentists only after reviewing the patient’s health history and completing a clinical examination. Because every precaution should be taken to minimize radiation exposure, protective thyroid collars and aprons should be used whenever possible. This practice is strongly recommended for children, women of childbearing age and pregnant women.

EXPLANATION OF CHART CELLS

Patient Age and Dental Developmental Stages

Child (Primary Dentition): prior to eruption of first permanent tooth
Child (Transitional Dentition): after eruption of first permanent tooth
Adolescent (Permanent Dentition): prior to eruption of third molars
Adult (Dentate or Partially Edentulous)
Adult (Edentulous)

Rationale by Type of Encounter and Patient Age and Dental Developmental Stages

Row: New Patient Being Evaluated for Dental Diseases and Dental Development

Column: Child (Primary Dentition)
Proximal carious lesions may develop after the interproximal spaces between posterior primary teeth close. Open contacts in the primary dentition will allow a dentist to visually inspect the proximal posterior surfaces. Closure of proximal contacts requires radiographic assessment (17-19). However, studies suggest that many of these lesions will remain in the enamel for at least 12 months, allowing sufficient time for implementation and evaluation of preventive interventions (20). A periapical/anterior occlusal examination may be indicated because of the need to evaluate dental development, dentoalveolar trauma or suspected pathology. Periapical and bitewing radiographs may be required to evaluate pulp pathology in primary molars.

Therefore, the Panel recommends an individualized radiographic examination consisting of selected periapical/occlusal views and/or posterior bitewings if proximal surfaces cannot be examined visually or with a probe. Patients without evidence of disease and with open proximal contacts may not require radiographic examination at this time.

Row: New Patient Being Evaluated for Dental Diseases and Dental Development

Column: Child (Transitional Dentition)

There has been a dramatic decrease in the incidence of dental caries over the last 30 years (21-23). However, the decrease has not been a uniform one. For example, 80% of the dental caries in permanent teeth of U.S. children aged 5-17 years occurs in 25% of those children (23). It is, therefore, important to consider a child’s risk factors for caries before taking radiographs.

Although periodontal disease is uncommon in this age group, when clinical evidence exists (except for nonspecific gingivitis), selected periapical and bitewing radiographs are indicated to determine the extent of aggressive periodontitis, other forms of uncontrolled periodontal disease and the extent of osseous destruction related to metabolic diseases (24). A periapical or panoramic examination is useful for evaluating dental development. A panoramic radiograph also is useful for the evaluation of craniofacial trauma (12). Intraoral radiographs are more accurate than panoramic radiographs for the evaluation of
dentoalveolar trauma, root shape, root resorption (25) and pulp pathology. However, panoramic examinations may have the advantage of reduced radiation dose, cost and larger area imaged.

Occlusal radiographs may be used separately or in combination with panoramic radiographs in the following situations: 1. unsatisfactory image in panoramic radiographs due to abnormal incisor relationship; 2. localizations of tooth position; and 3. when clinical grounds provide a reasonable expectation that pathology exists (26,27).

Therefore, the Panel recommends an individualized radiographic examination consisting of posterior bitewings with panoramic examination or posterior bitewings and selected periapical images be performed.

Row: New Patient Being Evaluated for Dental Diseases and Dental Development
Column: Adolescent (Permanent Dentition)

Within the pediatric population, the adolescent age group has the most decayed, missing or filled surfaces (DMFS) (23,28). The pattern of decay according to tooth surface type changes from primary to permanent dentition (23). Increasing independence and socialization, changing dietary patterns and decreasing attention to daily oral hygiene can characterize this age group. Each of these factors may result in an increased risk of dental caries. Another consideration is the increased incidence of periodontal disease found in this age group compared to children (29). Panoramic radiography is effective in dental diagnosis and treatment planning (30-36). Specifically, the status of dental development can be assessed using panoramic radiography (26). Occlusal radiographs can be used to detect the position of an unerupted or supernumerary tooth (37). Third molars also should be evaluated in this age group for their presence, position and stage of development.

Therefore, the Panel recommends an individualized radiographic examination consisting of posterior bitewings with panoramic examination or posterior bitewings and selected periapical images be performed. A full mouth intraoral radiographic examination is preferred when the patient has clinical evidence of generalized dental disease or a history of extensive dental treatment.

Row: New Patient Being Evaluated for Dental Diseases
Column: Adult (Dentate or Partially Edentulous)

The overall dental caries experience of the adult population appears to be declining (28). However, risk for dental caries exists on a continuum and changes over time as risk factors change (38). Therefore, it is important to evaluate proximal surfaces in the new adult patient for carious lesions. In addition, it is important to examine patients for recurrent dental caries.

The incidence of root surface caries increases with age (39). Although bitewing radiographs can assist in detecting root surface caries in proximal areas, the usual method of detecting root surface caries is by clinical examination (39).

The incidence of periodontal disease increases with age (28). Although new adult patients may not have symptoms of active periodontal disease, it is important to evaluate previous
experience with periodontal disease and/or treatment. Therefore, a high percentage of adults may require selected intraoral radiographs to determine the current status of the disease. Occlusal radiographs can be used to detect the position of an unerupted or supernumerary tooth, to check for sialoliths and to assess the buccolingual extent of pathological lesions (21).

Therefore, the Panel recommends that an individualized radiographic examination, consisting of posterior bitewings with panoramic examination or selected periapical images be performed. A full mouth intraoral radiographic examination is preferred when the patient has clinical evidence of generalized dental disease or a history of extensive dental treatment.

Row: New Patient Being Evaluated for Dental Diseases
Column: Adult (Edentulous)

The clinical and radiographic examinations of edentulous patients generally occur during an assessment of the need for prosthetic appliances. The most common pathological conditions detected are impacted teeth and retained roots with and without associated disease. Other less common conditions also may be detected: bony spicules along the alveolar ridge, residual cysts or infections, developmental abnormalities of the jaws, intrabony tumors and systemic conditions affecting bone metabolism.

The original recommendations for this group called for a full-mouth intraoral radiographic examination or a panoramic examination for the new edentulous adult patient. Firstly, this recommendation was made because examinations of edentulous patients generally occur during an assessment of the need for prosthetic appliances. Secondly, the original recommendation considered edentulous patients to be at increased risk for oral disease. Studies have found that 33 to 41 percent of edentulous patients examined exhibited pathological conditions (40-42). A survey of 1,135 edentulous patients revealed that 14.2 percent had retained roots without pathology, 19.2 percent had retained roots with pathology or partly uncovered and 4.1 percent had retained teeth (43). In addition, the radiographic examination may reveal anatomic considerations that could influence prosthetic treatment, such as the location of the mandibular canal, the position of the mental foramen and maxillary sinus, and relative thickness of the soft tissue covering the edentulous ridge (44,45).

Screening radiography for new, edentulous patients has since been criticized because of the assertion that screening does not yield sufficient clinically relevant information (46-48). However, there is support for screening (49-51). This panel concluded that prescription of radiographs is appropriate as part of the initial assessment of edentulous areas for possible prosthetic treatment. A full mouth series of periapical radiographs or a combination of panoramic, occlusal or other extraoral radiographs may be used to achieve diagnostic and therapeutic goals. Particularly with the option of dental implant therapy for edentulous patients (52), radiographs can be an important aid in diagnosis, prognosis and the determination of treatment complexity (53).

Therefore, the Panel recommends that an individualized radiographic examination, based on clinical signs and symptoms be performed.

Row: Recall Patient with Clinical Caries or Increased Risk for Caries
**Columns: Child (Primary and Transitional Dentition) and Adolescent (Permanent Dentition)**

Clinically detectable dental caries may suggest the presence of proximal carious lesions that can only be detected with a radiographic examination. In addition, patients who are at increased risk for developing dental caries because of such factors as poor oral hygiene, high frequency of exposure to sucrose-containing foods and deficient fluoride intake (see chart footnotes for other factors) are more likely to have proximal carious lesions.

The bitewing examination is the most efficient method for detecting proximal lesions (17,18). The frequency of radiographic recall should be determined on the basis of caries risk assessment (9,12,14,19,54-57). It should be noted that a patient’s caries risk status may change over time and that an individual’s radiographic recall interval may need to be changed accordingly (8).

*Therefore, the Panel recommends that a posterior bitewing examination be performed at 6 to 12 month intervals if proximal surfaces cannot be examined visually or with a probe.*

**Row: Recall Patient with Clinical Caries or Increased Risk for Caries**

**Column: Adult (Dentate and Partially Edentulous)**

Adults who exhibit clinical dental caries or who have other increased risk factors should be monitored carefully for any new or recurrent lesions that are detectable only by radiographic examination. The frequency of radiographic recall should be determined on the basis of caries risk assessment (9,12,14,19,54-57). It should be noted that a patient’s risk status can change over time and that an individual’s radiographic recall interval may need to be changed accordingly (8).

*Therefore, the Panel recommends that a posterior bitewing examination be performed at 6 to 18 month intervals.*

**Rows: Recall Patient**

**Column: Adult (Edentulous)**

A study that assessed radiographs of edentulous recall patients showed that previously detected incidental findings did not progress and that no intervention was indicated (48). The data suggest that patients who receive continuous dental care do not exhibit new findings that require treatment. An examination for occult disease in this group cannot be justified on the basis of prevalence, morbidity, mortality, radiation dose and cost (49,58-61).

*Therefore, the Panel recommends that no radiographic examination be performed without evidence of disease.*

**Row: Recall Patient with No Clinical Caries and No Increased Risk For Caries**

**Columns: Child (Primary and Transitional Dentition)**

Despite the general decline in dental caries activity, recent data show that subgroups of children have a higher caries experience than the overall population (23). The identification of patients in these subgroups may be difficult on an individual basis. For children who present for recall examination without evidence of clinical caries and who are not considered at increased risk for the development of caries, it remains important to evaluate proximal surfaces by radiographic examination. In primary teeth, the caries process can take approximately one year to progress through the outer half of the enamel and about
another year through the inner half (62). Considering this rate of progression of carious lesions through primary teeth, a time-based interval of radiographic examinations from one to two years for this group appears appropriate. The incidence of carious lesions has been shown to increase during the stage of transitional dentition (28). Children under routine professional care would be expected to be at a lower risk for caries. Nevertheless, newly erupted teeth are at risk for the development of dental caries.

Therefore, the Panel recommends that a radiographic examination consisting of posterior bitewings be performed at intervals of 12 to 24 months if proximal surfaces cannot be examined visually or with a probe.

Row: Recall Patient with No Clinical Caries and No Increased Risk for Caries
Column: Adolescent (Permanent Dentition)

Adolescents with permanent dentition, who are free of clinical dental caries and factors that would place them at increased risk for developing dental caries, should be monitored carefully for development of proximal carious lesions, which may be detected only by radiographic examination. The caries process, on average, takes more than three years to progress through the enamel (62). However, evidence suggests that the enamel of permanent teeth undergoes posteruptive maturation and that young permanent teeth are susceptible to faster progression of carious lesions (63).

Therefore, the Panel recommends that a radiographic examination consisting of posterior bitewings be performed at intervals of 18 to 36 months.

Row: Recall Patient with No Clinical Caries and No Increased Risk for Caries
Column: Adult (Dentate or Partially Edentulous)

Adult dentate patients, who receive regularly scheduled professional care and are free of signs and symptoms of oral disease, are at a low risk for dental caries. Nevertheless, consideration should be given to the fact that caries risk can vary over time as risk factors change. Advancing age and changes in diet, medical history and periodontal status may increase the risk for dental caries.

Therefore, the Panel recommends that a radiographic examination consisting of posterior bitewings be performed at intervals of 24 to 36 months.

Row: Recall Patient with Periodontal Disease
Columns: Child (Primary and Transitional Dentition), Adolescent (Permanent Dentition) and Adult (Dentate or Partially Edentulous)

The decision to obtain radiographs for patients who have clinical evidence or a history of periodontal disease/treatment should be determined on the basis of the anticipation that important diagnostic and prognostic information will result. Structures or conditions to be assessed should include the level of supporting alveolar bone, condition of the interproximal bony crest, length and shape of roots, bone loss in furcations and calculus deposits. The frequency of radiographic examinations for these patients should be determined on the basis of a clinical examination of the periodontium and documented signs and symptoms of periodontal disease. The procedure for prescribing radiographs for the follow-up/recall periodontal patient would be to use selected intraoral radiographs to verify clinical findings on a patient-by-patient basis (64).
Therefore, the Panel recommends that clinical judgment be used in determining the need for, and type of radiographic images necessary for, evaluation of periodontal disease. Imaging may consist of, but is not limited to, selected bitewing and/or periapical images of areas where periodontal disease (other than nonspecific gingivitis) can be identified clinically.

Row: Patient for Monitoring of Growth and Development
Columns: Child (Primary and Transitional Dentition)

For children with primary dentition, before the eruption of the first permanent tooth, radiographic examination to assess growth and development in the absence of clinical signs or symptoms is unlikely to yield productive information. Any abnormality of growth and development suggested by clinical findings should be evaluated radiographically on an individual basis. After eruption of the first permanent tooth, the child may have a radiographic examination to assess growth and development. This examination need not be repeated unless dictated by clinical signs or symptoms.

15 Cephalometric radiographs may be useful for assessing growth and planning orthodontic treatment (65,66).

Therefore, the Panel recommends that clinical judgment be used in determining the need for, and type of radiographic images necessary for, evaluation and/or monitoring of dentofacial growth and development.

Row: Patient for Monitoring of Growth and Development
Column: Adolescent (Permanent Dentition)

The major concern relating to growth and development for patients in this age group is to determine the presence, position and development of third molars. This determination can best be made by the use of selected periapical images or a panoramic examination, once the patient is in late adolescence (16 to 19 years of age).

Therefore, the Panel recommends that clinical judgment be used in determining the need for, and type of radiographic images necessary for, evaluation and/or monitoring of dentofacial growth and development be used. Panoramic or periapical examination may be used to assess developing third molars.

Row: Patient for Monitoring of Growth and Development
Columns: Adult (Dentate, Partially Edentulous and Edentulous)

In the absence of any clinical signs or symptoms suggesting abnormalities of growth and development in adults, no radiographic examinations are indicated for this purpose.

Therefore the Panel recommends that, in the absence of clinical signs and symptoms, no radiographic examination be performed.

Row: Patients with other circumstances including, but not limited to, proposed or existing implants, pathology, restorative/endodontic needs, treated periodontal disease and caries remineralization
Columns: All patient categories
The use of imaging, as a diagnostic and evaluative tool has progressed beyond the longstanding need to diagnose caries and evaluate the status of periodontal disease. The expanded technology in imaging is now used to diagnose other orofacial clinical conditions and evaluate treatment options. A few examples of other clinical circumstances are the use of imaging for dental implant treatment planning, placement or evaluation; the monitoring of dental caries and remineralization; the assessment of restorative and endodontic needs; and the diagnosis of soft and hard tissue pathology.

Therefore the Panel recommends that clinical judgment be used in determining the need for, and type of radiographic images necessary for, evaluation and/or monitoring in these circumstances.

GLOSSARY OF TERMS

Adolescent Dentition: The state of dental development when all permanent teeth, except the third molars, should have erupted.

Bitewings: A form of dental radiograph that may be taken with the long axis of the film oriented either horizontally or vertically, that reveals approximately the coronal halves of the maxillary and mandibular teeth and portions of the interdental alveolar septa on the same film.

Cephalometric Radiograph: A standardized, extraoral projection, either in a lateral or frontal view, that shows the relationships between the jaws and other skeletal structures, usually used for orthodontic evaluation.

Dentate: Having one or more natural teeth present in the mouth. Individuals with only natural roots of teeth (e.g., patients with overdenture) are considered dentate as they are subject to caries, periodontal disease and other dental diseases.

Diagnostic Imaging: A visual display of structural or functional patterns for the purpose of diagnostic evaluation.

Edentulous: Toothless or without any natural teeth. Individuals without natural teeth but with implants are considered edentulous although they are subject to special problems associated with implants.

Full Mouth Intraoral Radiographic Examination (FMX): A set of intraoral radiographs usually consisting of 14 to 22 periapical and posterior bitewing images intended to display the crowns and roots of all teeth, periapical areas and alveolar bone crest.

Guidelines: A set of recommendations or decision rules to assist dentists in the selection of patients who are likely to exhibit useful findings resulting from a radiographic examination.

Individualized Radiographic Examination: A combination of periapical, bitewing (vertical or horizontal), panoramic or other views selected for an individual patient on the basis of patient signs, symptoms and historical findings.

New Patient: A patient who visits a specific dental practice or other patient care facility for the first time to initiate a course of care.

Occult Disease: Disease that is not accompanied by readily detectable clinical signs, symptoms or history.

Occlusal Projection: An intraoral projection whereby the film packet is held in position by having the patient bite lightly on the film to support it between the occlusal surfaces of the jaws.

Panoramic Radiograph: An extraoral projection whereby the entire mandible,
maxilla, teeth and other nearby structures are portrayed on a single film, as if the jaws were flattened out.

Recall Patient: A patient who has made a previous visit(s) to a specific dental practice, or other patient care facility, and is receiving ongoing care.

Selection Criteria: Descriptions of clinical conditions and historical data that identify patients who are most likely to benefit from a particular radiographic examination.

References


2001;65:1147-53.

22


60. Kogon S, Charles D, Stephens R. A clinical study of radiographic selection criteria for
I, ________________________________, hereby notify Ferris State University and the Radiation Control Officer that I am pregnant with an approximate conception date of ____________________________, MM/DD/YYYY.

I have read and understand the Appendix to Regulatory Guide 8.13, Possible Health Risks to Children of Women who are exposed to Radiation During Pregnancy. The precautionary measures I may take to reduce the radiation exposure were discussed with ____________________________ (Instructor, Department Head, Radiation Control Officer), and I have chosen to take the following precautionary measures during my pregnancy:

______________________________________________________________________________
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Signed__________________________________ Date______________________________
All patients seen in the clinic must have a chart with a completed medical history, a consent for treatment signature, and a HIPAA Form – Acknowledgement and Consent for Disclosure of Information.

Temporary parking permits are intended for use by the dental clinic’s patients only. (FSU students who are clinic patients may **NOT** receive parking permits for the lot.) They may **NOT** be used by students in the dental programs.

Dental hygiene students who inappropriately use the parking permits may be penalized by the lowering of the clinic grade, or have clinic privileges revoked after consultation with appropriate faculty. They will also be subject to ticketing, towing, and fines from FSU Public Safety.

Care should be taken by clinical providers to avoid handling charts and other paper work during and after patient treatment unless the provider’s hands have been carefully washed. Patient treatment gloves and utility gloves are to be worn in the clinic treatment area only. Lab coats, gowns, gloves and masks are not to be worn in the hallways or dental reception room.
A. Management Considerations:

Patient Records – All patients who are to receive any intraoral examination or treatment in the dental clinics must have a dental chart with a completed medical history.

All records, both written and radiographic, are the property of Ferris State University Dental Clinic.

A patient’s dental record will be managed in accordance with the Health Information Privacy Policies and Procedures as outlined in the Health Insurance Portability and Accountability Act of 1996.

A patient’s dental record may only be released to a new dentist (i.e., a dentist other than the dentist of record shown in the “personal history” section of the patient’s chart) if the Authorization for Release of Dental Information Form has been completed. The request should be directed to the Dental Clinic Clerk. The Clinic Clerk will have copies of the release form.

Clinic records are to be kept in the clinics or reception area only. All clinic records are confidential documents. **Records are not to be removed from the building, nor stored in student lockers.** Students who are found to have removed records from these areas may be penalized by lowering a clinic grade, or by denial of clinic privileges. This will be determined by the Program Coordinator, D.H. Clinic Operations Supervisor, Clinic Clerk, or any combination of those individuals after consultation with appropriate faculty or staff.

Patients who have not been seen in the clinic in five (5) years will have their charts removed from the clinic; written materials within the chart will be onto a DVD for storage. This is a schedule set up by the University Archivist, Schedule 2004.001 – Dental Clinic. Currently, the University Archivist is located in FLITE, Archives and Special Collections.

Duplicate x-rays are to be appropriately discarded or will be used for academic purposes with patient identity erased or removed.

Regarding patient electronic files, the FSU IT department backs up files each evening. Access to this would be through FSU IT department.
AUTHORIZATION FOR RELEASE OF DENTAL INFORMATION
DENTAL HYGIENE CLINIC
DENTAL CLINIC

I, __________________________________________ authorize Ferris State University Dental Clinic to release the following dental information to: __________________________________________

________________________________________________________________________

________________________________________________________________________

_____ Any and all of my dental record (as of the date of this release)

_____ Any and all of my dental record except the following: ____________________________

This release is effective for six months from the signature date. However, it may be revoked by me at any time by providing notice in writing to the Ferris State Dental Hygiene Clinic.

__________________________________________   __________________________
Patient/Legal Guardian of Patient                             Date

__________________________________________
Witness

Release is to be kept in the patient’s chart by double hole punching the top and inserting into the dental chart.
Uniform charting symbols will be used in the dental hygiene clinic using the Dental Hygiene DMF, “Charting in the FSU Dental Hygiene Clinic” (see next page).

Uniform services rendered notations will be used in the dental hygiene clinic. Procedures for Making Services Rendered Entries and a Master List of Clinic Abbreviations are attached.

All entries, EXCEPT hard tissue and periodontal charting, should be made in black ink.
I. Hard Tissue Charting

A. Definition: The identification of tooth abnormalities, restorations and appliances, and recording of these on the patient’s dental chart.

B. Systems of Hard Tissue Charting

1. Forensic Charting: System where all tooth abnormalities, restorations, and appliances are recorded on the patient’s chart.

2. DMF Charting*: System where only the following are recorded on the patient’s chart.
   a. D – Decayed or possibly decayed tooth surfaces
   b. M – Missing teeth
   c. F – Fillings/restorations (including fixed and removable appliances)

DMF Charting is the only system used in the FSU dental hygiene clinic.

II. Recording Hard Tissue Charting

Record charting information on the permanent or primary dentition diagrams for conditions found clinically.

A. Charting Color Code

1. Use only the following colors to chart the following:
   a. BLACK PENCIL (#2 pencil)
      General conditions, treatment probably not required.
      Example: Missing toothCM clinically missing tooth X on all views if radiographs confirm
   b. RED PENCIL
      Pathological conditions; treatment may be required.
      Example: Caries (recurrent or new) Red in area of decay Fracture tooth red line in fracture outline
   c. BLUE PENCIL
      Existing restorations and prostheses; treatment probably not required.
      Examples: Restorations, sealants, implants, fixed appliances Follow established protocol

★NOTE: No pens are to be used so charting errors can be corrected. DIRECTIONS
★NOTE: No pens are to be used so charting errors can be corrected. DIRECTIONS

Chart it the way you see it! Take care when recording conditions that you:
- Record on the correct tooth
- Record on the appropriate surfaces
- Record in the appropriate region of the tooth surface(s) to accurately depict where the
condition exists.

Correct all mistakes during the instructor charting check!

NOTE: Do not invent symbols to deal with conditions for which there is no symbol.

BLACK PENCIL
- **Missing tooth**
- **Mixed dentition**: Record UE in box if teeth are not present, but are expected to erupt
- **Adult dentition**: Record CM or X in box, see note below.

For both sets of dentition: without x-ray confirmation – record CM in box
with x-ray confirmation – record large “x” through tooth

RED PENCIL
- **Caries or suspicious area**: Solid red in area of decay showing size and location.
- **Recurrent decay at margin of restoration**: Red line along restoration margin where recurrent decay is found.
- **Fractured tooth**: Outline area of missing tooth structure in red.

BLUE PENCIL
- **Amalgam restorations**: Solid blue in restored area. Be specific!
- **Tooth colored restorations**: Solid blue in restored area. Be specific!
  - **Composite/resin restoration**: Blue outline with “C” in box at apex
  - **Porcelain veneer**: Blue outline with “V” in box at apex
  - **Porcelain jacket/crown**: Blue outline of crown (F/L) with “P” in box at apex
- **Sealants**: Blue outline around sealed area with “S” in box at apex
- **Temporary restorations** (includes temporary fillings and crowns): Blue outline around restored area with TEMP in box at apex
- **Cast restorations** (inlays, onlays, and crowns)
  - All metal cast restorations: Outline in blue with blue hatch marks
  - Then, in box at apex write: G for gold OR M for metal
- **Combination cast restorations**: Outline in blue with blue hatch marks only in the area where metal is visible. Then, in box at apex write: PFM for porcelain fused to metal crowns.
- **Fixed bridge**:
  - Abutment: Chart tooth-colored areas with blue outline, metal hatched if visible.
  - Pontic: Chart by placing an “X” on root, facial, and lingual views. Outline crown and chart according to cast restoration protocol.
  - Connectors: Chart by drawing two parallel lines on the facial view that connect the crowns at the contact point.
- **Implants**: Write IMPL in box at apex and chart the type of coronal restoration using cast restoration protocol.
- **Removable appliance**: Note existence of the appliance and the teeth it replaces in the charting diagram margin.
- **Orthodontic appliance**: Make a note in the margin (includes space maintainers, retainers, full and partial bands/brackets).
<table>
<thead>
<tr>
<th>NAME</th>
<th>ABBREVIATION</th>
</tr>
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<tbody>
<tr>
<td><strong>ANATOMICAL ORIENTATION</strong></td>
<td></td>
</tr>
<tr>
<td>Buccal</td>
<td>B (premolars and molars)</td>
</tr>
<tr>
<td>Distal</td>
<td>D</td>
</tr>
<tr>
<td>Facial</td>
<td>F (anteriors)</td>
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<tr>
<td>Gingiva</td>
<td>Ging</td>
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<tr>
<td>Incisal</td>
<td>I</td>
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<td>Left</td>
<td>L (circled)</td>
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<tr>
<td>Lingual</td>
<td>Ling</td>
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<td>Quadrant</td>
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<tr>
<td>Right</td>
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<td><strong>CLINICAL</strong></td>
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<tr>
<td>Blood Pressure</td>
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<td>Calculus Charting</td>
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<tr>
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<td>Debride</td>
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<tr>
<td>Gingiva</td>
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<tr>
<td>Hard Tissue Charting</td>
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<tr>
<td>History</td>
<td>Hx</td>
</tr>
<tr>
<td>Incomplete</td>
<td>Incomp</td>
</tr>
<tr>
<td>Medical/Dental History</td>
<td>MdHx</td>
</tr>
<tr>
<td>Moderate</td>
<td>Mod</td>
</tr>
<tr>
<td>No change</td>
<td>N/Chg</td>
</tr>
<tr>
<td>Nothing significant</td>
<td>N/Sig</td>
</tr>
<tr>
<td>Nutrition counseling</td>
<td>Nutritional couns</td>
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<tr>
<td>Oral exam intra/extra</td>
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<tr>
<td>Oral Hygiene Index (simplified)</td>
<td>OHI-S</td>
</tr>
<tr>
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<tr>
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<td>Pt incomp</td>
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<tr>
<td>Periodontal Charting</td>
<td>Perio cht</td>
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<tr>
<td>Periodontal Screening/Recording</td>
<td>PSR</td>
</tr>
<tr>
<td>Pit and Fissure Sealant</td>
<td>PFS, tooth # &amp; location</td>
</tr>
<tr>
<td>Polishing</td>
<td>Pol</td>
</tr>
<tr>
<td>Prescription</td>
<td>Rx</td>
</tr>
<tr>
<td>Prophylaxis</td>
<td>Prophy or Px</td>
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<tr>
<td>Respiration</td>
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<tr>
<td>Review</td>
<td>Rev</td>
</tr>
<tr>
<td>Scaling</td>
<td>Sc</td>
</tr>
<tr>
<td>Severe</td>
<td>Slight</td>
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**FLUORIDE**

<table>
<thead>
<tr>
<th>Acidulated Phosphate Fluoride</th>
<th>APF</th>
</tr>
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<tbody>
<tr>
<td>Sodium Fluoride</td>
<td>NaF</td>
</tr>
<tr>
<td>Stannous Fluoride</td>
<td>SnF₂</td>
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<tr>
<td>Varnish Fluoride</td>
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**PAIN MANAGEMENT**

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<thead>
<tr>
<th>Anterior Superior Alveolar Nerve Block</th>
<th>ASA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buccal Nerve Block</td>
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</tr>
<tr>
<td>Epinephrine</td>
<td>Epi</td>
</tr>
<tr>
<td>Gow-Gates</td>
<td>Gow-Gates</td>
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<td>Greater Palatine Nerve Block</td>
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<tr>
<td>Inferior Alveolar Nerve Block</td>
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<tr>
<td>Middle Superior Alveolar Nerve Block</td>
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<tr>
<td>Nasopalatine Nerve Block</td>
<td>NP</td>
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<tr>
<td>Nitrous Oxide</td>
<td>N₂O₂</td>
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<td>Oraqix</td>
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<tr>
<td>Oxygen</td>
<td>O₂</td>
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<td>Periodontal Ligament (Intraligametary)</td>
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<tr>
<td>Posterior Superior Alveolar Nerve Block</td>
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**Topical Anesthetic:**

<table>
<thead>
<tr>
<th>Benzocaine</th>
<th>Benzocaine 14% + Lidocaine %</th>
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**Local Anesthesia:**

<table>
<thead>
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<th>Local anesth</th>
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**RADIOGRAPHS**

<table>
<thead>
<tr>
<th>Full Mouth X-rays</th>
<th>FMX</th>
<th>Sensor, Phosphor Plate or Traditional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Horizontal Bitewing X-rays</td>
<td>BWX (indicate 2 or 4)</td>
<td>Sensor, Phosphor plate or Traditional</td>
</tr>
<tr>
<td>Vertical Bitewing X-rays</td>
<td>VBWX (indicate 2 or 4)</td>
<td>Sensor, Phosphor plate or Traditional</td>
</tr>
<tr>
<td>Occlusal X-ray</td>
<td>Occl x-ray</td>
<td>Phosphor Plate or Traditional</td>
</tr>
<tr>
<td>Panoramic X-ray</td>
<td>Pan</td>
<td>Phosphor Plate or Traditional</td>
</tr>
<tr>
<td>Periapical X-ray</td>
<td>PA and the tooth #</td>
<td>Sensor, Phosphor Plate or Traditional</td>
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**RESTORATIONS**

<table>
<thead>
<tr>
<th>Amalgam</th>
<th>Composite(s)</th>
<th>Crown(s)</th>
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<td></td>
<td>Amal</td>
<td>Gold = G</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Porcelain Fused to Metal = PFM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Porcelain = P</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Metal = M</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Stainless Steel = SS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Temporary = Temp</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Implant (s)</th>
<th>Inlay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implant</td>
<td>Inlay</td>
</tr>
<tr>
<td>IRM Temp Restoration</td>
<td>IRM</td>
</tr>
<tr>
<td>----------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Onlay</td>
<td>Onlay</td>
</tr>
<tr>
<td>Veneers:</td>
<td></td>
</tr>
<tr>
<td>Composite</td>
<td>CV</td>
</tr>
<tr>
<td>Porcelain</td>
<td>PV</td>
</tr>
</tbody>
</table>

Revised 2012
Armamentarium: Probe
Black lead pencil
Red lead pencil

Directions: Chart the following conditions using the symbols described below.

**SULCUS/POCKET DEPTH**

**What:** Depth from the junctional epithelium (at the base of the sulcus/pocket) to the margin of the free gingiva.

**Procedure:** Take and record six measurements around each tooth. (i.e., distal facial, facial, mesial facial, distal lingual, lingual, mesial lingual).

**Symbol:** Using black lead pencil, record the number for the sulcus/pocket depth reading in the appropriate box, below the broken line.

**BLEEDING POINTS**

**What:** Bleeding of the sulcular epithelium upon probing is clinically significant because it indicates disease.

**Procedure:** Take note of bleeding when probing each of the six areas of each tooth and record as described below.

**Symbol:** Using red pencil, circle the sulcus/pocket number of the area where bleeding is observed.

**FURCATION INVASION**

**What:** Apical migration of the epithelial attachment into the furcation area of a multi-rooted tooth.

**Procedure:** Using an appropriate instrument (i.e., probe, Nabors probe or ODU 11/12 explorer) employ tactile sensitivity to feel for furcation contours. Record the presence of a furcation that you detect.

**Symbol:** Using a red pencil draw the appropriate symbol for each grade of furcation invasion.
### TABLE

<table>
<thead>
<tr>
<th>GRADE</th>
<th>DEFINITION</th>
<th>SYMBOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLASS I</td>
<td>The earliest state of invasion. The instrument tip dips into the depression beginning the furcation. However, bone still fills the area between the roots, preventing the tip of the instrument from penetrating under the tooth.</td>
<td>^</td>
</tr>
<tr>
<td>CLASS II</td>
<td>Bone loss allows the instrument tip to extend under the tooth and into the furcation area, but not all the way through.</td>
<td>Δ</td>
</tr>
<tr>
<td>CLASS III</td>
<td>No bone remains under the arch of the furcation, allowing the instrument tip under the tooth. (i.e., through and through bone loss exists)</td>
<td>▲</td>
</tr>
<tr>
<td>CLASS IV</td>
<td>Attachment loss and bone loss is so advanced that the furcation is clinically visible.</td>
<td>Δ</td>
</tr>
</tbody>
</table>

**NOTE:** In Class I, II, and III furcation invasion, gingival tissue covers the furcation area.

### ATTACHMENT LOSS

**What:** Movement (in millimeters) of the epithelial attachment in an apical direction.

**Procedure:** The amount of attachment loss is identified by using a probe to (a) measure from the CEJ to the margin (top) of the free gingiva; then (b) measure from the bottom of the junctional epithelium (sulcus/pocket bottom) to the top of the marginal gingiva. Adding these two measurements provides the number of millimeters of attachment loss.

**Symbol:** Using a **black lead pencil**, record the attachment lost number in the appropriate box, above the broken line.

### TOOTH MOBILITY

**What:** Loosening of a tooth in its socket due to loss of epithelial attachment and loss of alveolar bone.

**Procedure:** Horizontal bone loss: Use the blunt end of two single ended instruments to apply alternate pressure from the facial and lingual.

Vertical bone loss: Using the blunt end of one single ended instrument, apply apical pressure from the occlusal surface or incisal edge.

**Symbol:** Using **red pencil**, record the appropriate symbol at the root apex of the facial view on the charting form.
### MOBILITY CLASSIFICATION

<table>
<thead>
<tr>
<th>MOBILITY CLASSIFICATION</th>
<th>DEFINITION</th>
<th>SYMBOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>Less than 1 mm of displacement faciolingually, no vertical mobility.</td>
<td>None, no need to record anything in this case</td>
</tr>
<tr>
<td>Class 1</td>
<td>Noticeable faciolingual displacement up to 1 mm, (i.e., greater than normal physiologic displacement), no vertical mobility.</td>
<td>M-1</td>
</tr>
<tr>
<td>Class 2</td>
<td>Faciolingual displacement greater than 1 mm, no vertical mobility.</td>
<td>M-2</td>
</tr>
<tr>
<td>Class 3</td>
<td>Faciolingual and vertical displacement greater than 1 mm.</td>
<td>M-3</td>
</tr>
</tbody>
</table>

### EXUDATE

**What:** Pus (the product of the periodontal disease infection process) is extruded from the periodontal pockets by external pressure on the gingival and periodontal tissues or when instrumentation is done.

**Procedure:** Apply external pressure with the pad of the index finger against the facial or lingual periodontal tissues; also observe for the presence of exudate at the margin of the free gingiva during probing for sulcus/pocket depth.

**Symbol:** Using red pencil, record a red “E” at the root apex of the involved tooth.
PROCEDURES FOR MAKING SERVICES RENDERED ENTRIES
DENTAL HYGIENE PROGRAM
DENTAL CLINIC

Procedures for making Services Rendered entries in a patient’s chart. All entries should be done in **BLACK ink**.

1. **Mo/Day/Year** – Enter the date services were provided.

2. **Services Rendered** – Record each service provided in the order that it was performed using the master list of clinic abbreviations whenever possible.

   If a service was partially completed, indicate what portion of the service was complete. Record any special considerations, exceptional circumstances, or occurrence. Indicate if the patient’s treatment sequence is complete or incomplete.

3. **STU** – Sign your last name **legibly**. Do not simply initial the chart.

4. **INST/DDS** – Chart is to be presented to the instructor for his/her signature. Sign last name **legibly**.

5. **Scribbling out words is not acceptable**. If a mistake is made, use one line to cross mistake out and initial the area. Proceed with documentation. Legally, you want to be sure you are not covering up something that was in question.

   **AND/OR**

   Chart is to be presented to the dentist for his/her signature when he/she was directly involved with the treatment of, or consultation with, the patient.

The following is simply an example of an entry under Services Rendered for a patient who visited the clinic for the first time.

<table>
<thead>
<tr>
<th>DATE</th>
<th>SERVICES RENDERED</th>
<th>STU</th>
<th>INST/DDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/01/11</td>
<td>MDHX or Rev MDHX, OE or Rev OE, HTCht, PSR, or Perio Cht, or Rev Perio Cht, Pt Ed, Tx Plan, or Pt Eval, debride, (ultrasonic or hand sc), pol (ProJet if used), APF/NaF, case type, Pt. Comp.</td>
<td>Doe</td>
<td>Baar</td>
</tr>
</tbody>
</table>

The following is an example of an entry under Services Rendered for a patient who is returning to the clinic for a subsequent appointment.

<table>
<thead>
<tr>
<th>DATE</th>
<th>SERVICES RENDERED</th>
<th>STU</th>
<th>INST/DDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/01/11</td>
<td>Rev. MDHX; O.E., Sc; pol; APF; Pt. Comp.</td>
<td>Doe</td>
<td>Jackson</td>
</tr>
</tbody>
</table>
## Correct Order of Paperwork in Patient Chart

<table>
<thead>
<tr>
<th>Bottom to Top Left Side</th>
<th>Bottom to Top Right Side</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hard tissue chart</td>
<td>HIPAA form, signed</td>
</tr>
<tr>
<td>Perio chart</td>
<td>Insurance documentation, if any</td>
</tr>
<tr>
<td>Treatment Care plan</td>
<td>Patient registration form, acquire birth date</td>
</tr>
<tr>
<td>Patient Evaluation form</td>
<td>Services Rendered forms, most recent date on top</td>
</tr>
<tr>
<td>Medications List (consolidate to one when possible)</td>
<td></td>
</tr>
<tr>
<td>MDHX</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** MDHX forms are renewed every three years as of fall 2008, but are updated at every appointment with a thorough review. There should be a medication list in every patient chart, whether patient takes meds or not. The medication list can be updated and moved up with the current paperwork, a new form does NOT have to be filled out until the old form is full. Check for current consent on opposite side of medications list and update as well.
Material Safety Data Sheets (MSDSs) document information relevant to hazardous chemicals. MSDSs for each hazardous chemical that might be encountered in the dental hygiene clinical area is available for reference.

**Location:** MSDSs are found in a notebook labeled “Safety Data Sheets”. This notebook is located in the bookcase at the south end of the dental hygiene clinic (VFS 201).

An alternative to a paper copy is to locate the MSDS on the FSU website. Go to FSU Homepage at [www.ferris.edu](http://www.ferris.edu), click on “Quick Links”, scroll to the bottom of the list, there you will find the University copies of the MSDS sheets. Directions to find the specific chemical is located at that site.

**Notebook Maintenance:** The Ferris Dental Hygiene Clinic Facilities Coordinator updates this notebook on a regular basis, insuring the removal of MSDSs for hazardous chemicals no longer used, and addition of MSDSs for newly introduced hazardous chemicals.
The dental clinic contains very costly and specialized equipment. Students will be instructed on the use of the various pieces of equipment before being allowed to use them.

Instructions for the use of various pieces of equipment are maintained in a 3-ring binder by the Dental Hygiene Clinic Facilities Coordinator and is available for viewing upon request.

Intentional misuse or willful destruction of clinic equipment may result in dismissal from clinic, assessment of repair charges, or legal action.
NOTICE OF PRIVACY PRACTICES

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

THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

OUR LEGAL DUTY

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

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

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

USES AND DISCLOSURES OF HEALTH INFORMATION

Michigan law permits disclosure of your health information only in very limited circumstances absent your written consent. These permitted disclosures are:

- as part of a defense to a claim in a court or administrative agency challenging the dentist’s professional competence.
- to review boards for purposes of determining the physical or psychological condition of a person, the necessity, appropriateness, or quality of health care rendered to a person, or the qualifications, competence, or performance of a health care provider.
- in relation to a claim for payment of fees.
- to a third party payer (such as an insurance company, an HMO or a nonprofit dental care corporation) to determine the amount and correctness of fees or the volume of services furnished, and for predeterminations of coverage, post treatment review, or audits.
• pursuant to a court order, to a police agency as part of a criminal investigation.
• to medical examiners and law enforcement officials for identification and location purposes.
• for reporting violations of licensing standards of another dental professional.
• in response to an investigation of child abuse or child neglect.

In addition to those disclosures listed above, if you consent, we will use and disclose health information about you as permitted by federal and state laws for treatment, payment and healthcare operations, and for the additional purposes set forth below:

**Treatment:** We may disclose your health information to provide treatment. Treatment includes the provision and coordination of health care (including risk assessment, case management, and disease management) by health care providers. It also includes the referral of a patient from one provider to another and coordinating care with a third party. For example, we may use or disclose your health information to a physician or other healthcare provider for oral surgery or provide other treatment to you.

**Payment:** Payment activities are intended to obtain or provide reimbursement or payment for providing health care. This includes determining eligibility for coverage for insurance, collection activities, a review of services and charges for those services, and the management of claims. For example, we may use and disclose your health information to bill and obtain payment for services we provide to you.

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include the administration of records, quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities. For example, we may use your health information to review and evaluate the treatment and services we have provided to you.

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

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

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

**Public Health Activities:** We may disclose your health information for public health purposes, such as contagious disease reporting, recalls of products you may be using, investigation or
surveillance; and notices to and from the federal Food and Drug Administration regarding drugs or medical devices.

**Health Oversight Activities:** We may disclose medical information to a health oversight agency that monitors the healthcare system, government programs and compliance with civil rights laws. These oversight activities include, for example, audits, investigations, inspections and licensure.

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

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

**Lawsuits and Disputes:** We may disclose information about you in response to a court order, a subpoena, or other lawful request or order issued in connection with judicial and administrative proceedings.

**Law Enforcement:** If requested by a law enforcement official, we may disclose your health information for such purposes as identifying or locating a suspect or missing person, complying with a warrant or court order, or reporting information about a crime.

**Funeral Directors, Coroners and Medical Examiners:** We may release medical information to a funeral director, coroner or medical examiner to permit them to carry out their duties. For example, we may release information to help identify a deceased individual.

**Organ Donation and Research:** If you are an organ donor, we may release your health information to facilitate organ donation and transplantation. We may also release health information, in very limited circumstances, for certain research purposes, such as when an Institutional Review Board has determined that such a release is appropriate without your permission.

**Workers’ Compensation:** We may release information about you for workers’ compensation or similar programs that provide benefits for work-related injuries or illness.

**Business Associates:** For some payment or health care operations, we may hire a service provider to assist us. For example, we may hire an accountant to audit our accounts receivable records. Such service providers are only given access to health information if they have assured us that they will protect the information in the same way that we do.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders. For example we may call you or leave voice mail messages, or send postcards or letters.

**Treatment Alternatives:** We may use and disclose your health information to tell you about or recommend to you possible treatment alternatives that may be of interest to you. For example, we may describe alternative treatments for a gum disease.
**Health Related Benefits and Services:** We may use and disclose your health information to tell you about health related benefits or services that may be of interest to you. For example, we may provide you with information on diet and nutritional programs.

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

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**PATIENT RIGHTS**

**Access:** You have the right to look at and get copies of your health information, with limited exceptions. For example, you do not have a right inspect and copy psychotherapy notes or information that is compiled in reasonable anticipation of litigation. If you request access to or a copy of your health information, you must do so in writing. You may request that we provide copies in a format other than photocopies. We will attempt to use the format you request unless it is not reasonable to provide your health information in that format. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.

**Disclosure Accounting:** You have the right to receive a list of instances in which we and our business associates have disclosed your health information for purposes other than treatment, payment, healthcare operations, and certain other activities, for the last 6 years, but not including disclosures before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. You must make a request for disclosure accounting in writing, and may obtain a form by using the contact information listed at the end of this Notice.

**Restrictions:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Your request must be made in writing, and you may obtain a form by using the contact information listed at the end of this Notice.

**Alternative Communications:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. **Your request must be made in writing.** Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request. You may obtain a form for your request by using the contact information listed at the end of this Notice.

**Amendment:** You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances, and if we do we will provide you information about our denial and how you can disagree with the denial. You may obtain a form for your request by using the contact information at the end of this Notice.
Electronic Notice: If you receive this Notice on our Website or by electronic mail (e-mail), you are entitled to receive this Notice in paper form. Even if you received a paper copy previously, you may always request an additional copy. You may pick up a copy on your next visit to our office, or you may request a copy using the contact information at the end of this Notice.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information, a request to amend or restrict the use or disclosure of your health information, or a request to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U. S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U. S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U. S. Department of Health and Human Services.

Contact Officer: ___________________________ Annette Jackson ___________________________

Telephone: ___________ 231-591-2284 ___________ Fax: ___________ 231-591-3791 ___________

E-mail: _______________ Annettejackson@ferris.edu ______________________________

Address: _______________ 200 Ferris Drive, Big Rapids, MI 49307 ______________________
PATIENT ACKNOWLEDGEMENT AND CONSENT FORM

Effective April 14, 2003, the new federal law known as the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requires that this office comply with certain rules regarding the maintenance of the privacy of your information that we have collected and will collect in the future.

To comply with one of HIPAA's requirements, we are giving you a copy of our Notice of Privacy Practices. This Notice of Privacy Practices contains the information that HIPAA requires us to disclose regarding our privacy practices.

Existing Michigan Law requires us (in addition to our attempt to obtain your written acknowledgement, discussed above) to first obtain your written consent prior to disclosing any of your information except for our disclosures in connection with: a defense to a claim challenging our professional competence; a review entity's functions; a claim for payment of fees; a third party payer's examination of our records; a court order as part of a criminal investigation; an identification of a dead body; a licensure investigation; or a child abuse/neglect investigation.

From time to time it may be necessary for us to make disclosures of your information in connection with your treatment and other activities as more fully described in our Notice of Privacy Practices. For example, we may make a referral to or consult with another dentist or other health care professional, provide a specimen to a laboratory for testing, or otherwise make disclosures of your information in connection with providing or coordinating your treatment.

**Patient Acknowledgement**

*Please sign this form below under the heading "acknowledgement" to acknowledge that you have today received a copy of our notice of privacy practices.*

I acknowledge that I have today received a copy of the Notice of Privacy Practices.

<table>
<thead>
<tr>
<th>Patient Signature</th>
<th>Patient Name (please print)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:_____________</td>
<td></td>
</tr>
</tbody>
</table>

**For office use only**

Patient Refused to Sign

The following circumstances prohibited the patient from signing the Acknowledgement.

________________________________________

An emergency situation prevented the patient from signing the Acknowledgement.

<table>
<thead>
<tr>
<th>Office Personnel (signature)</th>
<th>Office Personnel (print name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:_______________________</td>
<td></td>
</tr>
</tbody>
</table>

**Patient Consent**

*Please sign below to consent to our disclosures of your health information for the purposes of treatment and other disclosures as more fully described in our Notice of Privacy Practices.*

I consent to your disclosures of my information as limited by your Notice of Privacy Practices.

<table>
<thead>
<tr>
<th>Patient Signature</th>
<th>Patient Name (please print)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:_____________</td>
<td></td>
</tr>
</tbody>
</table>
These Health Information Privacy Policies and Procedures implement our obligations to protect the privacy of individually identifiable health information that we create, receive, or maintain as a healthcare provider.

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

As a member of our workforce, or as our Business Associate, you are obligated to follow these Health Information Privacy Policies and Procedures faithfully. Failure to do so can result in disciplinary action, including termination of your employment or affiliation with us.

These Policies and Procedures address the basic of HIPAA and the Privacy Rules that apply in our dental practice. They do not attempt to cover everything in the Privacy Rules. The Policies and Procedures sometimes refer to forms we use to help implement the policies and to the Privacy Rules themselves when added detail may be needed.

Please note that while the Privacy Rules speak in terms of “individual” rights and actions, these Policies and Procedures use the more familiar word “patient” instead; “patient” should be read broadly to include prospective patients, patients of record, former patients, their authorized representatives, and any other “individuals” contemplated in the Privacy Rules.

If you have questions or doubts about any use or disclosure of individually identifiable health information, or about your other obligations under these Health Information Privacy Policies and Procedures, the Privacy Rules, or other federal or state law, consult Cynthia K. Konrad at (231) 591-2298 before you act.

_____________________________________________________
Cynthia Konrad, Associate Professor Medical Records

_____________________________________________________
Adopted Effective: April 14, 2003
1. General Rule: No Use or Disclosure
Our dental office must not use or disclose protected health information (PHI), except as these Privacy Policies and Procedures permit or require.

2. Acknowledgement and Optional Consent
Our dental office will make a good faith effort to obtain a written acknowledgement of receipt of our Notice of Privacy Practices (see Section 9) from a patient before we use or disclose his or her protected health information (PHI) for treatment, to obtain payment for that treatment, or for our healthcare operations (TPO).

Our dental office’s use or disclosure of PHI for our payment activities and healthcare operations may be subject to the minimum necessary requirements (see Section 7).

Our dental office will become familiar with our state’s privacy laws. If required by our state law, or as directed by the dentist, we will also seek Consent from a patient before we use or discuss PHI for TPO purposes — in addition to obtaining an Acknowledgement of receipt of our Notice of Privacy Practices.

a) Obtaining Consent – If consent is to be obtained, upon the individual’s first visit as a patient (or next visit if already a patient), our dental office will request and obtain the patient’s written Consent for our use and disclosure of the patient’s PHI for treatment, payment, and healthcare operations.

Any consent we obtain must be on our Consent form, which we may not alter in any way. Our dental office will include the signed Consent form in the patient’s chart.

b) Exceptions – Our dental office does not have to obtain the patient’s Consent in emergency treatment situations; when treatment is required by law; or when communication barriers prevent Consent.

c) Consent Revocation – A patient from whom we obtain consent may revoke it at any time by written notice. Our dental office will include the revocation in the patient’s chart. There is space at the bottom of our Consent form where the patient can revoke the consent.

d) Applicability – Consent for use or disclosure of PHI should not be confused with informed consent for dental treatment. This section applies to our practice’s Medical/Dental Hx and Consent For Treatment Form.

Date: __________________________

3. Authorization
In some cases, we must have proper, written Authorization from the patient (or the patient’s personal representative) before we use or disclose a patient’s PHI for any purpose (except for TPO purposes), or as permitted or required without consent or authorization (see Sections 3, 4, or 5).

Our dental office will use the Authorization form. We will always act in strict accordance with an Authorization.
a) Authorization Revocation – A patient may revoke an authorization at any time by written notice. Our dental office will not rely on an Authorization we know has been revoked.

b) Authorization from Another Provider – Our dental office will use or disclose PHI as permitted by a valid Authorization we receive from another healthcare provider.

Our dental office may rely on that covered entity to have requested only the minimum necessary protected PHI. Therefore, our dental office will not make our own “minimum necessary” determination, unless we know that the Authorization is incomplete, contains false information, has been revoked, or has expired.

c) Authorization Expiration – Our dental office will not rely on an Authorization we know has expired.

4. Oral Agreement
Our dental office may use or disclose a patient’s PHI with the patient’s Oral Agreement, or if the patient is unavailable subject to all applicable requirements.

Our dental office may use professional judgment and our experience with common practice to make reasonable inferences of the patient’s best interest in allowing a person to act on behalf of the patient to pick up dental/medical supplies, X-rays, or other similar forms of PHI.

5. Permitted Without Acknowledgement, Consent Authorization or Oral Agreement
Our dental office may use or disclose a patient’s PHI in certain situations, without Authorization or Oral Agreement. In our dental office, these disclosures are not likely to be frequent.

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

Our dental office will obtain appropriate identification and, if the patient is not the patient, evidence of authority. Examples of appropriate identification include photographic identification card, government identification card or badge, and appropriate document on government letterhead. Our dental office will document the incident and how we responded.

b) Uses or Disclosures Permitted Under This Section 5 – The situations in which our dental office is permitted to use or disclose PHI in accordance with the procedures set out in this Section 5 are listed below.

• Our dental office may disclose a patient’s PHI to that patient on request.

• Our dental office may disclose to a patient’s personal representative PHI relevant to the representative capacity. We will not disclose to a personal representative we reasonably believe may be abusive to a patient any PHI we reasonably believe may promote or further such abuse.

• Our dental office will not use or disclose a patient’s PHI for fundraising
purposes without the patient’s Authorization.

- Our dental office will not use or disclose PHI for marketing without a patient’s Authorization unless the marketing is in the form of a promotional gift of nominal value that we provide, or face-to-face communications between us and the patient.

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

6. Required Disclosures
Our dental office will disclose protected health information (PHI) to a patient (or to the patient’s personal representative) to the extent that the patient has a right of access to the PHI (see Section 10); and to the U.S. Department of Health and Human Services (HHS) on request for complaint investigation or compliance review.

*Our dental office will use the disclosure log to document each disclosure we make to HHS.

7. Minimum Necessary
Our dental office will make reasonable efforts to disclose, or request of another covered entity, only the minimum necessary protected health information (PHI) to accomplish the intended purpose.

There is no minimum necessary requirement for: disclosures to or requests by one another in our dental office, or by a healthcare provider for treatment; permitted or required disclosures to, or for disclosures requested and authorized by, a patient; disclosures to HHS for compliance reviews or complaint investigations; disclosures required by law; or uses or disclosures required for compliance with the HIPAA Administrative Simplification Rules.

a) Routine or Recurring Requests or Disclosures – Our dental office will follow the policies and procedures that we adopt to limit our routine or recurring requests for or disclosures of PHI to the minimum reasonably necessary for the purpose.

b) Non-Routine or Non-Recurring Requests or Disclosures – No non-routine or non-recurring request for or disclosure of PHI will be made until it has been reviewed on a patient-by-patient basis against our criteria to ensure that only the minimum necessary PHI for the purpose is requested or disclosed.
c) Others’ Requests – Our dental office will rely, if reasonable for the situation, on a request to disclose PHI being for the minimum necessary, if the requester is: (a) a covered entity; (b) a professional (including an attorney or accountant) who provides professional services to our practice, either as a member of our workforce or as our Business Associate, and who represents that the requested information is the minimum necessary; (c) a public official who represents that the information requested is the minimum necessary; or (d) a researcher presenting appropriate documentation or making appropriate representations that the research satisfies the applicable requirements of the Privacy Rules.

d) Entire Record – Our dental office will not use, disclose, or request an entire record, except as permitted in these Policies and Procedures or standard protocols that we adopt reflecting situations when it is necessary.

e) Minimum Necessary Workforce Use – Our dental office will use only the minimum necessary PHI needed to perform our duties.

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

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

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

If the Business Associate does not promptly and effectively cure the breach or violation, we will terminate our contract with the Business Associate, or if contract termination is not feasible, report the Business Associate’s breach or violation to the U.S. Department of Health and Human Services (HHS).

9. Notice of Privacy Practices
Our dental office will maintain a Notice of Privacy Practices as required by the Privacy Rules.

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

b) Distribution of Our Notice – Our dental office will provide our Notice of Privacy Practices to any person who requests it, and to each patient no later than the date of our first service delivery after April 14, 2003.
Our dental office will have our Notice of Privacy Practices available for patients to take with them. We will also post our Notice of Privacy Practices in a clear and prominent location where it is reasonable to expect patients seeking service from us will be able to read the Notice.

c) Acknowledgement of Notice – Our dental office will make a good faith effort to obtain from the patient a written Acknowledgement of receipt of our Notice of Privacy Practices.

Our dental office shall use Acknowledgement of Receipt of Notice of Privacy Practices, to obtain the Acknowledgement. If we cannot obtain written Acknowledgement from the patient, we will use the form to document our attempt and the reason why written Acknowledgement was not signed by the patient.

10. Patients’ Rights
Our dental office will honor the rights of patients regarding their PHI.

a) Access – With rare exceptions, our dental office must permit patients to request access to the PHI we or our Business Associates hold.

No PHI will be withheld from a patient seeking access unless we confirm that the information may be withheld according to the Privacy Rules. We may offer to provide a summary of the information in the chart. The patient must agree in advance to receive a summary, and to any fee we will charge for providing the summary. Our dental office will contact our Business Associates to retrieve any PHI they have on the patient.

b) Amendment – Patients have the right to request to amend their PHI and other records for as long as our dental office maintains them.

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

Our dental office will follow all procedures required by the Privacy Rules for denial or approval of amendment requests. We will not, however, physically alter or delete existing notes in a patient’s chart. We will inform the patient when we agree to make an amendment, and we will contact our Business Associates to help assure that any PHI they have on the patient is appropriately amended. We will contact any individuals whom the patient requests we alert to any amendment to the patient’s PHI. We will also contact any individuals or entities of which we are aware that we have sent erroneous or incomplete information, and who may have acted on the erroneous or incomplete information to the detriment of the patient.

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

c) Disclosure Accounting – Patients have the right to an accounting of certain dis-
closures our dental office made of their PHI within the 6 years prior to their request. Each disclosure we make, that is not for treatment payment or healthcare operations, must be documented showing the date of the disclosure, what was disclosed, the purpose of the disclosure, and the name and (if known) address of each person or entity to whom the disclosure was made. The Authorization or other documentation must be included in the patient’s record. We use the patient’s chart to track each disclosure of PHI as needed to enable us to fulfill our obligation to account for these disclosures.

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

We will temporarily suspend the accounting of any disclosure when requested to do so pursuant according to the Privacy Rules by health oversight agencies or law enforcement officials. We may charge for any accounting that is more frequent than every 12 months, provided the patient is informed of the fee before the accounting is provided. We will contact our Business Associates to assure we include in the accounting any disclosures made by them for which we must account.

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

We may terminate an agreement restricting use or disclosure of PHI by a written notice of termination to the patient. We will contact our Business Associates whenever we agree to such a restriction to inform the Business Associate of the restriction and its obligations to abide by the restriction. We will document in the patient’s chart any such agreed to restrictions.

e) Alternative Communications – Patients have the right to request us to use alternative means or alternative locations when communicating PHI to them. Our dental office will accommodate a patient’s request for such alternative communications if the request is reasonable and in writing.

Our dental office will inform the patient of our decision to accommodate or deny such a request. If we agree to such a request, we will inform our Business Associates of the agreement and provide them with the information necessary to comply with the agreement.

f) Applicability – Our dental office will be aware of and respect these patients’ rights regarding their PHI, even though in most situations patients are unlikely to exercise them.

11. Staff Training and Management, Complaint Procedures, Data Safeguards, Administrative Practices
a) **Staff Training and Management**
   - **Training** – Our dental office will train all members of our workforce in these Privacy Policies and Procedures, as necessary and appropriate for them to carry out their functions. We will complete the privacy training of our existing workforce by April 14, 2003.

   After April 14, 2003, our dental office will train each new staff member within a reasonable time after the member starts. We will also retrain each staff member whose functions are affected either by a material change in our Privacy Policies and Procedures, or in the member’s job functions within a reasonable time after the change.

   Form 7, Staff Review of Policies and Procedures, can be used to have workforce members acknowledge they have received and read a copy of these Policies and Procedures.

   - **Discipline and Mitigation** – Our dental office will develop, document, disseminate, and implement appropriate discipline policies for staff members who violate our Privacy Policies and Procedures, the Privacy Rules, or other applicable federal or state privacy laws.

   Staff members who violate our Privacy Policies and Procedures, the Privacy Rules, or other applicable federal or state privacy law will be subject to disciplinary action, possibly up to and including termination of employment.

b) **Complaints** – Our dental office will implement procedures for patients to complain about our compliance with our Privacy Policies and Procedures or the Privacy Rules. We will also implement procedures to investigate and resolve such complaints.

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

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

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

d) **Documentation and Record Retention** – Our dental office will maintain in written or electronic form all documentation required by the Privacy Rules for six (6) years from the date of creation, or when the document was last in effect, whichever is greater.

e) **Privacy Policies and Procedures** – Only Ferris State University may change these Privacy Policies and Procedures.

12. **State Law Compliance**
   Our dental office will comply with the privacy laws of each state that has jurisdiction over our
practice, or its actions involving protected health information (PHI), that provide greater protections or rights than the Privacy Rules.

13. **HHS Enforcement**
   
   Our dental office will give the U. S. Department of Health and Human Services (HHS) access to our facilities, books, records, accounts, and other information sources (including individually identifiable health information without patient authorization or notice) during normal business hours (or at other times without notice if HHS presents appropriate lawful administrative or judicial process).

   We will cooperate with any compliance review or complaint investigation by HHS, while preserving the rights of our practice.

14. **Designated Personnel**
   
   Our dental office will designate a Privacy Officer and other responsible persons as required by the Privacy Rules.
Ferris State University Dental Hygiene Clinic

REVIEW OF POLICIES AND PROCEDURES

I, ________________________________, have received and reviewed a copy of Ferris State University Dental Hygiene Clinic’s health information privacy policies and procedures.

__________________________________________________________________________
Print Name

__________________________________________________________________________
Signature

Date
TO: All Members of the University Community 97:17
DATE: September 1997

Treatment of Students Injured in Class
(Supersedes 82:3; updated, not revised)

Students who are injured in class for any reason should be referred to the Birkam Health Center, or Mecosta County Medical Center, depending on the severity of the injury. Referrals to the Birkam Health Center can be made on a "no charge" basis when, in the judgment of the instructor, treatment should be provided without delay. In such instances, instructors should advise the Health Center by phone of the referral and authorize the visit to be on a "no charge" basis. Either the student or the instructor need to fill out the "Student Incident/Accident Report".

Students referred to Mecosta County Medical Center would be on the same basis as for a normal out-patient hospital visit. The student (or parents) or his/her insurance would be expected to cover resulting costs.

Richard P. Duffett,
Vice President for Administration and Finance
Contact: Birkam Health Center
TO: All Members of the University Community 2008:10
DATE: March 2008

TRANSPORT of SICK & INJURED

I. INTRODUCTION:

Persons who are sick or injured on the campus of Ferris State University or Kendall College of Art & Design (or the off-campus site of a University-affiliated function), and are in need of emergency transportation, must be transported according to the provisions of this policy.

II. POLICY:

When someone becomes seriously ill or sustains serious injury, 911 must be called immediately.

If an illness or injury appears non-life-threatening, and the sick or injured person is conscious, is able to make the decision themselves, and is able to provide or secure their own transportation to a medical facility or elsewhere, the University is not involved in the decision.

University personnel should not transport anyone who is seriously ill or injured, but should, instead, obtain emergency assistance by calling 911.

The University is not responsible for costs incurred through emergency transportation; such costs are the responsibility of the injured person.

III POLICY EXCEPTIONS:

Under certain circumstance, and at the express direction of the Director of Public Safety or his/her designee, the Ferris State University Campus Police may provide transportation of sick or injured persons.

If an employee illness or injury appears non-life-threatening, and the sick or injured employee is conscious and able to make the decision themselves, University personnel may transport a fellow employee to a medical facility, provided the sick or injured employee has so requested. Work-related illness or injury to University employees is subject to Workers’ Compensation (FSU-HRPP 04:01).

RELATE
D DOCUME
NTS:
Treatment of Students Injured in Class (BPL 1997:17) Workers’ Compensation (FSU-HRPP 04:01) Student Injury/Incident Report or Employee Incident Report Form

Richard Duffett, Vice President for Administration and Finance
Contact: Department of Public Safety
Bpl0810.docx
An emergency is an unexpected happening that requires immediate attention.

Medical emergencies can and do occur in a dental clinic. While it is impossible to anticipate all emergencies, careful planning and preparation in advance can result in a more successful result in the event of an emergency.

Identification of patients who are at greater risk of a medical emergency is a key to preventing emergencies. All patients who are to be treated in the dental clinics must complete the medical information portion of the dental chart. This information is to be reviewed at every appointment. The student must consult with the faculty member and/or dentist concerning any YES responses referring to medical conditions, allergies, or medications.

There are several reference texts regarding medical emergencies readily available for research on a variety of health conditions in order to determine whether or not a patient will be treated within our clinical site or if the medical condition is beyond the clinic’s scope of care and the patient would need referral.

Those texts are:

- Dental Management of the Medically Compromised Patient, by Little & Falace.
- Dental Office Medical Emergencies, by Meiller, Wynn, McMullin, Biron, & Crossley.
- The Medical History, Clinical Implications & Emergency Prevention in Dental Settings, by Picket & Gurenlian.
- Drug Information Handbook for Dentistry

With reference to the prevention of medical emergencies, special attention should be paid to those patients who have indicated a history of asthma, epilepsy, diabetes, allergic reactions, cardiovascular difficulties including angina pectoris and myocardial infarction, and cerebrovascular accident (stroke). The Medical Alert/Emergency Contact information must be filled out for every patient treated in the clinic.

The Dental Emergency Procedure should be reviewed by the clinic coordinators, clinic instructors, staff, and students each semester that they are participating in clinic.

In order to reduce the risk of accidents in the clinic, clinic dress and asepsis policies must be carefully followed. Lab coats, gloves, mask, and safety glasses personal protective equipment (PPE) must be worn when treating patients. PPE’s and heavy duty utility gloves and must be worn for preparation and clean up of unit. PPE’s and heavy duty utility gloves must be worn when preparing dirty instruments for sterilization.

In the event of an incident, including instrument or needle stick to a student or faculty member, after the immediate needs of attending to the accident are fulfilled, a FSU Incident Report must be completed by the attending faculty member.
For clinic related incident or injuries involving our enrolled students, complete the FSU “Student Injury/Incident Report” form. There will be follow-up as appropriate with the student. The report will be forwarded by the D. H. Clinic Operations Supervisor to the appropriate campus location.

For employee related occupational incidents, injuries, or illness, follow the guidelines put forth by the Human Resources FSU-HRPP 04:01 policy. If the injury or illness is clinic related, give the completed form to the D. H. Clinic Operations Supervisor who will follow up with the department head.

A supply of both Student Injury/Incident Report forms will be stored in a notebook on the south wall of the sterilizing room. A copy, for reference, of the Student Injury/Incident Report form is found at the end of this section, along with a copy of the Employee Incident Report form. Another location to access this form is on the FSU website. Go to www.ferris.edu, click on FACULTY/STAFF in the black line of the Home Page, click on Intranet in the lower right hand side of the screen to locate both the student and employee versions of the incident reports.

The completed form is to be returned to the D.H. Clinic Operations Supervisor for necessary follow up.
SAFETY DATA SHEETS

Safety Data Sheets (SDSs) document information relevant to hazardous chemicals. MSDSs for each hazardous chemical that might be encountered in the dental hygiene clinical area is available for reference.

Location: SDSs are found in a notebook labeled “Safety Data Sheets”. This notebook is located in the bookcase at the south end of the dental hygiene clinic (VFS 201).

Notebook Maintenance: The Ferris Dental Hygiene Clinic Facilities Coordinator updates this notebook on a regular basis, insuring the removal of SDSs for hazardous chemicals no longer used, and addition of MSDSs for newly introduced hazardous chemicals.

The SDS sheets can be accessed either by using the notebook or going to www.ferris.edu, go to Quick Links, and scroll the bottom of Quick Links. There you will find access to University-wide MSDS sheets maintained by FSU. Click on that link and it will direct you as to how to locate a particular chemical and its information.

General emergency information, including tornado and fire emergency procedures follow.
The following are the procedures to be followed in case of any medical/personal injury emergency occurring in ANY of the dental hygiene clinics, radiography labs, or dental material labs.

In the event of individual emergency occurring with a patient in the Dental Clinics/Labs:

I. The student assigned to the patient will **STAY** with that patient and does the following.
   Notify one neighboring student to:
   A. Inform the section instructor of the emergency quietly by using the term “RED LIGHT”.
   B. Inform a second neighboring student to contact the dentist with legal responsibility using “unit # and 911 on the pager”, or saying “RED LIGHT”.
   C. Bring O₂ and emergency kit on return from notifying dentist. O₂ is next to unit #25 in DH clinic. Emergency kit is in Central Sterilization.

II. **Faculty Member** will assume the following duties:
   A. Evaluates emergency for supportive measures necessary/render first aid.
   B. **Faculty will remain in their respective unit assignments unless requested to help with the emergency.**
   C. Activates the EMS via a phone call to Public Safety (campus security) 911 with the following information (campus security will contact EMS):
      1. Caller’s name and phone #
      2. Nature of emergency
      3. Type of aid needed
      4. Location of emergency, i.e., College of Allied Health Sciences, Room 201, dental hygiene clinic, and closest entry to Allied Health building (southeast door).
   D. Identifies a student for record keeping purposes and secures patient valuables.
   E. Coordinates and aids in Emergency Procedure until dentist or EMS arrives.
   F. Clinic patient/student control.

III. The **Dentist** responding to the emergency:
   A. Assumes medical and legal responsibility for the emergency.
   B. Supervises aid deemed necessary, i.e., O₂, CPR, etc.
   C. Verifies EMS activation.

IV. **Campus Public Safety** security will confirm that necessary emergency services have been notified. They will then:
A. Meet emergency vehicle at designated location.

B. Inform emergency vehicle of building entrance which offers best access to emergency location.

C. Lead emergency service to area.

D. Assist in crowd/traffic control.

E. Assist as necessary in situation.

F. Notification of family.

V. Follow-Up

A. Dentist, faculty and students involved meet immediately following incident and reduce notes to understandable statements.

B. Fill out Incident Report

C. Official report to be kept on file in:

1. Dental Hygiene Clinic Operations Supervisor
2. Department Head’s Office
3. Dean’s Office

Revised 6/98
Revised 8/04
Revised 6/08
Reviewed 6/11
I. **Purpose**

A. Safety regulations are primarily important for prevention.

B. When emergencies do occur, the individuals involved must be able to handle the situations in an intelligent and calm manner.

II. **Safety**

A. All students must wear safety glasses when scaling, polishing, trimming models and at other times when instructed by faculty.

B. All patients must be informed of the protection afforded them by wearing safety glasses during clinical procedures. Safety glasses must be offered to each patient. If the patient refuses to wear the glasses, make a notation on their chart in the services rendered column for the appropriate date. This notation must also be signed by supervising faculty member. Sanitize glasses before and after use.

C. Keep aisles open for easy traffic flow. Unless it is necessary to do otherwise, keep operator stools and mobile cabinets close to the chair.

III. **Student Injury or Sudden Illness**

A. Perform first aid or assist student.

B. If more treatment is indicated, direct the student to the Student Health Center. Send another student to insure arrival of injured/sick student at Health Center. A “Student Injury/Incident Report” may need to be completed.

IV. **General Emergency** – always keep calm and provide for the welfare of your patient.

A. **Tornado**

1. Sirens for the City of Big Rapids will sound.

2. Escort patient to the Dental Reception Area on the 2\textsuperscript{nd} level of the Allied Health building.

   1. Remain in the Dental Reception Area until the all clear signal is given.

   2. Individuals may also remain in the hallways, furthest away from windows. Keep all hall doors closed.

B. **Fire**

1. The bell will sound continuously.
2. Students working at dental units 1-5, 12-16 and 22-25 should escort patients from VFS 201, the dental hygiene clinic, via the central clinic door and from there to the main building corridor. Students at units 6-11, 17-21 and 26-30 should escort patients from the clinic via the southwest door near the main entrance to the main corridor. Students using Units 31-36 in VFS 204, and those in Radiology, should escort their patients from the clinic via the door to Room 204. See floor plan. If it is necessary to vacate the building, use the closest open exit.
   a. East exit on the second level, near the Dean's Office.
   b. West exit on the second level, near the dental technology labs.
   c. The northeast exit on the first level.

3. Never use the elevator during a fire.

C. Elevator Emergency – (stuck)

1. Remain in elevator if personally trapped and call for assistance, or if witnessing another person(s) stuck, calm and assure the entrapped and direct others to call for qualified personnel.

2. Telephone the FSU Physical Plant, extension 2920, during normal working hours. The nearest telephones to the clinic area are located in VFS 202, and an on-campus telephone is located in the west corridor.
SAFETY

1. Emergencies life/imminent danger, call 911
2. Other issues, call extension 5000 (FSU Public Safety)

FIRE/TORNADO

1. Fire alarm, it’s real! Head toward the closest stairway and exit the building. **KNOW THE MEETING PLACE.** This place will not be by the loading dock or McDonalds’s. Students will be accounted for at the meeting place.
2. If smoke is coming from the stairway, use the other stairway.
3. If smoke is coming from both stairways, return to the room, close the door, and put something at the base of the door. The fire department will find you.
4. Students will take only essential items; coats and pocket books – no book bags.
5. Tornado siren “warning”, it’s real! “Shelter in place.” Do not exit the building. Stay away from glass. Go out into the halls. Stay away from doors that have glass. DO NOT go into the stairways, they have glass. Students are not released from class. Wait for the “all clear”

CHEMICAL SPILLS

1. Large spills, call extension 5000. May have to evacuate the building. Try to have chemical name.
2. Small chemical spills, call extension 2920 (Physical Plant) or 5000.

BLOODBORNE PATIENT INCIDENT

Follow FSU protocol (Business Policy Letter follows)

INFORMATION

1. If you are not sure who to contact, contact Kathy Hotz at extension 2342; Brad McCormick at extension 2278; or Public Safety at extension 5000.
2. **ALL FACULTY AND STAFF are the leaders and the last out!**
   - Find out if a faculty member needs help with a large class.
   - Check all rooms (darkrooms) and close doors.
   - Check bathrooms; if someone is in them, make sure they get out.
   - Follow students out to make sure they do not get lost.
   - Do not go back into the building.
   - Do not stand in front of the doors.

Updated 6/12
TORNADO WATCH

- Means tornadoes are expected to develop
- Notice of a tornado watch is announced on radio and TV and disseminated by a telephone fan out system on campus or via cell text if you have signed up for this capability.
- Stay alert for a possible tornado warning.

TORNADO WARNING

- Means a tornado has been sighted in the area.
- The alarm for a tornado warning is sounded from a siren located on top of the Business building.

TAKE SHELTER

- Take shelter immediately when tornado warning is given.
- Stay away from windows.
- Take shelter in a small windowless space. Closets, windowless bathrooms, storage rooms, and similarly protected areas provide the best shelter.
- Avoid large or high ceiling rooms, such as lecture halls, auditoriums and gymnasiums.
- In open country, move away from the tornado at a right angle to its path. If this is not possible, lie flat, face down, in the nearest ditch or depression.
- Don’t stay in a vehicle.

AFTER THE STORM

- After the tornado or violent storm, avoid going outdoors until the area has been cleared of all hazards, such as power lines that have fallen.
- Stay alert for the possibility of more tornadoes, violent storms often produce more than one tornado.
- The all clear signal is a short and steady sound on the siren.
The Program Coordinator is responsible for verification that the following areas are maintained according to acceptable standards. Records of this verification will be maintained by the Program Coordinator and other identified areas.

Autoclaves (DH Facilities Coordinator)

X-ray calibration (Radiation Safety Officer)

Record of training of the risks of infectious diseases (CAHS Core Courses and Pre-Clinic Course Coordinator, Second Year Course Coordinator)

Record of Heptavax/Recombivax/Engerix inoculation request or waiver (Program Coordinator, Course Coordinator) Records will be maintained in dental chart.

Record of negative TB test which is no more than 6 months old at time of admittance to program (Program Director, Course Coordinator) Records will be maintained in dental chart.

Record of current CPR training (DH Clinic Operations Supervisor)

Record of radiation exposure and follow-up (Program Coordinator and Radiation Safety Officer)

Record of notification of pregnancy (Program Coordinator and Radiation Safety Officer)

Record of medical questionnaire for dental chart (Clinic Course Coordinator(s)). Records will be maintained in dental chart.

Record of needle sticks or other accidents or injuries occurring in the clinic (DH Clinic Operations Supervisor, Health Center, Risk Management)

Clinic and Dental Materials Laboratory – Material Safety Data Sheets (Course Coordinator, DH Dental Materials Laboratory Instructor, DH Facilities Coordinator, and FSU MSDS site). To access FSU MSDS online, go to [www.ferris.edu](http://www.ferris.edu), click on Quick Links, scroll to the bottom and you will find the connection for the University maintained MSDS sheets.
FERRIS STATE UNIVERSITY
BUSINESS POLICY LETTERS

The following section contains several current Business Policy Letters approved by the FSU Board of Control. The following Business Policy Letters have been included in this section as they contain information supporting policies of the Dental Hygiene Clinic.
AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDs)

SUBJECT: Automated External Defibrillators (AEDs)
PURPOSE: This policy provides for the procurement of AEDs at Ferris State University.
RELATED DOCUMENTS: Safety Office Programs: AED Guidelines

I. INTRODUCTION:
An automated external defibrillator (AED) is used to treat victims who experience sudden cardiac arrest. The AED must only be applied to victims who are unconscious, without a pulse, and not breathing. The AED will analyze the heart rhythm and advise the operator if a shockable rhythm is detected. The AED will charge to the appropriate energy level and advise the operator to deliver a shock. Use of the AED and CPR will continue as appropriate during the course of emergency care, until the patient resumes pulse and respiration and/or local Emergency Medical Services (EMS) paramedics arrive at the scene to assume responsibility for emergency care of the patient. AED manufacturer’s recommendations regarding age and weight limits should be followed.

II. POLICY:
Any department or administrative unit of this University may, with appropriate approvals, purchase and/or use an AED; however, a standard AED model for purchases has been established by the AED Committee. In order to purchase, use, or maintain an AED, a department must meet the following requirements.

A. Prior to purchase and/or placement of an AED, the department requesting to purchase an AED (hereinafter called “Owner Department”) must submit a Request to Purchase AED (see Appendix A: Safety Office Programs: AED Guidelines) to the Campus AED Committee c/o the Safety Coordinator, PRK 150. This Request must address medical oversight, use, training, location, and maintenance of units.

B. The Owner Department must ensure compliance with training requirements, as outlined in the Safety Office Programs: AED Guidelines.

C. The Owner Department must comply with record-keeping and reporting requirements, as outlined in the Safety Office Programs: AED Guidelines.

III. RESPONSIBILITIES:

A. The Vice President of Student Affairs, or his/her designee, will have primary responsibility for oversight of Ferris State University’s AED program.

B. Campus AED Committee
   1. The Campus AED Committee will be chaired by the Health Center Director and will be composed of the following members: Health Center Physician, Risk Manager, Rankin Center Director, Athletics Trainer, University Recreation Director, and Safety Coordinator.

   2. The AED Committee, working in conjunction with the Purchasing Office, will be responsible for selecting a standard AED model for University purchases.
3. The AED Committee will review submittals of the *Request to Purchase AED*, provide assistance with *Request* preparation, and provide written approval to the requesting department or unit. Approval of the *Request* by the designated Health Center physician will also be required in order to satisfy Federal law requirements.

4. The AED Committee will provide assistance to departmental and administrative units during the planning and implementation process, evaluate the effectiveness of the overall AED program, and oversee the AED reporting process.

B. Owner Department -- The University department or unit requesting to purchase an AED (hereinafter called the “Owner Department”) must meet the following requirements:

1. Submit a *Request to Purchase AED* to the Campus AED Committee. (Administrative units already using AED’s prior to the implementation of this policy shall submit a *Request to Purchase AED* within 60 days after the effective date of this policy). A department budget code for the purchase and/or maintenance of the AED must be included in the *Request*.

2. Post visible signs at appropriate AED locations.

3. Ensure compliance with all components of the *Safety Office Programs: AED Guidelines*.

4. Submit an updated *Request* to the Campus AED Committee when any substantial change is made to the *Request* after initial implementation. Changes that would require an updated *Request* include, but are not limited to the following:
   a. Removal of an AED from service temporarily or permanently
   b. Change in placement location
   c. Replacement of an AED with another unit

5. Report to the Campus AED Committee any use of an AED on a person as specified in *Safety Office Programs: AED Guidelines*.

**Business Policy Letter 2005:09**

IV. **POLICY EXCEPTION:**

The AED policy is not intended to cover educational training situations or medical personnel possessing certification/licensure for delivering emergency care.

_________________________________________ Date:

Contact: Health Center Director

Bpl0509.doc
TO: All Members of the University Community  
DATE: April 1997

Bloodborne Pathogen Policy  
(Supersedes 94:4)

I. PURPOSE

The purpose of this policy is to provide health protection measures for employees who may be occupationally exposed to human blood or other potentially infectious material. Specific rules and procedures are hereby established so employees are provided with the necessary protection when occupationally exposed. This policy is established in compliance with Michigan Department of Consumer and Industry Services rules, Bloodborne Infectious diseases, R 325.70001 - R 325.70018. (http://www.state.mi.us/execoff/admincode/data/ac00325/s70001.txt)

II. SCOPE

A. This policy shall apply to University colleges and departments who have employees with occupational exposure to blood or other potentially infectious materials. Occupational exposure means reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties without the use of personal protective equipment. Colleges and departments that have been identified as having at least some employees with occupational exposure are listed in Appendix A.

B. Section VII of this policy shall apply to all University colleges and departments.

III. POLICY ADMINISTRATION

The Environmental Health and Safety Office shall be responsible for the overall administration of this policy. All University departments and employees shall cooperate fully with the Environmental Health and Safety Office and comply with the requirements set forth in Michigan Department of Consumer and Industry Services (CIS) rules, Bloodborne Infectious Diseases, R 325.70001 - R 325.70018.

IV. EXPOSURE CONTROL PLANS

A. Each college or department with employees within the scope of this policy, shall establish a written Exposure Control Plan as required by OSHA regulation CIS rule R 325.70004, Exposure control plan. The Exposure Control Plan shall contain at least the following elements:
1. A list of job classifications in which at least some of the employees in those job classifications have occupational exposure.
2. The practices and procedures, which will be used to comply with CIS, rule R 325.70005 - R 325.70011.
3. The method of complying with CIS rule R 325.70014, Communication of hazards to employees.

B. All Exposure Control Plans shall be submitted to the Environmental Health and Safety Office and shall be subject to the approval of the Task Force on Communicable Diseases.

C. All Exposure Control Plans shall be reviewed and updated annually by the college or department and submitted to the Environmental Health and Safety Office for approval.

D. Department employees shall comply with the provisions of their department's Exposure Control Plan.

V. HEPATITIS B VACCINATION
   A. The hepatitis B vaccination series shall be made available to employees within the scope of this policy. The vaccination shall be made available at no cost to the employee.
   B. All vaccinations shall be administered by or under the direction of the Birkam Health Center physician.
   C. An employee who declines hepatitis B vaccination, after having been fully informed of the risks and benefits of the vaccination shall sign the required declination statement (Attachment B). The department director/head shall submit the signed statement to the Birkam Health Center to be included in the employee's medical records.
   D. The Birkam Health Center shall submit to the Environmental Health and Safety Office the names of employees who have been immunized, are considered to be immune by antibody testing, or have declined immunizations.

VI. POST-EXPOSURE EVALUATION AND FOLLOW-UP
   A. All exposure incidents shall be reported immediately to the Birkam Health Center which shall make a confidential medical evaluation and follow-up in accordance with CIS rule R 325.70013, Vaccination and postexposure follow-up.
   B. An exposure incident means a specific eye, mouth, other mucous membranes, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

VII. DESIGNATED FIRST AID PROVIDER
   A. Some employees may be assigned by their department director/head, with the consent of the employee, to provide emergency first aid only as a collateral duty responding solely to injuries to faculty, staff or students, and generally at the location where the injury occurred. For the purposes of this policy, these employees shall be referred to as "designated first aid providers". This does not include employees who provide first aid on a regular basis or are otherwise within the scope of this policy.
   B. Whenever first aid treatment is provided by a designated first aid provider and blood or other potentially infectious material is present, the first aid provider shall report immediately to the Birkam Health Center for evaluation and treatment. If the Birkam Health Center is closed the first aid
A provider shall proceed to the Mecosta County Medical Center and notify the Health Center as soon as possible.

C. Designated first aid providers shall be considered as having occupational exposure but will not be offered the hepatitis B vaccination unless and until they render first aid assistance where blood or other potentially infectious materials are present. The full hepatitis B vaccination series shall be made available as soon as possible, but in no event later than 24 hours, to all unvaccinated designated first aid providers who rendered first aid assistance to faculty, staff or students, where the presence of blood or other potentially infectious materials were involved regardless of whether or not a specific "exposure incident" has occurred.

D. Designated first aid providers shall participate in an annual training program provided by the Environmental Health and Safety Office on exposure control procedures and the requirements of this policy and State rules. The employee's department shall arrange for any necessary first aid or CPR training.

VIII. INFORMATION AND TRAINING
A. Each University college or department with employees within the scope of this policy, see Attachment A, shall ensure that all of its employees with occupational exposure participate in an annual training program as specified in CIS rule R 325.70016.

B. As part of the training program, a copy of this policy, CIS rules, and the college or departments Exposure Control Plan shall be provided to each participant.

C. Training records as specified in CIS rule R 325.70015 shall be completed for each training session and submitted to the Environmental Health and Safety Office.

IX. MEDICAL RECORDS

The Birkam Health Center shall maintain all medical records as specified in CIS rule R 325.70015.

Richard Duffett
Vice President for Administration and Finance

Contact: Environmental Safety Office

Appendix A

Colleges and departments that have been identified as having employees with occupational exposure include:

1. College of Allied Health Sciences
2. College of Optometry
3. College of Pharmacy
4. Animal Care
5. Athletics
6. Birkham Health Center
7. Physical Plant
Appendix B

Sample waiver statement when an employee declines the Hepatitis B vaccination

I understand that, due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the hepatitis B vaccine, at no charge. However, I decline the hepatitis B vaccine at this time. I understand 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 the hepatitis B vaccine, I can receive the vaccination series at no charge.

Employee name:
Employee signature:
Date:
Business Policy

TO: All Members of the University Community

DATE: March 2012

Campus Violence and Weapons Prohibition
(Supersedes 2010:01)

I. Purpose
Ferris State University strives to provide a safe work and educational environment. No person, within the University environment, on property owned, leased or otherwise under the control of the University or otherwise in the course of University business, will be allowed to possess weapons or explosives, except as provided in this policy, or to harass or assault any other person by threatening or exhibiting violent behavior. Violators of this policy will be subject to discipline by the University, up to and including termination of employment or dismissal from the University.

II. Prohibited Conduct
The following rules, while not all inclusive, are examples of prohibited behavior for all employees, students and any others who are on property owned, leased or otherwise under the control of the University, or who are in the course of University business.

1. Causing or threatening physical injury to another.
2. Aggressive or hostile behavior that creates either a reasonable fear of injury to another person or unreasonably subjects another to emotional distress.
3. Intentionally damaging University property or the property of another.
4. Possession of a weapon, except as provide by this policy, regardless of whether a person has a concealed weapon permit or is otherwise authorized to possess, discharge or use such a weapon.
5. Possession of explosives.
6. Possession of chemicals or other dangerous substances or compounds, with intent of causing injury to a person or property.
7. Hunting on any properties owned, leased, or otherwise controlled by the University.

III. Reporting Procedures
All members of the campus community are encouraged to report, and all employees of the University are required to report to the Department of Public Safety or the Human Resources Department, any violence, threats of violence or weapon violations that they have witnessed or received, or any potentially dangerous situation. All reports of incidents will be investigated. Reports or incidents warranting confidentiality will be handled appropriately and information will be disclosed to others only on a need-to-know basis.
Any person who has obtained a Personal Protection Order or Restraining Order, which identifies any place located on property owned, leased, or otherwise controlled by the University, as a protected area, is required to provide a copy of the Order to the Department of Public Safety.

IV. Definitions and Exceptions

Weapons, for the purposes of this policy, are defined as: (1) a loaded or unloaded firearm, whether operable or inoperable, (2) a knife, stabbing instrument, brass knuckles, blackjack, club, or other object specifically designed or customarily carried or possessed for use as a weapon, (3) an object that is likely to cause death or bodily injury when used as a weapon and that is used as a weapon or carried or possessed for use as a weapon, or (4) an object or device that is used or fashioned in a manner to lead a person to believe the object or device is a firearm or an object which is likely to cause death or bodily injury.

Limited exceptions to policy prohibitions regarding weapons exist and situations where weapons may be possessed on property owned, leased or otherwise under the control of the University or otherwise in the course of University business are defined below:

1. A peace officer who is a member of the University’s Department of Public Safety, whom the University regularly employs, and who has been authorized by the Director of the Department of Public Safety to carry weapons as outlined by the Department of Public Safety policy, may carry a weapon as so outlined.
2. A qualified active duty law enforcement officer or other government agent authorized to carry a weapon during the course of his or her employment, may carry a weapon as so authorized.
3. A qualified retired law enforcement officer, as defined in Michigan law and/or federal code to possess a concealed handgun and is currently permitted to do so.
4. An employee may use or possess a weapon, as authorized by the University, to possess or use such a weapon during the time when the employee is engaged in work for the University requiring such a weapon.
5. Preauthorized users of the University shooting range may use and possess a weapon only as preauthorized, and only as necessary to get to and from the range.
6. Upon obtaining prior approval of the Director of Public Safety, an individual may possess a weapon when the device is worn as part of a military or fraternal uniform in connection with a public ceremony, parade or theatrical performance.

7. Residence Hall and University apartment residents may register and store hunting weapons at the Department of Public Safety, and may possess such weapons on property owned or controlled by the University just long enough to deliver and retrieve the weapons from the Department of Public Safety by the most direct route. The weapons are to be brought to the Public Safety building, unloaded and in a gun case.

8. The Director of Public Safety may waive the prohibitions based on extraordinary circumstances, and an individual may possess a weapon only within the scope and duration of the waiver. Any such waiver must be in writing, signed by the Director, and must define its scope and duration. With input from the Director of Housing and the Dean of Students, the Director of Public Safety is also authorized to make reasonable rules to effectively implement the Storage of Weapons policy for residence halls and apartments contained herein.

Jerry L. Scoby
President for Administration and Finance

Contact: Director of Public Safety
General Counsel
BUSINESS POLICY LETTER

TO: All Members of the University Community 1997:40
DATE: September 1997

CHEMICAL SAFETY POLICY
(Supersedes 91:4)

I. POLICY

It is the policy of Ferris State University to protect the health and safety of students and faculty while engaged in the educational activities of the University. To this end it is the intent of the University to maintain laboratory exposures to hazardous chemicals as low as reasonably achievable. All faculty, students, and staff who enter any laboratory utilizing hazardous chemicals, as defined in this policy, shall comply with the rules and procedures of this policy and make every effort to minimize exposure to laboratory chemicals and other potential health and safety hazards in the laboratory. This policy is intended to provide basic guidelines for safe practices; therefore, it cannot be assumed that all necessary warnings and precautionary measures are contained in this document or that other additional information or measures may not be required.

II. SCOPE OF CHEMICAL SAFETY POLICY

The rules and procedures contained in this policy shall apply to all campus facilities in which there is laboratory use of hazardous chemicals.

III. DEFINITIONS

A. "Hazardous chemical" means a chemical for which there is statistically significant evidence, based on at least one study conducted in accordance with established scientific principles, that acute or chronic health effects may occur in exposed persons or a chemical which is considered a health hazard.

B. Chemicals which are considered a "health hazard" include chemicals which are carcinogens, toxic or highly toxic agents, reproductive toxins, irritants, corrosives, sensitizes, hepatotoxins, nephrotoxins, neurotoxins, agents which act on the hematopoietic systems, and agents which damage the lungs, skin, eyes or mucous membranes.

C. "Laboratory use of hazardous chemicals" means handling or use of such chemicals in which all of the following conditions are met:
   1. Chemical manipulations are carried out on a laboratory scale;
   2. Multiple chemical procedures and/or chemicals are used;
3. The procedures involved are not part of a production process, nor in any way simulate a production process;
4. Protective laboratory practices and equipment are available and in common use to minimize the potential for employee exposure to hazardous chemicals.

D. For the purpose of this policy, all laboratories which are within the scope of the rules and regulations of this policy shall be referred to as "chemical laboratories."

E. "Select carcinogen" means any substance which meets one of the following criteria:
   1. It is regulated by OSHA as a carcinogen;
   2. It is listed under the category, "known to be carcinogens," in the Annual Report on Carcinogens published by the National Toxicology Program (NTP) (latest edition);
   3. It is listed under Group I ("carcinogenic to humans") by the International Agency for Research on Cancer Monographs (IARC) (latest edition);
   4. It is listed in either Group 2A or 2B by IARC or under the category, "reasonably anticipated to be carcinogens" by NTP, and causes statistically significant tumor incidence in experimental animals.

IV. CHEMICAL SAFETY RESPONSIBILITIES
A. The Environmental Health and Safety Office is charged with the overall responsibility for chemical safety on the Ferris State University campus. This includes specific responsibility to perform quarterly inspections of all chemical laboratories and provide consultation and advice regarding chemical safety rules and procedures.

B. The head of the department which utilizes chemical laboratories shall be responsible for providing the necessary chemical safety equipment and supplies and ensuring department employees and students comply with the rules and procedures contained in this policy.

C. Faculty and students utilizing chemical laboratories shall comply with the rules and procedures contained in this policy.

V. CHEMICAL SAFETY COMMITTEE
A. The Vice President for Academic Affairs shall appoint a Chemical Safety Committee consisting of no more than five (5) faculty members and one representative of the Administration. The members shall be representatives of the departments coming within the scope of this policy. Each member shall serve three (3) years with terms alternating so that no more than three (3) members are appointed the same year.

B. A representative of the Environmental Health and Safety Office shall serve as an ex-officio member of the committee.

C. The committee shall meet at least quarterly.

D. The committee shall review and evaluate the effectiveness of this policy at least annually and update it as necessary.

E. The committee shall review and grant approval and disapproval on the basis of chemical safety requests for the use of particularly hazardous substances within the institution prior to being brought on campus.

VI. REQUIRED APPROVAL FOR USE OF PARTICULARLY HAZARDOUS SUBSTANCES (CHEMICAL, BIOLOGICAL, RADIOACTIVE, OR A COMBINATION THEREOF)
A. Any person wishing to work with particularly hazardous substances which include "select carcinogens" (as defined in this policy), reproductive toxins and substances which have a high degree of acute toxicity, shall first obtain permission from the Chemical Safety Committee. The application submitted to the Committee shall contain the following information:

1. Names of the faculty who will be responsible for the safe use of the particularly hazardous substances;
2. Location of use, including building and room number;
3. List of particularly hazardous substances to be used, including physical form and maximum amount in possession at any one time;
4. A description of how the particularly hazardous substances are to be used;
5. A description of the equipment and facilities including a floor sketch;
6. A description of containment devices, such as fume hoods or glove boxes;
7. Procedures for safe removal of contaminated wastes;
8. Decontamination procedures;
9. A complete hygiene plan.

VII. CHEMICAL SAFETY RULES AND PROCEDURES

A. General - The facilities needed for chemical laboratories depend upon the type and quantity of hazardous chemicals used and the complexity of the laboratory operations. The work conducted and its scale must be appropriate to the physical facilities available and especially to the quality of ventilation.

B. Ventilation - The general ventilation system should provide a source of air for breathing and for input to local ventilation devices. It should not be relied on for protection from hazardous substances released into the laboratory. It should direct airflow into the laboratory from non-laboratory areas and out to the exterior of the building.

C. Laboratory hoods - Laboratory hoods shall be provided in chemical laboratories where it is necessary to exhaust air contaminants and prevent exposure to hazardous chemicals above permissible exposure levels. Airflow into and within laboratory hoods should not be excessively turbulent. The hood face velocity shall be at least 100 fpm while the hood is being used. The front sash shall be marked to indicate the proper operating position.

D. Emergency eye and body wash - Each chemical laboratory shall be provided with an eyewash fountain and drench shower or a combination eye/body spray wash.

E. Fire extinguishers - Each laboratory shall be equipped with a carbon dioxide or dry chemical fire extinguisher.

F. Storage - Each chemical laboratory should have adequate, well-ventilated storage space for chemicals with sufficient sturdy shelving to properly segregate chemicals. Approved metal cabinets shall be provided for the storage of flammable liquids unless there is a separate approved flammable liquid storage facility.

G. Exits - Two exits should be provided for each chemical laboratory.

H. First aid - A first aid kit for treating simple cuts and burns shall be provided in each chemical laboratory.

I. Waste disposal - Facilities shall be provided for the proper disposal of waste chemicals, broken glass and other sharp objects.

J. Electrical facilities - All electrical outlets in a chemical laboratory shall carry a grounding connection requiring a 3-prong plug. All electrical
equipment except glass cloth heaters and certain model oscillographs requiring a floating ground shall be wired with a grounding plug. Double-insulated equipment may be acceptable. Receptacles that provide power for operations in laboratory hoods should be located outside of the hood. All electrical equipment should be fitted with a fuse or other overload-protection device that will disconnect the electrical circuit in the event the apparatus fails or is overloaded.

K. Housekeeping - The overall facility shall be maintained in an orderly and safe manner as determined by the Environmental Health and Safety Office.

L. Chemical/Biological/Radioactive Inventory - A complete inventory of all materials present in the facility shall be maintained in a remote location designated by a representative of the Chemical Safety Committee (Bar-coding will be used for inventory control).

VIII. ADMINISTRATIVE REQUIREMENTS

A. Procurement, Distribution and Storage
   1. All toxic substances should be procured through the University Science Stores. No container shall be accepted without an adequate identifying label and having a Material Safety Data Sheet (MSDS) supplied with the container.
   2. Hazardous chemicals should be segregated in a well-identified area with local exhaust ventilation. Chemicals, which are highly toxic, should be in unbreakable secondary containers. Stored chemicals should be examined periodically for replacement, deterioration, and container integrity.
   3. When chemicals are hand-carried in corridors or other public areas, the container should be placed in an outside container or bucket.
   4. The amount of toxic, flammable, unstable or highly reactive materials permitted to be stored in the chemical laboratory should be as small as possible. Storage of hazardous chemicals on laboratory benches and in hoods should be minimized. Exposure to heat or direct sunlight should be avoided. Periodic inventories shall be conducted, with unneeded items being discarded or returned to storage.
   5. The maximum quantity of flammable liquid that may be stored in a laboratory, outside of approved storage cabinets, is one gallon per 100 square feet of laboratory space.

B. Environmental Monitoring Regular instrumental monitoring of airborne concentrations is not usually justified. However, whenever a highly toxic substance is stored or used in the laboratory, the Environmental Health and Safety Office should be contacted for possible environmental monitoring.

C. Housekeeping and Maintenance
   1. Work areas shall be kept clean and free from obstructions. Cleanup should follow the completion of any operation or should be performed at the end of each day. Floors should be cleaned regularly.
   2. Wastes shall be deposited in appropriate receptacles. Spilled chemicals shall be cleaned up immediately and disposed of properly. Chemical wastes shall be disposed of promptly by using the appropriate procedures. (See Section VIII-1.) Chemicals that are no longer needed should not accumulate in the laboratory.

D. Medical Program and First Aid
1. The University shall provide all employees who work with hazardous chemicals an opportunity to receive medical attention, including any follow-up examination which the examining physicians determine to be necessary, under the following circumstances:
   i. Whenever an employee develops signs or symptoms associated with a hazardous chemical to which the employee may have been exposed in the laboratory, the employee shall be provided an opportunity to receive any appropriate medical examination.
   ii. Where exposure monitoring reveals an exposure level routinely above the action level (or in the absence of an action level, the PEL) for an OSHA-regulated substance for which there are exposure monitoring and medical surveillance requirements, medical surveillance shall be established for the affected employees as prescribed by the particular standard.
   iii. Whenever an event takes place in the work area such as a spill, leak, explosion or other occurrence resulting in the likelihood of a hazardous exposure, the affected employee shall be provide an opportunity for a medical consultation. Such consultation shall be for the purpose of determining the need for a medical examination.

2. All medical examination and consultations shall be performed by or under the direct supervision of a licensed physician and shall be provided without cost to the employee, without loss of pay and at a reasonable time and place.

3. Information provided to the physician - The University shall provide the following information to the physicians:
   i. The identity of the hazardous chemical(s) to which the employee may have been exposed.
   ii. A description of the conditions under which the exposure occurred, including quantitative exposure data, if available.
   iii. A description of the signs and symptoms of exposure that the employee is experiencing, if any.

4. Physician’s written opinion For examination or consultation required under this standard, the University shall obtain a written opinion from the examining physician, which shall include the following:
   i. Any recommendation for further medical follow-up;
   ii. The results of the medical examination and any associated tests;
   iii. Any medical condition which may be revealed in the course of the examination which may place the employee at increased risk as a result of exposure to a hazardous chemical found in the workplace;
   iv. A statement that the employee has been informed by the physician of the results of the consultation or medical examination and any medical condition that may require further examination or treatment.
The written opinion shall not reveal specific findings of diagnoses unrelated to occupational exposure.

5. First-aid treatment for simple cuts and burns may be administered in the laboratory utilizing the furnished first aid kit. All other injuries must be referred to the University Health Center or the hospital emergency services, depending on the nature of the injury.

E. Protective Equipment and Apparel All persons working in a chemical laboratory shall use protective equipment and apparel appropriate for the required level of protection from the substances being handled.

F. Signs and Labels Prominent signs and labels shall be used to:
   1. Indicate emergency telephone numbers and emergency procedures, i.e., accidents and spills;
   2. Identify contents of containers, including waste receptacles and associated hazards;
   3. Indicate location of fire extinguishers, exits, safety showers and eye washes;
   4. Prohibit smoking, eating and drinking in the laboratory;
   5. Provide warnings at areas or equipment where special or unusual hazards exist.

G. Spills and Accidents.
   1. Written emergency procedure shall be posted in the laboratory and communicated to all persons working in the laboratory.
   2. All significant spills and accidents shall be reported to the Environmental Health and Safety Office immediately after taking the necessary action to secure the safety of all personnel and/or provide first aid.

H. Training and Information
   1. All faculty and staff working in chemical laboratories shall attend a Right-To-Know chemical safety training program presented by the Environmental Health and Safety office.
   2. A material safety data sheet for each hazardous chemical used in the laboratory shall be available to the faculty and staff using the chemicals.
   3. Safety training and education in a chemical laboratory should be a regular, continuing activity and not simply a one-time event.

I. Waste disposal
   1. The disposal of all toxic substances shall be in accordance with the Environmental Health and Safety Office’s "Hazardous Waste Management Guide."
   2. Obsolete, outdated and potentially hazardous materials shall be disposed of by the Environmental Health and Safety Office at the discretion of the environmental engineer.
   3. Disposal of laboratory chemicals via the building sanitary sewer system (laboratory sinks) is highly restricted by the City of Big Rapids and the Michigan Department of Environmental Quality. Contact the University environmental engineer for the discharge limits to which the University must comply.
   4. On termination or transfer of any laboratory personnel, chemicals for which that person was responsible must be properly discarded or returned to storage by the personnel who are responsible for the area.
IX. GENERAL SAFETY RULES

A. Accidents and spills - In case chemicals are splashed in eyes, promptly flush eyes with water for a prolonged period (15 minutes) and seek medical attention. If a chemical is ingested, encourage victim to drink large quantities of water while en route to medical assistance. Be sure to inform the medical staff and poison control center exactly what substances have been ingested. If chemicals come in contact with the skin, promptly flush the affected areas with water and remove any contaminated clothing. If symptoms persist after washing, seek medical attention. All employee incidents will be reported per the treatment of occupational injury and illness policy.

B. Avoidance of Routine Exposure - Develop and encourage safe habits and avoid unnecessary exposure to chemicals by any route. Do not smell or taste chemicals. Vent apparatus, which may discharge toxic chemicals (vacuum pumps, distillation columns, etc.), into local exhaust devices. Inspect gloves and test glove boxes before use.

C. Choice of Chemical - Use only those chemicals for which the quality of the available ventilation system is appropriate.

D. Eating, Smoking, etc. - Do not eat, drink, smoke, or apply cosmetics in areas where laboratory chemicals are present. Do not store food or beverages in chemistry storage areas or refrigerators. Do not consume food or beverages with glassware and utensils which are also used for laboratory operations.

E. Equipment and Glassware - Handle and store laboratory glassware with care to avoid damage. Do not use damaged glassware. Use extra care with Dewar flasks and other evacuated glass apparatus; shield or wrap them to contain chemicals and fragments should implosion occur. Use equipment only for its designed purpose.

F. Exiting - Wash areas of exposed skin thoroughly before leaving the laboratory.

G. Horseplay - Practical jokes or other behavior which might confuse, startle, or distract another laboratory worker is prohibited.

H. Mouth suction - Do not use mouth suction for pipeting or starting a siphon.

I. Personal Apparel - Confine long hair and loose clothing. Wear shoes at all times in the laboratory but do not wear sandals, perforated shoes, or sneakers.

J. Personal Housekeeping - Keep the work area clean and uncluttered, with chemicals and equipment being properly labeled and stored. Clean up work area on completion of an operation or at the end of each day.

K. Personal Protection - Appropriate eye protection shall be worn by all persons, including visitors, where chemicals are stored or handled. Avoid use of contact lenses in the laboratory unless necessary. If they are used, inform the instructor/supervisor so special precautions can be taken. Appropriate gloves shall be worn when the potential for contact with toxic materials exists. Inspect gloves before each use, wash them before removal and replace them periodically. When air contaminate concentrations are not sufficiently restricted by engineering controls, respirators may need to be used. Respirators may be used only by employees who have received training and medical examinations, as specified by the University’s Respiratory Protection Rules and Procedures. Remove laboratory coats immediately upon significant contamination.
L. Planning - Seek information and advice about hazards, plan appropriate protective procedures, and plan positioning of equipment before beginning any new operation.

M. Unattended Operations - Leave lights on, place an appropriate sign on the door, and provide for containment of toxic substances in the event of failure of a utility service to an unattended operation.

N. Use of Hood - Use a fume-hood for operations which might result in release of toxic chemical vapors or dust. As a rule of thumb, use a hood or other local ventilation device when working with any appreciable volatile substances with a TLV of less than 50 ppm. Confirm adequate hood performance before use. Keep materials stored in hoods to a minimum and do not allow them to block vents or airflow. Leave the hood fan operating when it is not in active use, if toxic substances are stored in it, or if it is uncertain whether adequate general laboratory ventilation will be maintained when it is not operating.

O. Vigilance - Be alert to unsafe conditions and see that they are corrected when detected.

P. Waste Disposal - Deposit chemical waste in appropriately labeled receptacles and follow all other waste disposal procedures established by the laboratory instructor/director in accordance with the University’s Hazardous Waste Management Guide.

Q. Working Alone - Avoid working alone in a building. Do not work alone in a laboratory if the procedures being conducted are hazardous.

R. Electrical Safety - All electrical connections should be grounded. Electrical equipment service cords should be in good condition. Frayed cords or exposed wires should be repaired by qualified personnel. Avoid overloading circuits. Do not use multiple outlet plugs for additional connections. Do not handle any electrical connections with wet hands or when standing in or near water. Do not use electrical equipment, such as mixers or hotplates, around flammable solvents unless the equipment is spark-free. Do not try to repair equipment yourself. All repairs should be done by qualified personnel (Instrument Repair or electrician). Never try to bypass any safety device on a piece of electrical equipment.

S. Compressed Gases - Compressed gas cylinders should be handled as high-energy sources or potential explosives. Avoid dropping cylinders or allowing them to bump each other. Large cylinders must be moved only with an approved cylinder cart. Cylinders must be secured with straps or chains to a wall or lab bench, both while in storage and while in use. Cylinders must not be stored near sources of heat. Oxidizing gases and reducing gases should be stored separately from each other. Empty and full cylinders should not be stored together. An empty cylinder should be marked as such with the code "MT" and the date; the regulator should be removed, the valve cap replaced, and arrangements should be made to have it removed from the lab. Keep valve-protection cap on the cylinder at all times when the pressure regulator is not attached. Use an open-end wrench on cylinder valves. All cylinders should be marked on the body as to content. Valves on cylinders of flammable gases should be grounded. Leave a slight pressure of gas in the cylinder to prevent contamination from being sucked into the cylinder, which might form an explosive mixture. NEVER EMPTY A CYLINDER COMPLETELY. Never interchange regulator valves and tubing between cylinders containing different gases. Oxygen
cylinders need special oil and grease-free valves, regulators and tubing. It is important that only these types of fittings be used with oxygen to avoid explosions.

T. Fire and Explosions - Fire is one of the major hazards in the chemistry laboratory. The vapor of nearly all organic solvents is flammable. To avoid igniting flammable vapors, keep all organic solvent covered and away from open flames, heating elements and electrical sparks. For your own protection, avoid loose clothing, jewelry and unrestrained long hair. Cotton clothes rather than synthetics are recommended, since synthetics burn so rapidly and stick to the skin. Always make a point of locating the fire extinguishers in a lab and be sure you know how to use them.

U. Custodians, trade workers, and public safety officers shall not enter a posted restricted entry laboratory without full knowledge of the hazards and wearing appropriate Personal Protection Equipment (PPE).

V. Purchase and store chemicals in minimum quantities for the intended purpose.

W. The department head or faculty responsible for laboratory operations will determine who will be responsible for monitoring the facility during periods of absence (semester breaks, vacations, etc.).

Richard P. Duffett,
Vice President for Administration and Finance

Contact: Physical Plant
Drug Free Workplace Policy

Consistent with State and Federal Law, Ferris State University will maintain a workplace free from the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance, as defined under the Controlled Substances Act, 21 U.S.C. 812, as may be amended from time to time. The unlawful manufacture, distribution, dispensation, possession or use of drugs or narcotics is prohibited on any property under the control of and governed by the Board of Trustees of Ferris State University, and at any site where work is performed by individuals on behalf of FSU.

Pursuant to applicable University procedures governing employee discipline, any employee involved in the unauthorized use, sale, manufacturing, dispensing or possession of legal or illegal drugs or narcotics on University premises or work sites, or working under the influence of such substances, will be subject to disciplinary action up to and including dismissal.

The employee must notify the University of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction. Failure to provide such notice will subject the employee to dismissal. The employee shall notify his/her immediate supervisor, who will report the incident to the Human Resource.

FSU supports programs aimed at the prevention of substance abuse by University employees. The University shall make its counselors available to University employees who have problems relating to substance abuse. Such counseling is confidential, to the extent permitted by law, and unrelated to performance appraisals. Leaves of absence to obtain treatment may be obtained under the sick leave or medical leave provisions of the appropriate labor contract or policy.

The President is authorized and directed to immediately implement this policy and otherwise take such action as may be required to comply with the Drug Free Workplace Act of 1988 and Administrative Rules issued pursuant to the Act.

This policy applies to all University employees, including but not limited to: faculty, academic staff, support staff and student employees.
Electronic Mail Policy

I. PURPOSE

This Policy clarifies the applicability of state and federal laws and of Ferris State University policies to electronic mail, and also sets forth guidelines applicable to electronic mail. The purpose of this policy is to ensure that:

- The University Community will use electronic mail in an ethical and considerate manner in compliance with applicable laws and policies, including policies and guidelines established by the University and its operating units, and with respect for public trusts through which these facilities have been provided.
- Electronic mail users are informed about the concepts of electronic mail privacy and security, as well as the applicability of relevant policy and law.
- Disruptions to University electronic mail and other University services and activities are minimized.

II. SCOPE

This policy applies to all electronic mail services provided by Ferris State University, on and off campus, to all users of such services, and to all electronic mail records in the possession of University employees on University equipment.

III. POLICY

Electronic mail is a University asset and a critical component of the campus communications systems. Ferris State University provides the electronic mail system for employees to facilitate the performance of work. The contents of electronic files on University equipment are legally considered property of Ferris State University. Electronic mail is intended to support teaching, learning, research, and administrative activities at Ferris State University. Personal use is permitted as long as such use does not interfere with Ferris State University's business or educational procedures.

The University Community will use electronic mail in accordance with policies, guidelines, and procedures and "Conditions of Appropriate Use" established by the University and its operating units.
In accordance with this policy, the University works to create an intellectual environment in which students, staff, and faculty may feel free to create and to collaborate with colleagues both at Ferris State University and other institutions.

Access to electronic mail at Ferris State University is a privilege and must be treated as such by all users. Access to electronic mail requires that each user accept responsibility to protect the rights of the University and the surrounding community. Any member of the University Community, who does not follow the University Electronic Mail Guidelines, has engaged in unprofessional, unethical, and/or unacceptable conduct.

To ensure the continued existence of electronic mail at Ferris State University, the University Community will take actions, in concert with state and federal agencies and other interested parties, to identify, develop, and implement technical and procedural mechanisms to make electronic mail resistant to disruption.

Users must guard against abuses that disrupt and/or threaten the long-term viability of the system at Ferris State University and those beyond the University. Members of the University Community shall act in accordance with these responsibilities, this policy, relevant laws, contractual obligations, and the highest standards of ethics.

IV. REGULATIONS

Ferris State University characterizes as unacceptable, unprofessional, unethical, and violations of University policy, and/or criminal law, any activity through which an individual:

- Interferes with the intended educational use of electronic mail.
- Seeks to gain or gains unauthorized access to electronic mail.
- Without authorization, destroys, alters, dismantles, disfigures, prevents rightful access to or otherwise interferes with the integrity of computer-based information and/or electronic mail.
- Without authorization attempts to or invades the privacy of individuals or entities that are creators, authors, users, or subjects of electronic mail.
- Uses the University's electronic mail for commercial purposes and/or personal financial gain without prior supervisory approval in accordance with other University policies.
- Uses the University's electronic mail for any unlawful or immoral purpose which include, but are not limited to, the access to or transmission of any: obscene materials, pornographic materials, threatening, harassing or discriminatory materials.

In accordance with established University practices, policies, procedures, and collective bargaining agreements, such misuse of Ferris State University electronic mail may result in termination of electronic mail access, disciplinary action up to and including termination of employment and/or legal action.

Individual units within the University may define "conditions of use" for facilities under their control. These "conditions of use" must be consistent with this overall policy but may provide additional detail, guidelines, and/or restrictions. Where such "conditions of use" exist, enforcement mechanisms defined therein shall apply.
provided that disciplinary action, if any, shall be consistent with applicable
University practices, policies, procedures, and/or collective bargaining agreements.

Richard Duffett, Vice President
Administration and Finance
Contact: Information Services & Telecommunications
This policy was adapted with permission from a policy by The Office of Information Technology Policy Studies, Information Technology Division, University of Michigan, Ann Arbor, Michigan 48104
TO: All Members of the University Community 2000:07  
DATE: June, 2000

Environmental Health And Safety Policy  
(Supersedes 1989:04)

I. POLICY

It is the responsibility and intent of Ferris State University to protect the health and safety of students, faculty, staff, and visitors while engaged in the educational and business activities of the University. To this end the University will provide the necessary services and controls to promote, create and maintain a safe and healthful campus environment and operations. The purpose of this policy statement is to establish the University’s commitment to campus environmental health and safety.

II. PROCEDURES

The Environmental Health and Safety Office has been established to provide a comprehensive program of services and activities to protect faculty, staff, students, and campus visitors from avoidable and unnecessary risks of illness, injury or death. The responsibilities of the Environmental Health and Safety Office shall include the following:

1. Perform regular inspections of campus facilities to identify hazards and potential hazards and determine compliance with OSHA and fire regulations. Recommendations of corrective actions shall be submitted to appropriate offices.
2. Provide a program of safety training for employees to comply with OSHA regulations and to promote safe and healthful operating procedures.
3. Investigate employee job-related injuries and illnesses and recommend necessary action to reduce the possibility of recurrence.
4. Review proposals for new construction and major remodeling to insure compliance with OSHA and fire safety regulations.
5. Provide technical expertise and knowledge of regulatory compliance techniques for the guidance of management in the formulation of policy and decisions regarding the maintenance of a safe and healthful campus environment and operations, and to insure compliance with health and safety laws and regulations.
6. Operate a hazardous waste management system and provide necessary control measures to insure compliance with hazardous waste laws and regulations.
7. Develop for adoption all necessary safety rules and procedures to implement the University's compliance with OSHA regulations.

In order for the Environmental Health and Safety Office to fulfill its responsibilities contained in this policy and any other efforts to create and maintain a healthful and safe campus environment, the cooperation of all members of the University community is requested.

Richard Duffett, Vice President
Administration and Finance
Contact: Environmental Health & Safety Office
PUBLIC SAFETY POLICY LETTER

TO: All Members of the University Community 2004:01

DATE: October 1, 2004

HOMELAND SECURITY AND EMERGENCY RESPONSE

I. Definitions. As used in this policy, the following terms shall have the meanings indicated:

A. "Homeland Security" means the preparation for and carrying out of all emergency functions under the authority of the United States Department of Homeland Security, for protection against and to mitigate the injury and damage resulting from natural or man-made disasters or disorder.

B. "Director" means the Director of Emergency Management appointed pursuant to this subpart.

C. "Disaster" means an occurrence or imminent threat of widespread or severe damage, injury, or loss of life or property resulting from a natural or man-made cause, including fire, flood, snow, ice, windstorm, wave action, oil spill, water contamination requiring emergency action to avert danger or damage, utility failure, hazardous peacetime radiological incident, major transportation accident, epidemic, air contamination, blight, drought, infestation, explosion, or hostile military or paramilitary action; events categorized as CBRNE events from the US Department of Homeland Security. Riots or other civil disorders are not within the meaning of this term unless they directly result from and are an aggravating element of the disaster.

D. "Emergency" shall mean a condition resulting from a disaster, riot or other civil disorder which cannot be handled by normal operating personnel and facilities.

II. Responsibility for Emergency Management; Appointment of Director of Emergency Management and Assistants. The President shall be responsible for emergency management within the University. The President shall appoint a Director of Emergency Management and such assistants as are deemed necessary by the President. These appointments shall be additional duty assignments to existing personnel, and it is the intent of this subpart that emergency management and disaster assignments shall be as nearly consistent with normal duty assignments as possible.

III. Powers and Duties of the President in the Event of a Disaster, Riot or Civil Disorder. In the event of a disaster, riot or civil disorder on campus, the President, or in the President's absence or inability to serve, the President's designated representative, shall have authority to:

shall have authority to:

A. Request that the Governor or other appropriate official declare a state of emergency within the campus of the University.

B. Place in effect the Emergency Response and Disaster Control Plan required by this subpart.
C. As soon as may be reasonable thereafter, convene the Board to perform its constitutional and supervisory functions as the situation may demand.

D. Request that the State, its agencies or State political subdivisions send aid or other assistance if the situation is beyond the control of the regular and emergency University forces.

E. Waive procedures and formalities otherwise required by this Code, or by resolution or policy of the Board, pertaining to the performance of public works, the entering into of contracts, the incurring of obligations, the employment of temporary workers, the rental of equipment, the purchase and distribution with or without compensation of supplies, materials, and facilities, and the appropriation and expenditure of public funds.

F. Promulgate such emergency regulations as may be deemed necessary to protect life and property and conserve critical resources. Such regulations may be invoked when necessary for tests of emergency response and disaster plans. All such regulations shall be subject to approval by the Board as soon as reasonably practicable subsequent to promulgation and shall not usurp the authority of the Governor or other public officials under State law.

IV. Additional Powers and Duties of the President.

A. The President, or his or her designated representative, through the Director of Emergency Management, shall maintain general supervision over planning and administration for emergency management organization and the execution of the emergency response and disaster plans. The President shall coordinate emergency response activities and make emergency assignments of emergency response duties and emergency response forces in order to meet situations not covered in the normal duties of such forces.

B. The President, or his or her designated representative, may take all necessary action to conduct tests of the emergency response and natural disaster plans.

C. When a state of emergency has been declared or the University Emergency Response and Disaster Control Plan placed in effect, the President, or his or her designated representative, shall assemble and utilize emergency response forces and prescribe the manner and conditions of their use.

Public Safety Policy Letter 2004:01 (2) October 2004

D. The President, or his or her designated representative, shall designate a line of succession among department heads to carry out the power and duties of the President under this subpart in the event of the President's absence or inability to serve.

V. Powers and Duties of the Director of Emergency Management

A. The Director of Emergency Management shall be the executive head of emergency management, and shall have responsibility for the organization, administration and operation of the emergency management and disaster control
organization within the University, subject to the direction and control of the President or his or her designated representative.

B. The Director shall be responsible for informing members of the campus community regarding all phases of emergency management. The Director shall work closely with the Office of Public Affairs to provide information about homeland security, natural disasters and other emergencies.

C. The Director shall be responsible for the development of an Emergency Response and Disaster Control Plan and, upon adoption of the Plan, shall be responsible for implementation and revision of the Plan so as to maintain it in a current state of readiness at all times.

D. The Director shall coordinate all activities for emergency response and disaster control, and shall maintain liaison and cooperate with all other interested and affected agencies, both public and private.

E. The Director shall coordinate the recruitment and training of volunteer personnel and agencies to augment the personnel and facilities of the University for emergency response purposes.

F. The Director may issue proper insignia and papers to emergency response workers and other persons directly concerned with emergency management.

VI. Emergency Response and Disaster Control Plan. As soon as practicable, a comprehensive Emergency Response and Disaster Control Plan shall be adopted by resolution of the Board upon the recommendation of the President. In the preparation of this Plan, as it pertains to University organization, it is the intent that the services, equipment, facilities and personnel of all existing University departments and agencies shall be utilized to the fullest extent possible. When approved, it shall be the duty of all University departments and agencies to perform the functions and duties assigned by the Plan and to maintain their portion of the Plan in a current state of readiness at all times.

VII. Conflicting Ordinances, Policies, Rules, Orders and Regulations Suspended. At all times when the orders, rules, and regulations made and promulgated pursuant to this subpart shall be in effect, they shall supersede all other ordinances, policies, rules,

Public Safety Policy Letter 2004:01 (3) October 2004
BUSINESS POLICY

TO: All Members of the University Community

DATE: October 1, 2011

INCLEMENT WEATHER POLICY
(Supersedes 2008:04)

I. POLICY

Ferris State University’s Big Rapids campus is a residential student campus and accordingly will always be open to students residing on campus. The Inclement Weather Policy provides for canceling of University classes due to weather conditions at the Big Rapids site, and provides for an employee’s inability to report to work due to weather conditions.

II. PROCEDURES

A. The decision to cancel classes because of weather conditions will be made only by the President or his/her designee. The official source for information related to closure at Ferris State University is the Office of Public Safety.

B. Once the decision is made to cancel classes, the Office of Public Safety notifies University Advancement officials, who then inform the local radio and television stations. (Refer to “E” for off-campus location information.)

C. In the event it is necessary to cancel classes, periodic announcement will be made on area radio and television stations. University officials will make every effort to ensure that such announcements are made as early as possible. It is the student’s responsibility to listen for these announcements. A student may also call the Ferris Information Line at 591-5602 to obtain information. Due to the uniqueness of the University’s operations, it is quite possible the University will hold classes on days when the public schools in the area are closed.

D. The University will cancel classes only under the most severe weather conditions.

1. If academic classes are canceled, employees are expected to perform their assigned responsibilities for the day as usual. If an employee is unable to report to work because of weather conditions, he/she must notify his/her supervisor and take an accrued vacation or an accrued personal day. If the employee has no accrued vacation or personal days, he/she must take a day off without pay. (Refer to “F”).
2. A large number of students live on campus and these students are dependent upon Dining Services, Health Center, Telecommunications, Residential Life, Physical Plant, and Public Safety, regardless of weather conditions. It is the University’s intent to provide these services and, in addition, make every effort possible to keep the Library, Convocation Center/Wink Arena, Sports Complex, Racquet Facility, and Student Recreation Center open.

E. Since off-campus credit courses have several unique circumstances related to weather conditions, i.e., travel problems for instructors, closure of public school facilities used for extension courses, etc., the College of Professional and Technological Studies (CPTS) will have the responsibility for canceling classes, when necessary, at each respective extension site. This includes notifying appropriate University staff.

F. Employees are urged to use reasonable judgment regarding their own personal safety. There may be days when, due to isolated weather or road conditions, an employee may determine he/she cannot report to work regardless of whether the University has canceled classes. In that case, the employee must notify his/her supervisor and take an accrued vacation or an accrued personal day if he/she cannot report to work. If the employee has no accrued vacation or personal days, he/she must take a day off without pay. If an employee leaves work early, or arrives at work late, due to weather conditions, he/she must also use accrued vacation or accrued personal time, or take time off without pay.

G. If the University elects to close the University to employees because of inclement weather, employees will be paid for their regular shift if they were scheduled to work during the closure. Employees whose work is deemed essential to the operation of the campus and who are required to work during a closure under this policy will be expected to work and will be credited with additional personal leave in an amount equal to the time worked during the closure, up to the number of hours of the employee’s regular shift. This policy shall apply only in the case of closure to employees of twenty-four (24) hours or less. If the University elects to close the campus to employees for a period exceeding twenty-four (24) hours, the University may elect not to compensate employees for shifts not worked due to the closure.

Jerry L. Scoby
Vice President for Administration and Finance

Contact: VP for Administration and Finance Office
BPL1203
BUSINESS POLICY LETTER

TO: All Members of the University Community 97:44
DATE: September 1997

Medical Waste Management Policy
(Supersedes 91:2)

I. PURPOSE
The purpose of this management plan is to establish procedures for the collection and disposal of medical wastes in order to safeguard the health of employees and students. The procedures are in compliance with the Medical Waste regulatory Act of Michigan, Part 138, sections 333.1101 to 333.25211 of the Michigan Compiled Laws.

II. EMPLOYEE AND STUDENT RESPONSIBILITY
The procedures in this management plan shall be followed by any University employee or student who may generate or dispose of medical wastes as defined in this plan.

III. DEFINITIONS
A. "Medical waste" includes:
   1. Cultures and stocks of infectious agents and associated biologicals, including laboratory waste, biological production wastes, discarded live and attenuated vaccines, culture dishes, and related devices.
   2. Liquid human and animal waste, including blood and blood products and body fluids, but not including urine or materials stained with blood or body fluids.
   3. Pathological waste.
   4. Sharps.
   5. Contaminated wastes from animals that have been exposed to agents infectious to humans, these being primarily research animals.

B. "Pathological waste" means human organs, tissues, products of conception, body parts other than teeth, and fluids removed by trauma or during surgery or autopsy or other medical procedure and not fixed in formaldehyde.

C. "Sharps" means needles, syringes, scalpels, intravenous tubing with needles attached, and any other medical or laboratory instruments or glassware that might cause punctures or cuts.

IV. GENERAL PROCEDURES
A. All medical wastes shall be packaged, contained and located in a manner that prevents and protects the waste from release at the facility or at any time before ultimate disposal.

B. The categories of medical waste shall be separated at the point of origin into appropriate, properly labeled containers. Containers used to collect, transport, or store medical waste shall be clearly labeled with a biohazard symbol or with the words "medical waste" or "pathological waste" written in letters at least 1 inch high. Medical wastes shall not be compacted or mixed with other waste materials before decontamination or incineration and disposal. If decontaminated medical waste is
mixed with other solid waste, the container must be clearly labeled to indicate that it contains decontaminated medical wastes.

C. Medical waste stored in a generating facility shall be stored in such manner that putrefaction will not occur and infectious agents will not come in contact with the air or individuals.

D. Medical waste shall not be stored outdoors or in any unsecured area but shall be stored in a secured area to prevent access to the waste by unauthorized individuals who are not responsible for disposal.

E. Medical wastes shall not be stored on the premises of the producing department for more than 30 days.

V. MANAGEMENT PLAN

A. Types of medical wastes generated.
   1. School of Allied Health - needles, syringes, glassware, blood, body fluids, tissues, cultures, scalpels, and other laboratory wastes.
   2. Animal care - contaminated wastes from animals.
   4. Health Center - needles, syringes, scalpels, blood, blood products and saliva.
   5. Pharmacy - needles, syringes, scalpels, animal fluids and tissues.

B. Segregation, packaging, labeling, collection and disposal procedures used.
   1. All sharps are placed in rigid, puncture-resistant containers that are appropriately labeled. The filled containers are autoclaved at the generation site and transported to a secure storage area prior to being incinerated.
   2. Contaminated animal wastes are placed in plastic bags and transported directly to the Animal Care facility for incineration.
   3. Minimal quantities of residue liquid wastes including blood, body and animal fluids are flushed down a sanitary sewer with large amounts of water. Larger quantities of liquid wastes are to be solidified, placed into secure storage and incinerated.
   4. Tissues, cultures, blood products and other laboratory wastes are placed in labeled plastic bags and autoclaved. After autoclaving, the bags are labeled to indicate they contain decontaminated medical wastes and placed into secure storage prior to incineration.

C. Disposal of medical waste.
   1. All medical waste except for B.3 will be ultimately disposed of by incineration either on campus or by a licensed contractor.
   2. No medical waste will be disposed of by landfilling.

D. Personnel protective measures.
   1. All disposable objects that may cause skin punctures or cuts are placed in rigid, puncture resistant containers.
   2. Disposable gloves are worn by personnel when handling medical waste.
   3. Medical wastes are placed in plastic bags that are labeled with a biohazard symbol or with the words "medical waste". The bags are closed and tied shut, and double bagged when there is a possibility of leakage due to the nature of the medical wastes.
   4. At the Health Center, puncture guard/sheath props are used to remove and replace needle sheath.

E. Management responsibility.
   1. Each department generating medical waste shall designate an individual to oversee the handling of medical waste and assure compliance with this management plan.
   2. The Environmental Health and Safety Officer shall be responsible for the overall administration of this management plan and shall perform periodic
inspections and surveys of medical waste handling procedures to assure compliance with the Medical Waste Act of Michigan and this management plan. The Environmental Health and Safety Office shall pick up medical wastes and provide secure storage until incineration disposal.

Richard P. Duffett,
Vice President for Administration and Finance
Contact: Physical Plant
TO: All Members of the University Community 2003:20

DATE: April 2004

Mercury Minimization Policy
(Effective December 1, 2003)

I. PURPOSE

The purpose of this management plan is to establish procedures for the identification, proper storage, and environmentally correct disposal of mercury-containing devices and chemicals. This task is a proactive action to protect the health of all persons on the FSU campus and to allow for compliance with Big Rapids City Ordinance No. 521-08-03 governing the discharge of materials into the municipal sanitary sewer system.

II. EMPLOYEE AND STUDENT RESPONSIBILITY:

The procedures in this management plan shall be followed by any University employee or student who works with chemicals or items which contain any mercury – pure form as a liquid or in a chemical form.

III DEFINITIONS:

A. Mercury – a naturally occurring heavy metal found in nature that has properties which cause major human health problems and environmental contamination when released into the air, water, or soil.

B. Mercury Substitution – the replacement of a mercury-containing device or chemical with a suitable equal that does not contain any mercury.

C. Proper Waste Disposal – all mercury-containing devices and chemicals shall be disposed of through the Environmental Engineer’s Office (or designee).

D. Semi-annual Reporting – required by the City of Big Rapids and shall be completed by the Environmental Engineer.

E. Semi-annual Inventory – reference “Waste Minimization Program” FSU Business Policy letter #2002:04 – each academic and support department shall review their annual chemical inventory every six months and report to the Environmental Engineer the quantity of mercury-containing devices and chemicals in their respective campus facilities.

F. Spill Clean up – any mercury metal or chemical compound, which is released into the environment by means of the breakage of a device or chemical spill, shall be reported to the Office of Public Safety and remediated by the FSU HAZMAT Team or if a small spill, by the party responsible for the incident.

IV. GENERAL PROCEDURES:

A. Identify all mercury sources on campus.

B. By September 2007 eliminate all known sources – replace with mercury-free alternatives.

C. Promote the use of non-mercury containing devices and chemicals.
D. Implement a mercury-free purchasing policy.
E. The Environmental Engineer (or designee) to coordinate a mercury collection and disposal program.
F. Provide training for faculty and staff to clean up incidental mercury spills and a HAZMAT trained staff for all other mercury spill remediation. 

V MANAGEMENT PLAN

A. All faculty and staff to identify and inventory mercury-containing devices and chemicals in their respective areas. See FSU home page (www.ferris.edu) for a quick link to a mercury device/chemical checklist.

B. The Department who has ownership of the chemicals shall:
   1. Label all chemical containers that contain mercury with an Hg label.
   2. Segregate and restrict access to all mercury-containing chemicals.
   3. As practical, remove these chemicals from the academic and support areas by making them available for disposal by the Environmental Engineer.

C. The Environmental Engineer will log all items for disposal, calculate the amount of mercury being disposed of and provide reporting to the City of Big Rapids per the ordinance.

D. Spill Clean Up:
   1. Small scale spills will be remediated by the responsible person provided they have the proper materials and equipment available.
   2. All other spills will be remediated by the FSU HAZMAT Team.
   3. All mercury waste will be disposed of by the Environmental Engineer with appropriate documentation covering the source and amount of mercury involved in the spill.

E. Management Responsibility:
   a. Each academic and support department will submit to the Environmental Engineer their mercury inventory on September 1st and March 1st of each year. 
   b. The Environmental Engineer shall be responsible for the overall administration of this compliance plan and shall have the full and timely cooperation of all faculty, staff, and administrative employees toward compliance with the ordinance.
   c. The Environmental Engineer will develop and maintain a FSU home page quick link accessible inventory check sheet that will be used to report all mercury compounds and devices.

This policy should be reviewed and revised annually by the Environmental Engineer through the Office of the Assistant Vice President for Physical Plant. Any revisions of this policy shall be effective upon approval of the revised policy by the Vice President for Administration & Finance.
Richard Duffett, Vice President
Administration and Finance

Contact: Physical Plant
BUSINESS POLICY LETTER
TO: All Members of the University Community
DATE: October 2004

SMOKING POLICY
(Supersedes 2001:06 and 2003:04)

I. Purpose
This policy statement represents Board of Trustees approved policy in accordance with, and in addition to, Public Act 198 of 1986, otherwise known as The Michigan Indoor Clean Air Act, MCL 333.12601 et. seq.; MSA 14.15 (12601) et. seq. (hereinafter “Act”).

II. Policy
It is the policy of Ferris State University to, at a minimum, abide by the Act, and any amendments that may be adopted under the Act, which generally prohibit smoking in public places as defined in the Act.

Smoking is prohibited within twenty-five (25) feet of the exterior doors of all Ferris State University facilities unless officially designated otherwise by the University.

Smoking is prohibited in all enclosed indoor areas at Ferris State University, which are used by the general public or serve as a place of work for University employees, except in designated, pre-approved and posted smoking areas. This prohibition does not apply to:

A University apartments.

B. A room, hall or building used for private functions where the seating arrangements are under the control of the sponsor of the function, not the University.

C. A food service establishment or to licensed (liquor) premises.

III. Procedures. The Office of Human Resource Development shall maintain records of complaints. A procedure shall be developed to receive, investigate and take action on all complaints.

TO: All Members of the University Community

DATE: March 2008

TRANSPORT of SICK & INJURED

I. INTRODUCTION:

Persons who are sick or injured on the campus of Ferris State University or Kendall College of Art & Design (or the off-campus site of a University-affiliated function), and are in need of emergency transportation, must be transported according to the provisions of this policy.

II. POLICY:

When someone becomes seriously ill or sustains serious injury, 911 must be called immediately.

If an illness or injury appears non-life-threatening, and the sick or injured person is conscious, is able to make the decision themselves, and is able to provide or secure their own transportation to a medical facility or elsewhere, the University is not involved in the decision.

University personnel should not transport anyone who is seriously ill or injured, but should, instead, obtain emergency assistance by calling 911.

The University is not responsible for costs incurred through emergency transportation; such costs are the responsibility of the injured person.

III POLICY EXCEPTIONS:

Under certain circumstance, and at the express direction of the Director of Public Safety or his/her designee, the Ferris State University Campus Police may provide transportation of sick or injured persons.

If an employee illness or injury appears non-life-threatening, and the sick or injured employee is conscious and able to make the decision themselves, University personnel may transport a fellow employee to a medical facility, provided the sick or injured employee has so requested. Work-related illness or injury to University employees is subject to Workers’ Compensation (FSU-HRPP 04:01).

RELAT ED DOCU MENTS:

Treatment of Students Injured in Class (BPL 1997:17) Workers’ Compensation (FSU-HRPP 04:01)
Student Injury/Incident Report or Employee Incident Report Form

Richard Duffett, Vice President for Administration and Finance
Contact: Department of Public Safety

Bpl0810.docx
TO: All Members of the University Community 97:17  
DATE: September 1997

**Treatment of Students Injured in Class**  
(Supersedes 82:3; updated, not revised)

Students who are injured in class for any reason should be referred to the Birkam Health Center, or Mecosta County Medical Center, depending on the severity of the injury. Referrals to the Birkam Health Center can be made on a "no charge" basis when, in the judgment of the instructor, treatment should be provided without delay. In such instances, instructors should advise the Health Center by phone of the referral and authorize the visit to be on a "no charge" basis. Either the student or the instructor need to fill out the "Student Incident/Accident Report".

Students referred to Mecosta County Medical Center would be on the same basis as for a normal out-patient hospital visit. The student (or parents) or his/her insurance would be expected to cover resulting costs.

Richard P. Duffett,  
Vice President for Administration and Finance  
Contact: Birkam Health Center
ATTACHMENT 1

DENTAL HYGIENE PROGRAM
BASIC LIFE SUPPORT and FIRST AID TRAINING
FOR STUDENTS, FACULTY, STAFF

The Dental Hygiene Program recognizes that emergencies may occur in the dental hygiene clinic. A significant aid in preparedness for emergencies is training in basic life support.

It is the policy of the Dental Hygiene clinic that students, faculty and staff who participate in the dental hygiene clinic on a regular basis should maintain current certification in cardiopulmonary resuscitation (CPR).

The goal of the program is that all faculty, staff, and student training should be at the level of “Basic Life Support for the Professional Rescuer (BLS – American Red Cross) or “Basic Life Support for Health Care Providers” (BLS Course C – American Heart Association). Training should include the use of a face mask, automated external defibrillator (AED), and 1 and 2 person CPR.

An exemption will be made for those who may not participate in training or deliverance of CPR for documented medical reasons.

As of Fall 2012, the incoming students will take a course in Basic First Aid, which will expire 2 years from the date of certification.

Records of certification status of CPR will be maintained by the Dental Hygiene Clinic Operations Supervisor.

Adopted as clinic policy: October 21, 1994
Revised 2007
Revised 2012
ATTACHMENT 2

GUIDELINES TO AID IN DETERMINING WHO MAY BE ELIGIBLE TO BE AN X-RAY PATIENT

To be eligible for radiographs, a patient must have a private dentist of record who requests that radiographs be taken, or if it is considered necessary by clinic a clinic dentist or instructor, in order to provide treatment in the dental hygiene clinic, or to aid in evaluating a condition so that referral to private dentist can be made.

The student should obtain the following information from a prospective radiographic patient prior to seeking authorization to take x-rays:

   a. Has head and/or neck radiation therapy been given to the patient? Patients having prior head and/or neck radiation should have their physician/therapist consulted prior to exposing of any radiographs.
   b. Has the patient recently had radiographs, what type of survey was done, what part of the body was surveyed?
   c. Has the patient recently undergone dental treatment?
   d. What was the last date of dental radiographs and the type of survey taken?
   e. What is the patient's present dental condition?
   f. Is the patient pregnant? (Does she suspect that she might be?)

Qualifications for BWX

1. The patient's private dentist requests BWX (via phone or letter), or if the clinic dentist or instructor deems necessary. (The following situations may indicate the need for bitewing x-rays when consulting with the patient's dentist.)
   a. The patient has had no BWX taken within the past 1 year.
   b. BWX have been taken within the past 1 year, but the patient presents with apparent caries, periodontal condition, other obvious need for dental treatment/consultation, or signs and symptoms without apparent cause.
   c. As an adjunct to establish need for treatment in conjunction with a thorough oral exam.
   d. In some cases, BWX may be taken on completion of restorative procedures – this is at the discretion of the clinic dentist.
Qualifications for FMX Survey

1. The patient’s private dentist requests FMX (via phone or letter), or if the clinic dentist or instructor deems necessary. (The following situations may indicate the need for a full mouth series of x-rays when consulting with the patient’s dentist.)
   a. BWX survey indicates need for more comprehensive investigation (as determined by clinical instructors or D.D.S.).
   b. Patient presents with badly deteriorated oral conditions, including multiple restorative urgencies. FMX are used as screening device to determine the best course of treatment or referral.
   c. Patients who appear to have multiple restorative needs – particularly if there is a question(s) of pulpal involvement. This allows consideration of the patient’s restorative, periodontal, endodontic and prosthetic needs so that treatment planning will sequence the appropriate procedures for comprehensive care.
   d. Prior to orthodontic banding or periodontal treatment, or if the patient indicates a desire for consultation with either of these specialists to determine treatment feasibility (upon request of private dentist).
   e. FMX to be taken for use as baseline data: If you have an adult patient that has never had FMX that has a dentist of record they are currently seeing on a regular basis, FMX may be taken. BUT, the dentist of record must be contacted to inform him/her that FSU is willing to provide the service if he/she will authorize the treatment.

2. FMX authorization prior to dental hygiene care.

3. The patient presents with a periodontal condition which could be better treated if radiographic records were available as an aid in dental hygiene care. (Eg., multiple periodontal pockets or mobility, suspected bone loss). If it is determined by either the clinic dentist or clinic instructor that such x-rays will aid in dental hygiene care, it is not necessary to get permission from the patient’s private DDS. This can be done after assuring that there are not current similar films available at the patient’s private dentist’s office.
Qualifications for Panelipse

1. The patient's private dentist requests pan (via phone or letter), or if the clinic dentist or instructor deems necessary. (The following situations may indicate the need for a panelipse when consulting with the patient's dentist.)
   a. If BWX or FMX reveals possible cyst, tumor, fracture, or other pathology unable to be documented by the use of smaller films.
   b. If a patient requires FMX but is unable to tolerate intraoral films.
   c. Prior to fabrication of complete dentures for an already edentulous patient if no FMX within 1 year.
   d. As a screening device for asymptomatic pathology in persons without obvious restorative needs, but who do not receive regular oral and radiographic exams.

Third Molar Periapicals

If a patient presents with third molar problems a periapical may be taken of that area upon discretion of faculty to be used during consultation with clinical dentist. Additional films, including panoramic films, may be taken if need is determined by the patient's dentist, the clinical dentist, or the instructor.

Revised 2012
ATTACHMENT 3

CLINIC INFORMATION STATEMENT

Welcome to the Ferris Dental Hygiene Clinic. This facility provides the opportunity for our dental hygiene students to receive their clinical experience in preparation to become licensed professional dental hygienists. The services provided by the student dental hygienists are under the supervision of licensed dental hygienists and dentists.

These services include:

- Oral prophylaxis
- Extra and intraoral examination
- Blood pressure screening
- Oral hygiene evaluation and instruction
- X-rays for diagnosis by a dentist
- Polishing amalgam restorations
- Topical fluoride application
- Pit and fissure sealants

As a patient in the clinic, you are entitled to considerate, respectful, and confidential treatment that meets the dental hygiene profession’s standard of care. You should expect to be informed of the treatment recommended and alternatives, the option to refuse treatment, the risk of no treatment, and the expected outcomes of various treatments. You should expect to know the cost of the treatment in advance. You should expect to be kept informed on the status of your condition and the anticipated length of time for treatment to be completed.

**The dental hygiene care that you receive is NOT a substitute for your regular periodic examination from your own dentist.** We encourage you to contact your dentist for a dental examination so that he/she can determine your additional dental needs.

Revised 2012
ATTACHMENT 4
STUDENT INJURY/INCIDENT REPORT
FERRIS STATE UNIVERSITY

PERSON INJURED
Name:_________________________________________________ Student
Number:___________________________________________

Local
Address:__________________________________________City:_________________________________State:____

Local Telephone Number:_____________________________

Permanent
Address:_____________________________________City:_________________________________State:____

Permanent Telephone Number:________________________

DETAILS OF INJURY/INCIDENT
Date:____________________ Time:_________________ a.m. / p.m. (circle correct one)

Location: Building:____________________________________ Room Number (or
Area):_____________________________

Type of Injury Setting: 1) Academic_____ 2) Recreation/Intramural_____ 3) Other_________________________________

Area of the body
injured:__________________________________________________________________________________

(Needs right/left where needed)

Narrative of
Injury/Incident:_______________________________________________________________________________

(What was student doing when injured?)

Type of treatment received at the scene: 1) None required_____ 2) First aid
(describe)_____________________________________

If further medical care is recommended, injured person transported by: 1) Ambulance_____ 2) Friend_____
3) Refused_____ 4) Other (explain)____________________________________________________________

If medical care is recommended but refused, please obtain the injured person’s signature:
“I hereby refuse further medical treatment.”_____________________________________________________
WITNESSES

Name:____________________________________   Student   Number*:_________________________   Local (campus)
Telephone:____________________

Name:____________________________________   Student   Number*:_________________________   Local (campus)
Telephone:____________________

*If not FSU student, list campus address or local address.

PERSON COMPLETING REPORT

Name:______________________________________________
Title:______________________________________________
Report:____________________________________________
Campus:___________________________________________
Signature:______________________________________________
Date:________________
Telephone:________________

NOTE: The student shall not be transported by faculty or staff. The student may be transported by a friend or an ambulance if medical care is needed.

IN CASE OF AN EMERGENCY CALL: 911

Send original to Risk Management & Insurance, Prakken 150-G. Retain Copy for your files

Risk Management Office Use Only:
As you know, we occasionally need to replace pit and fissure sealants which had been previously placed. It is sometimes difficult to determine when there should be a new charge for the sealant placement. This should serve as a guideline for when charges should be made.

If the sealant was originally placed within one year of the current appointment date, then there should be no charge for the resealing of the tooth.

If it has been greater than one year since the sealant has been placed, then there should be a charge for the sealant.

In many cases, if a sealant is going to fail, it will occur within the first few weeks or months after it has been placed. Often, we should know if the sealant was successfully placed at the subsequent recall appointment (6 months or a year after placement). It is recommended that at this subsequent appointment, the sealant be carefully re-evaluated by the clinic instructor/DDS in order to identify teeth requiring resealing well within the one year guideline mentioned above.

Revised 2012
ATTACHMENT 6

A CONTRACT OF UNDERSTANDING AND AGREEMENT REGARDING THE CARE AND HANDLING OF ALL PATIENT FILES AND PATIENT INFORMATION

This contract of understanding and agreement is intended for all Ferris State University Dental Hygiene students and staff. Its purpose is to ensure a complete understanding by the dental hygiene students and staff on the correct and proper handling of all patient files and patient information.

As you read this contract of understanding and agreement, if you have any questions or need clarification on any point, it is your responsibility to ask. Your signature is mandatory. Patient files will not be released to you without it. Please read this thoroughly and return to the DH Clinic Operations Supervisor upon signing.

Patient record defined: “The repository of information about a single patient. This information is generated by health care professionals as a direct result of interaction with a patient or with individuals who have personal knowledge of the patient (or with both).”

Patient confidentiality defined: “One who transmits information to a health care provider as part of the relationship between the provider and the patient under circumstances that imply that the information shall remain private.”

“Health records (regardless of the media in which they are maintained) are the property of the healthcare provider, but the health information contained in the records belongs to the patient. Disclosure of health information must be done prudently to protect the patient’s right to privacy.”

- The dental hygiene student/staff will discuss patient information with the patient, parent, or guardian of the patient, or an instructor (within the FSU Dental Hygiene program) only.

- The dental hygiene student/staff will take great care when discussing patient information, that the location and tone of this discussion be appropriate. For example, talking too loud or in an area where others can overhear is not appropriate. Talking about patients in the hallway, restrooms and/or in the student lounge is not considered private and confidential areas.

- All dental charts and patient records will be treated with confidentiality at all times. During assigned projects, any identifiable patient information must be removed.

- The use of cell phones to take photographs of portions of the patient record is prohibited as the patient name cannot be obstructed when taking a photograph.

- Patient information, which is maintained in the computer, will be handled with the same degree of care for patient confidentiality as with a paper record.

VFS 205, the dental computer room is off limits to the general public. Boyfriends, girlfriends and friends outside of the dental hygiene program do not belong is this restricted area.
• A dental hygiene student patient file is to be cared for in the same manner as any other patient file.

• One outcard must be completed for each patient file you wish to receive. This outcard must have your 4-digit ID number, patient name, and date of request as in the example:

<table>
<thead>
<tr>
<th>OUT TO</th>
<th>FILE NUMBER OR NAME OUT</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1106 (Student cassette number)</td>
<td>Doe, John</td>
<td>April 12, 2011</td>
</tr>
<tr>
<td>C (stands for clinic if chart going to clinic)</td>
<td>Potter, Harry</td>
<td>May 1, 2011</td>
</tr>
<tr>
<td>Jackson (Instructor name)</td>
<td>Snead, Mary</td>
<td>May 29, 2012</td>
</tr>
</tbody>
</table>

• When the patient file is returned to its appropriate location, the out guide must be removed and the identifying information previously recorded will be blackened with marker.

• You may be asked to state your reason for requesting a patient file. If your need to see the file is unnecessary (information is in the computer) or inappropriate (just curious about something), your request for the file will be denied.

• The dental hygiene student/staff will refer all requests for release of any patient information to the office receptionist in VFS 202.

• All files will be returned to the clinic office (VFS 202) or to your instructor by the end of the day and when returned, returned in such a manner as to protect the identity of the patient. It is requested that all recognizable information of the patient is placed face down in the collection basket.

• Patient files may be taken to rooms VFS 201 (main clinic), VFS 202 (front office/waiting room), VFS 203 (radiology), VFS 204 (little clinic), or VFS 205, ONLY.

• Patient files may be taken to a classroom or instructor office ONLY if the instructor has asked you to do so. A verbal or written request from the instructor is necessary.

• All documentation (except charting) will be completed in black ink. If an error is made, a single line will be drawn through the error with your initials next to it. Liquid paper (white-out) is never to be used in a patient file.

• All documentation will be completed in a timely manner. Incomplete records will be completed within five (5) days of the posted incomplete list.

• The DH Clinic Operations Supervisor along with the Program Coordinator in collaboration with the course instructor will determine the degree of discipline for any infraction of these rules. Dismissal from the program could occur or severe grade penalties can occur!
ATTACHMENT 7

SURFACE AND EQUIPMENT MANAGEMENT

Chemical Agent Used for Surface Disinfection
- Agent: Sani Cloth
- Treatment Time: 3 minutes

Before the First Patient – At the Start of Clinic

1. **Don** safety glasses, face mask and utility gloves, lab coat.

2. **Check for gross debris** – if present, remove with soap and water, then dry surface.

3. **Disinfect** the following **surfaces** using the technique described below.
   a. **Wipe** – Wipe Technique
      1) **Procedure**
         a) **Wipe** surface/small items with disinfectant.
         b) **Wipe** surfaces with disinfectant-wetted gauze.
         c) **Wipe** surface/small items.
         d) **Leave** surface **wet** for **3 minutes**.
         e) At the end of 3 minutes: With gloved hands, dry any surface/item still wet with disinfectant prior to putting out patient treatment supplies.

      2) **Surfaces to be Treated**
         a) Side counter top/ mobile cabinet or table top
         b) Small items (towel chain, clipboard, patient safety glasses, pen, pencils, acrylic mirror)

   b. **Wipe** – Wipe Technique
      1) **Procedure**
         a) Wet paper towel with disinfectant.
         b) **Wipe** appropriate surfaces.
         c) Wet a new set of gauze.
         d) **Wipe** appropriate surfaces a second time.

      2) **Surfaces to be Treated**
         a) Door/Drawer handles
         b) Viewbox and ON/OFF switch
         c) Suction arm and supports
         d) Soap dispenser handle
         e) Operator stool: arm pads, back, and seat levers
4. **Treat utility gloves** as follows:
   a. Wipe gloves with disinfectant-moistened gauze/paper towel.
   b. Remove and place gloves in zip lock bag.
   c. Place bagged gloves in instrument case.

5. **Wash hands.**

6. **Barrier cover** the following surfaces.

<table>
<thead>
<tr>
<th>SURFACE</th>
<th>APPROPRIATE BARRIER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Chair – headrest/back</td>
<td>Plastic bag</td>
</tr>
<tr>
<td>Dental Unit – bracket tray</td>
<td>Paper IMS cassette cover</td>
</tr>
<tr>
<td>Dental Unit – handpiece pad and console, chair positioning touch pad, both bracket tray arm brake levers</td>
<td>Plastic bag – tie off bag to the side</td>
</tr>
<tr>
<td>Dental Unit – air/water syringe</td>
<td>Plastic cylinder – syringe cover</td>
</tr>
<tr>
<td>Suction Arm – element(s) to be used, i.e., - saliva ejector adaptor - HVE adaptor - air/water syringe</td>
<td>Small plastic bag</td>
</tr>
<tr>
<td>Dental Light – Handle (on operator's side, only)</td>
<td>Plastic handle cover</td>
</tr>
<tr>
<td>Dental Light – ON/OFF switch</td>
<td>Appropriate barrier</td>
</tr>
<tr>
<td>Side Counter/Table surface</td>
<td>Paper tray cover</td>
</tr>
</tbody>
</table>

7. **Activate** the self-contained **water system**.
   a. Turn off the unit master switch.
   b. Remove the water bottle from the unit.
   c. Fill the bottle with distilled water.
   d. Re-install filled bottle by doing the following.
      • Hold bottle beneath water pick-up tube.
      • Catch the end of the water pick-up tube with the lip of the bottle, allowing the tube to extend straight down into the bottle as you position the bottle beneath the cap. (**Do not touch the pick-up tube during this process.** If you must touch the tube to get it into the bottle, do so by holding it with a paper towel.)
      • Screw the bottle onto the cap until it is secure. (Do not over tighten.)
   e. Turn on the master switch
   f. Wait 60 seconds. (During this time you will hear air filling the bottle until it is
pressurized to 40 psi.)
g. Operate the syringe (hold over sink) by pressing the water button to replace the air in the line with water.

8. You are now ready to put out patient treatment supplies needed for this appointment.

**Between Patients**

1. *Don* safety glasses, face mask, and utility gloves, lab coat.

2. **Carefully remove all barrier covers** in such a manner that prevents contamination of the surface beneath the barrier.

3. **Disinfect** the following **surfaces**, using the appropriate technique.

   **Wipe-Wipe Technique**

   - Side counter/table top or mobile cabinet
   - Small items (towel chain, clipboard, pen, pencils, patient safety glasses, acrylic mirror)
   - Door/drawer handles
   - Viewbox and OFF/ON switch
   - Suction arm and supports
   - Soap dispenser handle

4. **Treat utility gloves** as previously described and store in case.

5. **Wash hands**.

6. **Flush water line for 30 seconds** (Hold air/water syringe over sink, while depressing the water button for 30 seconds to run water through the lines).

7. **Place new barrier covers** as described in “Start of Clinic” procedure – step #6.

8. **IF WATER IN BOTTLE IS LOW**, refill the bottle following the steps listed in “Start of Clinic” procedure – step #7.

9. You are now ready to put out patient treatment supplies needed for this appointment.

**After the Last Patient – At the End of Clinic**

1. *Don* safety glasses, face mask and utility gloves, lab coat.

2. **Remove handpiece** from connector/tubing (IF USED)

3. **Remove the air/water syringe tip**
4. **Take cassette** (and handpiece – if used) to sterilizing room.

5. **Treat suction system** by doing the following:
   a. Run one cup of water through the line of the suction element used (i.e., HVE and/or saliva ejector).
   b. **If the HVE was used**, clean the solids collector as described in the handout on the A-dec Cascade Dental Unit.

6. **Carefully remove all barrier covers.**

7. **Disinfect the following surfaces** (i.e., all surfaces that were previously disinfected, plus selected surfaces that had been barrier covered).
   a. **Previously disinfected surfaces to be chemically treated.**
      - Side counter/table top (Wipe-Wipe)
      - Small items: towel chain, clipboard, pnt. safety glasses, pen/pencils, acrylic mirror (Wipe-Wipe)
      - Door/Drawer handles (Wipe-Wipe)
      - Viewbox and ON/OFF switch (Wipe-Wipe)
      - Suction arm and supports (Wipe-Wipe)
      - Soap dispenser handle (Wipe-Wipe)
   b. **Barrier covered surfaces to be disinfected.** Use Wipe-Wipe technique for all the following surfaces.
      - Dental chair: - headrest adjustment knob
      - Dental Unit: - bracket tray and tray support (do not try to disinfect the no-skid mat between the metal tray and the tray support)
      - - Air/water syringe and cord
      - - Handpiece pad
      - - Handpiece connector and hose (if used)
      - - Chair positioning touch pad
      - - Bracket tray arm brake lever used
      - Dental Light: - Handle used
      - - ON/OFF switch
      - Suction arm: - item(s) used [i.e., saliva ejector adaptor, HVE adaptor, air/water syringe-if used]
      - Any surface that is visibly contaminated or that might have been contaminat-ed during barrier removal.

8. **Wipe the dental chair** with hard surface disinfectant (Birex).

9. **Scour sink.**
10. Wash operator glasses.

11. Prepare trash to be emptied by:
   - Remove bag from waste basket – leave open on floor.
   - Place a new liner in waste basket.

12. Treat utility gloves and store.

13. Wash hands.

14. Empty trash now that all paper towel has been disposed of, by doing the following.
   - Tie off/knot top of trash bag securely.
   - Throw trash bag into gray fiberglass trash bin in hall, outside clinic.

15. Empty water bottle by: turning unit off, removing, emptying, and reinstalling.

16. Turn the dental unit master ON/OFF toggle switch to the OFF (“O”) position.

17. Position the equipment in the “CLOSED UNIT” position.
   a. Dental chair is positioned upright.
   b. Dental chair elevated on base just enough so suction arm hoses are off floor.
   c. Foot control has been wiped and is placed on a clean paper towel on the chair seat.
   d. Foot control for the ultrasonic unit is wiped and placed in the cabinet
   e. Dental tray and handpiece console is positioned over chair seat.
   f. Dental light is positioned over dental tray/handpiece console.
   g. Operator’s stool: Stool is positioned behind the dental chair.

Revised 2012
ATTACHMENT 8

RADIOLOGY AREA ASEPSIS

Preparing the x-ray cubicle

1. Don the personal protective equipment
   a. Film badge (if assigned)
   b. Clinic lab coat
   c. Safety glasses
   d. Face mask
   e. Gloves

2. Disinfect room surfaces (using the wipe/wipe technique) and small items.
   a. Chair arms
   b. Chair headrest (supporting frame with control bar)
   c. X-ray viewbox (front, top, and sides)
   d. Clipboard
   e. Pen
   f. Tray

3. Remove gloves and wash hands.

4. Place barrier covers over the following.
   a. Tubehead – bag
   b. Headrest – headrest cover
   c. Exposure selector knob – use adhesive-backed sheet
   d. Exposure button (hall) – use adhesive-backed sheet
   e. Vertical post (supporting tubehead) – use adhesive-backed sheet
   f. Tray – use tray cover
   g. Cubicle door – use two, connected adhesive-backed sheets; placing one half on the front side of the door and one half on the back side of the door.
   h. If using a computer, barrier the keyboard and the sensor or the Phosphor plates, accordingly

5. **When in doubt, sanitize the room!**

6. Gather supplies
   a. Labeled plastic cups (2)
   b. Stabe holders
   c. Bitewing tabs (2)
   d. Cotton tip applicator
   e. Cotton rolls (if needed)
Preparing to Expose Radiographs

1. Greet patient and take care of fee collection. Get authorization stamped “PAID”

2. Complete any paperwork or patient data review needed:
   a. Complete/review MD Hx, BP, Rad OE (Radiology Oral Exam, an exam that checks for anatomical structural changes, lesions, or unique tooth positions)
   b. Get films from your instructor by showing the “PAID” stamp to instructor

3. Drape patient with lead-lined apron/thyroid collar.

4. Wash hands.

5. Don treatment gloves and face mask.

Expose Radiographs

Preparing to Process Traditional Films

1. Cover a tray with paper towel.

2. Place a clean cup in upper right corner of tray.

3. Arrange films on the tray in an orderly fashion.

4. Moisten a paper towel with disinfectant.

5. Wipe both sides of each film.

6. Place “wiped” films in the “clean” cup.

7. Throw away contaminated items.
   a. Cup labeled “E” that held exposed films
   b. Paper towel covering tray
   c. Gloves worn while exposing the films

8. Wash hands.


10. Take tray into darkroom and process films

Revised 2012
ATTACHMENT 9

COMPLETE OR PARTIAL REMOVABLE DENTAL APPLIANCE PATIENTS
PROPHYLAXIS APPOINTMENT PROCEDURE

PROFESSIONAL CLEANING IN THE ULTRASONIC IS ONLY DONE AT THE FIRST APPOINTMENT IN THE SERIES OF APPOINTMENTS. ONLY ONE DENTURE CUP IS GIVEN OUT.

REMOVABLE DENTAL APPLIANCE CLEANING PROCEDURE

Armamentium:
- Disposable denture cup. Label with the patient name and unit number.
- 2 plastic bags, adhere autoclave tape at the top. Label with unit number. Put one inside the other.
- Denture brush for all patients & only at 1st appointment.
- Denture cleaning tablets (and/or denture adhesive if requested).
- Appropriate PPE for the STUDENT HYGIENIST (gloves, face mask, safety glasses, gown).

AT THE INITIAL APPOINTMENT THE STUDENT HYGIENIST WILL DO THE FOLLOWING AT THE REMOVABLE DENTAL APPLIANCE CLEANING STATION FOLLOWING ASEPtic PROCEDURES:

<table>
<thead>
<tr>
<th>WHO:</th>
<th>ACTION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Hygienist</td>
<td>Gather armamentarium and perform extra oral exam. Inform instructor.</td>
</tr>
</tbody>
</table>
| Instructor            | Inspect appliance and decide if it is to be cleaned. If the patient does not have the appliance in their mouth:  
                         |   • Request the appliance and check fit.                           |
|                       |   • Place appliance in doubled Zip Lock bags within the denture cup. |
| Student Hygienist     | At the Removable Dental Appliance Cleaning Station:                    |
|                       |   • Add enough Tartar and Stain Remover to cover the appliance.       |
|                       |   • Place sealed and labeled bags into ultrasonic basin with the closed edge of the bags hanging outside of the ultrasonic rim. |
|                       |   • Close ultrasonic bin and set timer for a minimum of 10 minutes.   |
|                       | At the Removable Dental Appliance Cleaning Station:                    |
|                       |   • Verify the correct appliance.                                     |
|                       |   • **LINE THE SINK WITH PAPER TOWELS TO CUSHION APPLIANCE IN CASE DROPPED.** |
|                       |   • Drain Tarter and Stain Remover and rinse with water.               |
|                       |   • Brush all surfaces with the denture brush.                        |
|                       |   • Inspect to see that all stains and deposits have been removed.    |
|                       |   • Place appliance in denture cup with enough diluted mouthwash to cover the appliance. |
|                       | Sanitize the station and sink.                                        |
|                       | At the dental unit:                                                   |
|                       |   • Drain mouthwash and return appliance to patient to seat themselves.|
|                       |   • Ensure proper fit by asking patient if the appliance feels comfortable.|
|                       |   • Give patient the denture cup and supplies.                        |
|                       |   • Educate patient about denture care.                                |
|                       |   • Document (services rendered) any issues regarding how the appliance fit, if there was a problem discussed by student hygienist and instructor. |
|                       |   • DDS may be consulted.                                             |

Revised January 2017
## ATTACHMENT 10
### Limits of Normal Blood Pressure in Children 17 Years of Age and Younger and Dental Considerations

<table>
<thead>
<tr>
<th>Age/Sex</th>
<th>Systolic (mmHg)</th>
<th>Diastolic (mmHg)</th>
<th>Dental Treatment Considerations:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4 yrs (female)</td>
<td>97-106</td>
<td>53-65</td>
<td>None</td>
</tr>
<tr>
<td>1-4 yrs (male)</td>
<td>94-109</td>
<td>50-65</td>
<td>None</td>
</tr>
<tr>
<td>5-12 yrs (female)</td>
<td>103-120</td>
<td>65-77</td>
<td>None</td>
</tr>
<tr>
<td>5-12 yrs (male)</td>
<td>104-121</td>
<td>65-78</td>
<td>None</td>
</tr>
<tr>
<td>13-17 yrs (female)</td>
<td>118-126</td>
<td>76-81</td>
<td>None</td>
</tr>
<tr>
<td>13-17 yrs (male)</td>
<td>117-134</td>
<td>75-85</td>
<td>None</td>
</tr>
</tbody>
</table>

**UPDATED:** Limits of Normal Blood pressure for Adults 18 Years of Age and Older and Dental Considerations [Source: Heart.org/hbp](http://Heart.org/hbp)

<table>
<thead>
<tr>
<th>Adult 18 yrs &amp; Older</th>
<th>Systolic (mmHg)</th>
<th>Diastolic (mmHg)</th>
<th>Dental Treatment Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal BP</td>
<td>&lt;120</td>
<td>&lt;80</td>
<td>Recheck in 1 yr</td>
</tr>
<tr>
<td>Prehypertension (Elevated)</td>
<td>120-129</td>
<td>&lt;80</td>
<td>Recheck in 1 yr</td>
</tr>
<tr>
<td>Hypertension Stage 1</td>
<td>130-139</td>
<td>80-89</td>
<td>Refer, recheck in 1 yr, continue tx</td>
</tr>
<tr>
<td>Hypertension Stage 2</td>
<td>140-179</td>
<td>≥90</td>
<td>Refer to physician, Remeasure BP after 5 minutes, Inform pt of readings. Routine tx can be provided unless patient is unable to handle stress or if dental procedure is stressful</td>
</tr>
<tr>
<td>Hypertensive Crisis</td>
<td>&gt;180</td>
<td>&gt;120</td>
<td>Refer to physician immediately, NO TX</td>
</tr>
</tbody>
</table>

Updated May 2019

Blood pressure categories in the new guideline are:
- Normal: Less than 120/80 mm Hg;
- Elevated: Top number (systolic) between 120-129 and bottom number (diastolic) less than 80;
- Stage 1: Systolic between 130-139 or diastolic between 80-89;
- Stage 2: Systolic at least 140 or diastolic at least 90 mm Hg;
- Hypertensive crisis: Top number over 180 and/or bottom number over 120, with patients needing prompt changes in medication if there are no other indications of problems, or immediate hospitalization if there are signs of organ damage.

**Resources:**
The Medical History, Clinical Implications and Emergency Prevention in Dental Settings, Frieda Pickett, JoAnn Gurenlian, 2005, page 7,8,9.
Local Anesthesia, DH 163, Clark College, Section on Pre-Anesthetic Evaluation
Heart.org/hbp
Attachment 12

Algorithm for Clinician Assistance With Decision Making Treatment of Novel Influenza A H1N1 Virus

How to Decide When to Dismiss Patients Due to the Flu

Patient presents with
- Fever >100°F (37.8°C)
- Respiratory symptoms (may include cough, sore throat, etc.)
- or
- Sepsis-like syndrome*

Yes

- Dismiss patient and refer patient to physician for follow up

No

- If patient is waiting for family members, have patient wait in waiting room and ask patient to wear a face mask
- Proceed with services

*If person is at high risk for complications refer to physician. As with seasonal influenza, infants, adults ≥ 65 years-old, and persons with compromised immune systems may have atypical presentations.

Persons at high risk of complications: Children less than 5 years old; persons aged 65 years or older; children and adolescents (less than 18 years) who are receiving long-term aspirin therapy and who might be at risk for experiencing Reye syndrome after influenza virus infection/ pregnant women; adults and children who have chronic pulmonary, cardiovascular, hepatic, hematological, neurologic, neuromuscular, or metabolic disorders; adults and children who have immunosuppression (including immunosuppression cause by medications or by HIV); and residents of nursing homes and other chronic-care facilities.
• Information on infection control is available from Birkham Health Center or on www.ferris.edu and http://www.cdc.gov/swineflu/identifying patients.htm.

• Advise patient to stay home for 7 days after the start of the illness or 24 hours after symptoms have resolved. Whichever is longer.

ATTACHMENT 13

PATIENT BILL OF RIGHTS

• This facility provides the opportunity for our dental hygiene students to receive their clinic experience in preparation to become licensed professional dental hygienists. The services provided by the student dental hygienists are under the supervision of licensed dental hygienists and dentists.

• As a patient in the clinic, you are entitled to considerate, respectful, and confidential treatment that meets the dental hygiene profession’s standard of care. You should expect to be informed of the treatment recommended and alternatives, the option to refuse treatment, the risk of no treatment and the expected outcomes of various treatments. You should expect to know the cost of the treatment in advance. You should expect to be kept informed on the status of your condition and the anticipated length of time for treatment to be completed.

• The dental hygiene care that you receive at this clinic is NOT a substitute for your regular, periodic examination from your own dentist. We encourage you to contact your dentist for a dental examination so that he/she can determine your additional dental needs.

• We hope that your experience in the clinic is pleasant and satisfactory, and welcome the opportunity to work with you towards the goal of optimal oral health.

• Sincerely,

• DH Faculty, Staff, and Students
• Dental Hygiene Program
ATTACHMENT 14

PATIENT BILL OF RIGHTS

Welcome to the Ferris Dental Hygiene Clinic. This facility provides the opportunity for our dental hygiene students to receive their clinical experience in preparation to become licensed professional dental hygienists. The services provided by the student dental hygienists are under the supervision of licensed dental hygienists and dentists.

These services include: oral prophylaxis, extra and intraoral examination, blood pressure screening, oral hygiene evaluation and instruction, x-rays for diagnosis by a dentist, polishing amalgam restorations, topical fluoride applications, and pit and fissure sealants.

As a patient in the clinic, you are entitled to considerate, respectful and confidential treatment which meets the dental hygiene profession's standard of care. You should expect to be informed of the treatment recommended and alternatives, the option to refuse treatment, the risk of no treatment, and the expected outcomes of various treatments. You should expect to know the cost of the treatment in advance. You should expect to be kept informed on the status of your condition and the anticipated length of time for treatment to be completed.

The dental hygiene care that you receive is NOT a substitute for your regular, periodic examination at your own dentists. We encourage you to contact your dentist for a dental examination so that he/she can determine your additional dental needs.

__________________________________________________________

INFORMED CONSENT FOR DENTAL TREATMENT

I authorize the performance of dental services on __________________________ (myself or name of patient)

I have read the Clinic Information listed above. I understand that the services received here are not intended to replace a regular, periodic examination by my private dentist.

I understand that the dental procedures, the medical services rendered in conjunction therewith, and the post-operative care are to be performed and rendered by those individuals, including students, selected and deemed qualified by the dental teaching staff of Ferris State University.

I also authorize Ferris State University's medical and dental staff to administer anesthesia or medication as deemed necessary for my treatment.

I authorize Ferris State University to use my pictures, radiographs, records, models, or any reproductions of the same for the purpose of classroom illustration, publicity, or dental publication. I will hold Ferris State University free from any encumbrance or liability with respect to the above mentioned photographs, radiographs, records, models, or any reproduction of the same.
I authorize Ferris State University to release my x-rays or dental records to my private dentist as requested.

I understand that there may be circumstances where I may be reappointed, referred to a private dentist, or denied treatment if it is determined that my obtaining treatment is not in my best interest or that of the Clinic.

I hereby certify that I am of legal age and responsible to accomplish this release, and have read and understand the Patient Bill of Rights above.

Witness_____________________________________
Signature__________________________________________

Patient, Parent, or Guardian

Date______________________________________________
ATTACHMENT 15

Diabetes – What Should My Blood Sugar Levels Be?

For most people, good blood sugar levels are determined by the physician and the patient working together, collaboratively, to determine the optimum blood sugar level for the patient. Below is a table that represents guidelines for the patient:

<table>
<thead>
<tr>
<th>BLOOD SUGAR LEVEL:</th>
<th>MG/DL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before meals</td>
<td>80 to 120</td>
</tr>
<tr>
<td>2 hours after meals</td>
<td>160 or less</td>
</tr>
<tr>
<td>At bedtime</td>
<td>100 to 140</td>
</tr>
</tbody>
</table>

Ask the patient what their normal blood sugar level is closest to the time of day the patient is appointed at FSU Dental Hygiene Clinic. Be aware of the long appointment times and determine what type of intervention the patient may need, if necessary. Ex: if the patient's blood sugar drops, ask the patient if providing orange juice would be sufficient for recovery.

If the patient has eaten, but has not taken their insulin, it may be determined that the patient will need to be dismissed prior to the full length of the appointment. The patient is usually knowledgeable about their case, ask the patient what would be the best mode of treatment if they should have an episode.

Questions to ask (and document):

- What is a normal blood sugar level for you at this time of day?
- Have you eaten and what did you eat?
- What time did you eat?
- How do you feel today?
- If you take insulin, when did you last take it?
- If you should have any type of emergency situation develop regarding your blood sugar level, how would you want us to proceed?
- Do you have a local contact person that could take you home in the event something should occur? Current phone number?
- In the event of a diabetic emergency, we may feel it is necessary to call 911. Are you comfortable with that? If not, how would you want us to proceed?

October 2007
ATTACHMENT 16

PROFESSIONAL DECORUM POLICY
FERRIS STATE UNIVERSITY
DENTAL HYGIENE PROGRAM

Faculty, students and staff are members of a health profession team. We seek to create for our patients, colleagues, and visitors a professional atmosphere in all areas of the College of Allied Health and outreach sites. The appearance and behavior of the faculty, students and staff must contribute to maintaining a professional environment. **Unprofessional appearance and behavior may cause patients and visitors to question the standard of care offered at the Ferris State University Dental Hygiene Clinic and outreach sites.**

Clinic and Lab Attire

The student uniform or professional decorum policy for clinic and radiology lab participation consists of the following:

**Surgical scrubs:** Style and color selected by program and each student is expected to have a clean (and free of odors) set of scrubs for each day that they are scheduled to be in clinic.

**White jacket:** each student is expected to have one (1) white jacket and disposable lab coats for patient treatment. This is identified as the personal protective equipment (PPE). White jackets are not to be worn outside of the building, which is an OSHA requirement.

1) The lab coat should be buttoned during patient care.
2) Students in pre-clinic will be responsible for laundering their own lab coats.
3) Students in patient treatment clinics will wear **disposable lab coats** and when assigned a duty as sterilizing assistant and/or radiology assistant.

**White T shirt** or a **white turtleneck:** may be worn under and tucked into scrubs for warmth. Other colors worn underneath the scrubs will not be allowed.

**Socks:** Plain, white socks must be clean and free of holes. Socks must be high enough so that no skin is exposed when seated.

**Shoes:** Clean, white, rubber soled, low heeled and closed toe. Crocs are not acceptable.

**Identification:** Students are to wear name badges acquired from the Timme Center with their first name and the first letter of their last name on it.

**X-Ray Monitoring Badges:** Students that are to wear this will be identified by the DH Program Coordinator. The badge must be worn when working in the radiology
area. The badge must be returned at the end of each clinic/rad session.

**Hair:** Hair must be off the collar by either securing it with neutral color clips, pins, pony tail holder, or headband. It must be clean, away from the face, tied back or braided if long, so that it does not fall forward on shoulders.

Male facial hair will be short, trimmed, neat, and professional.

**Fingernails:** Must be short, **clean**, and free of nail polish. Fingernails must not extend past the end of your fingers when your palms are facing up. Hands must be free of odors i.e., smoking, heavily scented lotions or creams, etc.

**Make-up:** May be worn in moderation.

**Jewelry:** Only a wedding band, small watch, and up to 3 post-style earrings worn in the ear.

**Piercings:** No other facial piercings of the head and neck are allowed.

**Odors/Aromas:** Odors and aromas can be offensive to patients. For this reason, personal hygiene is of the utmost importance.
ATTACHMENT 17

PROFESSIONAL RESPONSIBILITY
(GENERAL INFORMATION)

NOTE: Dental hygiene faculty reserve the right to dismiss a student from clinic, lab, or lecture to correct infractions related to clinic participation of the dress and conduct policies. The student must correct the problem immediately and return to the clinic, lab, or lecture. No make-up arrangements will be provided for time lost as a result of neglect of these responsibilities.

A. Requirements to Clinic Participation

1. Students must have completed their medical history questionnaire prior to their being allowed to treat patients.

2. Students must maintain current (not expired) certification at the professional level of cardiopulmonary resuscitation throughout their clinical experience. This training should include use of face mask, use of the automated external defibrillator (AED), and 1 and 2 person CPR. See Attachment 1 for Dental Hygiene Program’s Policy on Basic Life Support Training.
   a. Students are to provide documentation of professional level CPR certification prior to entering the first semester of the professional sequence.
   b. A student without current professional CPR certification will be denied access to patient treatment.

3. Students must show proof of negative TB test not older than 6 months prior to entering the Dental Hygiene Program.

4. Students must have been educated on proper infection control practices.

5. Students must have been educated on infectious diseases as they apply to dental practice, including Hepatitis B.

6. Students must be informed of the availability of the vaccine to protect from Hepatitis B. A record documenting that each student has been provided with appropriate information on the risks of Hepatitis B, as well as the risks and benefits of the vaccines will be kept in the student’s dental chart.

B. Clinic Attendance

1. It is of extreme importance that students attend scheduled clinics in order to gain the knowledge and skills necessary to be a dental hygienist.

2. Students are expected to be present in clinic for all scheduled clinic sessions for the entire duration, and prompt for all patients.

3. Students are expected to be present and prompt for all scheduled clinic sessions where they provide supportive duties (i.e., office assistant, clinic assistant, etc.).
4. First and second year students in clinic classes who have moved or changed phone numbers during the school year must report this local change to the clinic receptionist as promptly as possible. It is preferable to have a mobile phone and phone number so you can be reached directly.

5. The only reasons that are acceptable as excused absences are:
   a. Personal illness (or your child’s illness) that requires a physician's attention (written document)
   b. A death in the immediate family or significant other (with documentation)
   c. University sponsored events (with authorized form – athletics, debate, etc.)
   d. Subpoena requiring you to be in court for testimony
   e. Inclement weather that, in the opinion of the local law enforcement, makes it too dangerous to drive (for commuters only)

6. Students who are ill, under a physician's care and cannot be present for clinic must make arrangements for their patients and call the clinic receptionist at extension 2260, and their clinic course coordinator to report the illness.

7. After an excused absence, students are responsible for obtaining notes and assignments missed, speaking to clinic course coordinator, and scheduling clinic rotation(s) to make up missed clinic time.

C. Equipment

1. Students are responsible for the cleanliness of locker, laboratory benches, the laboratory in general, and clinic units and areas to which they are assigned.

2. Correct operational procedures must be followed when using clinic or lab equipment.

3. Students are responsible for the cleaning and maintenance of assigned dental unit, chair, and surrounding clinic area. Frequency and technique of cleaning and maintenance to be followed are covered in first and second year clinic classes.

4. Students are responsible for the cleaning and maintenance of clinic instruments and equipment they use on an individual basis.

5. Checking the operation of the dental equipment prior to each clinic appointment is essential. Report malfunction of equipment immediately. Notify your clinic instructor of any clinic or x-ray equipment malfunction. Give name of malfunctioning item, unit location, and specific problem. List the problem in the clinic repair book, and tag the item indicating the date, problem, and your name.

6. Intentional misuse or willful destruction of clinic equipment may result in dismissal from clinic, assessment of repair charges, or legal action.

D. Professional Conduct

1. Smoking
   a. No smoking is allowed in scrubs or within 25 feet of the building. Clinic scrubs are considered to be professional attire and must not be worn when engaging in social activities outside of the clinic, i.e., smoking and drinking.

   The dental hygiene faculty and staff will strictly adhere to this policy. Point
deductions may be awarded to a student violating this policy.

b. If you smoke, be absolutely sure that no offensive odor of tobacco lingers on your clothes, hands, or breath when you work.

2. No food, drink, or gum chewing are allowed in the clinic, clinic halls, sterilization room, x-ray, or reception areas. Doing so is an OSHA violation.

3. Noise must be kept at a minimum on second floor in the clinic areas at all times.

4. Cell phones must be turned off or turned on silent mode while treating patients in clinic. Cell phones are considered disruptive during patient treatment. This policy includes students, patients, and staff. If there is an emergency, students, patients, or staff must leave the clinic area to use their phone.

5. Attitude
   a. Respect and courtesy toward everyone with whom you come in contact is essential to your success as a dental hygienist and an individual.
   b. Address faculty members, dentists on legal coverage, and employees by their proper names at all times.
   c. Address adult patients by Mr., Mrs., Ms., and their proper name during telephone contact and in clinical situations, unless otherwise indicated by the patient.

6. Impairment: A student who appears to be impaired due to use of legal or illegal substances will be dismissed from clinic, or any other dental hygiene related function, i.e., site visits, pinning practice, etc.
ATTACHMENT 18

CARE AND MAINTENANCE OF UNIFORMS

1. Scrubs – The following hints are suggested with the intent of helping you keep your scrubs clean and wrinkle-free.
   a. Washing
      1) Launder after each time worn.
      2) Use a gentle cycle with cold or warm water. Hot water sets stains.
      3) Launder uniform separate from your other clothes.
      4) For stain removal:
         a) Do not wash in warm or hot water, dry in a dryer, or iron your uniform until stains are completely removed. Heat sets stains.
         b) Ink: Use a gauze square soaked in alcohol to cleanse the area before washing.
         c) Disclosing Solution:
            (1) Hand wash affected area as soon as possible with cold or warm water and soap - or -
            (2) Treat prior to machine washing with Spray-and-Wash.
         d) Grime, dirt, grease, mud, pencil lead – apply concentrated liquid detergent to area. Let sit for 10 to 15 minutes, scrub with a toothbrush or rub fabric together, rinse and repeat if necessary. Be sure the stain is removed before washing.
         e) Blood – before machine washing, soak the garment in cold water for 30 to 60 minutes and hand scrub the area with soap and cold water as soon as possible after becoming stained. If the stain is still present, soak the garment in cold water for 30 to 60 minutes and repeat hand washing; or make a thick mix of baking soda and water, and apply to the area for 30 to 60 minutes, then rinse garment before washing.
   b. Drying
      1) Removing scrubs from the washer immediately after the machine stops will result in the need for minimal ironing.
      2) Either of the following are satisfactory drying methods:
         a) Hang wet scrubs on a plastic hanger (metal hangers will rust-stain garment) and drip dry.
         b) Drying in an electric dryer on cool temperature and delicate fabric cycle is recommended. Hot drying temperatures cause excessive wrinkling, yellowing of fabric and setting of any stains present.
   c. Ironing
      1) Use a steam iron with a cool setting. These scrubs do not require starching.
2. **Nylon, Opaque, Unpatterned Knee-Socks**  
   a. Washing knee-socks in warm water with mild soap and hanging over a towel to dry will increase wearability.  
   c. Socks with snags, tears, holes, or runs must be replaced.

4. **Clinic Shoes**  
   a. Should be polished regularly to stay free of dirt and scuff marks.  
   b. When not wearing, shoe trees may be used to maintain shoe shape and increase the life of the shoes.  
   c. Before polishing, remove and wash shoe laces. Laces must be cleaned every time the shoes are polished.  
   d. Next, remove surface dirt on leather by wiping with a clean dry rag.  
   e. Clean dirt from rubber soles by:  
      1) Wiping surface with alcohol sponge - or -  
      2) Scrubbing with a toothbrush and mild soap taking care not to get soap or water on shoe leather.  
   f. Apply wax:  
      1) Paste waxes are better than liquid waxes because they will not dry out and crack the leather, and because they are more effective in cleaning and covering.  
      2) Apply wax not only to the shoe leather, but also to the visible rubber sole.  
   g. Allow wax to dry thoroughly, then buff leather and shoe sole to high luster with a soft, clean cloth.  
   h. Replace shoe laces.

**NOTE:** To increase the life of your clinic shoes and to keep them as clean as possible, wear your clinic shoes during clinic procedures only. It is recommended to leave your clinic shoes in your locker. If you must leave with your clinic shoes on, hand carry clinic shoes to and from the VFS Building, changing from street shoes to clinic shoes upon arrival.
ATTACHMENT 19

X-RAY RETAKE POLICY

Retakes will be deemed necessary on an individual basis. Individual films should not be retaken, provided other films permit a good diagnosis. The student should, however, understand that the first effort has been less than desired and will be evaluated accordingly. When a good diagnosis cannot be made from the student's first effort, the student's efforts should be constructively criticized or suggestions and demonstrations will be given on how to overcome the technical faults noted on the first effort. Retakes will be approved and supervised based upon the degree of supervision deemed necessary by the x-ray supervisor. The third attempt at an exposure will be made by the supervisor.

Determination for and supervision of retakes should be under the direction of the Radiology Supervisor. Retakes should be taken using the following policies:

1. Retakes must be authorized and supervised by Radiography Supervisor.

2. Three retakes in any one set require direct instructor supervision. i.e., checking of film placement by an instructor before the film is exposed.

3. Five or more retakes from any one set requires student remediation before any more radiographs (including the necessary retakes) are exposed on live subjects.

   The type of remediation (with or without the use of DXTTR) will be at the discretion of Radiography Supervisor.

   The student, once told of the need for remediation, is responsible for scheduling his/her own appointment with Radiography Supervisor. This is to be done on a sign-up basis. Limited time may be available during clinic sessions, however, students in clinic with patients will always be given priority for both instruction and scheduling of x-ray units.

   If necessary, a clinic student with a patient may "bump" a remediation student/DXTTR during any scheduled clinic times.

4. Any retakes of retakes must be exposed by a faculty member or Radiography Supervisor with the student observing.

RADIOGRAPHIC POLICY FOR PREGNANT PATIENTS

It is desirable not to have any irradiation during pregnancy, especially during the first trimester, since the developing fetus is particularly susceptible to radiation damage.
Only those films considered absolutely necessary to render proper dental care should be taken. In most cases, bitewings, a panoramic film or selected periapical films can provide the information required.

Radiographs without a specific reason are contraindicated.

It is very important that a lead apron be used with the pregnant patient.

When seeking radiographic authorization from the patient's dentist of record, the student/faculty member must indicate to the authorizing dentist that the patient is pregnant (or thinks that she might be) and approximately how long she has been pregnant. Notation of the conversation with authorizing dentist should be included on the services rendered portion of the chart. If it is determined that X-rays are necessary on the pregnant patient, all radiation safety precautions must be followed.

**RADIOGRAPHIC POLICY FOR PREGNANT STUDENTS OR FACULTY**

In case of an anticipated or confirmed pregnancy in a monitored female (student or faculty member) working in a restricted (radiation) area, the following procedures shall be followed.

1. The individual shall inform the Clinic Director in writing. A copy of the notice shall be submitted to the FSU Radiation Control Officer.

2. The individual will be provided a copy of the appendix to Regulatory Guide 8.13, "Possible health risks to children of women who are exposed to radiation during pregnancy."

3. The Clinic Director or Radiation Control Officer shall discuss with the individual the precautionary measures she may take to reduce radiation exposure.

4. A written plan will be made for the individual which may involve consultation with appropriate faculty and Program Director, Clinic Director, and pregnant student or faculty member to insure radiation safety is practiced. A copy of the plan will be forwarded by the Clinic Director to the Radiation Control Officer.

Deferral of radiology requirements until after first trimester is recommended. During the second and third trimester, normal precautions, such as leaving cubicle during exposure, should be followed.