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The intent of this manual is to provide guidelines to dental hygiene students, faculty, staff, and work studies 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.

The clinic lead and clinic faculty/adjunct faculty, on clinic days, will be in clinic at 15 minutes before the hour. Dental hygiene students can get into the clinic as early as 30 minutes before the start of clinic.
PROFESSIONAL RESPONSIBILITY

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.

Requirements to Clinic Participation

1. Cardiopulmonary Resuscitation – Students, faculty and staff must maintain current (not expired) cardiopulmonary resuscitation (CPR) Basic Life Support (BLS) throughout their clinical experience.

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

3. Yearly, students must have training on Health Insurance Portability and Accountability Act (HIPAA) and Infection Control/Bloodborne Pathogens through KnowBe4. The course completion certificate must be uploaded into Castlebranch.

4. Students must have been educated on infectious diseases as they apply to dental practice, including Hepatitis B in KnowBe4. The course completion certificate must be uploaded into Castlebranch.

5. Other training will be provided in KnowBe4 and submitted in Castlebranch.

Basic Life Support Training

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 dental hygiene students will training be at the level of Basic Life Support for the Healthcare Providers (American Red Cross) or Basic Life Support for the Healthcare Professional (American Heart Association). This training must include infant, child and adult CPR, use of a face mask, use of the automated external defibrillator (AED), choking and one and two person CPR.
Faculty, staff and dental hygiene students will be required to show proof of CPR certification prior to participation in dental hygiene pre-clinic or dental hygiene laboratory activities. It is expected that if the CPR certification expires during the student’s academic tenure, the student will update and report new certification to the DH Clinic Operations Supervisor prior to when the original CPR certification date expires.

Documentation of certification status will be uploaded into Castlebranch by students. Faculty, clinical dental hygienists, adjunct faculty, Dentists, and staff (who need it) email the certification to the Dental Hygiene Clinic Operations Supervisor.

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.

Failure to comply with this policy: dental hygiene students, faculty, clinical dental hygienists, adjunct faculty, Dentists, and staff (who need it) may be dismissed from clinic and patient treatment until such time as the matter is resolved.

Clinic Attendance
1. It is of extreme importance that students attend scheduled clinics 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 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., 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 to the Dental Clinic Clerk, and dental hygiene faculty, 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 acceptable excused absences are:
• Personal illness (or your child’s illness) that requires a physician’s attention (written document)
• A death in the immediate family or significant other (with documentation)
• University sponsored events (with authorized form such as athletics, debate, etc.)
• Approved Student American Dental Hygienists’ Association events
• Subpoena requiring you to be in court for testimony
• Inclement weather that, in the opinion of the local law enforcement, makes it too dangerous to drive (for commuters only).
• FSU administration school cancellations
• Positive COVID-19 test results and/or exposure requiring quarantine measures per the University policy on COVID-19

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 Dental Hygiene Clinic Clerk at 231-591-6620. Leave a message for the receptionist if not able to speak to someone at that time. The Clinical Lead must be called also to report the illness. For a didactic course or lab that you are missing, you must notify the course/lab instructor.

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. ALWAYS check with your clinic lead or clinic instructor for times. A schedule will be provided to you for clinic days and times. You are expected to make up any missed clinic days, one way to do this is to utilize the “Opposite Clinic Day” procedure.

Professional Conduct
1. NO SMOKING is allowed while you are wearing clinic scrubs or within 25 feet of the building.
2. Dental hygiene students, faculty, staff, will strictly adhere to this policy. Student grade deductions may be given to a student violating this policy. It is the philosophy of the Allied Health educators and staff that anyone in the College of Health Professions must model healthy choices.
3. If a dental hygiene 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.
4. This policy prohibits a dental hygiene 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.

Impairment
1. Students who appear 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.
2. 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.

Food and drink policy
No food, drink or gum chewing is allowed in the clinic, sterilization room, or radiography area. This is a violation of MIOSHA and OSHA and will be addressed by the Dental Hygiene Clinic Operations Supervisor.

Professional Decorum Policy
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 uniform or professional decorum policy for clinic and radiology lab participation are for all faculty, staff, adjunct faculty, dentists, and students (including work study) consists of the following:

Scrubs: Students purchase the style and neutral color (no prints) 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. Long sleeve shirts may be worn.
under the surgical scrub, be mindful of the color of uniform, no bright colors are allowed for the undershirt.

**Disposable clinic gowns:** see personal protective equipment (PPE).

**Socks:** Should coordinate with your shoe and scrub color. Must be clean and free of holes. Socks must be high enough so that no skin is exposed when seated.

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

**Identification:** Everyone is to wear name badges acquired from the MyBullDog Service Center. These identification badges also allow you to have access to doors that you need to get into.

**X-Ray Monitoring Badges:** See Radiography section.

**Hair:** Hair must be off the collar by either securing it with neutral color clips, pins, ponytail 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. See PPE for scrub caps.

Male facial hair will be short, trimmed, neat, and professional. At times, a N95 respirator may be worn and you may have to shave to get a proper fit on the respirator.

**Fingernails:** Must be short, clean, and free of nail polish. No gel or artificial nails are allowed. 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:** Is limited to only a wedding band, watch, and one post-style earrings worn in the ear lobe. A daith piercing for migraine treatment will be allowed with a physician note. No other facial piercings of the head and neck are allowed. These must be removed prior to being in clinic or a laboratory course.

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

The dental hygiene department is sensitive to the fact that cell phone use is the primary manner in which many people communicate, however, the intention of this policy is to protect our department and Ferris State University’s reputation while caring for patients. However, using a cell phone during lab and clinical sessions could potentially violate patient privacy rights (HIPAA) and/or interrupt the patient process of care and is prohibited, but with some exceptions.

1. Cell phones shall not be used around PHI unless it is related to a business application.
2. The use of video or voice recording and taking photographs with a cell phone is strictly forbidden in areas where patient information is located.
3. Students must turn cell phone ringer off or to “silent” while stored in locker. 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. If the student cannot be located. The loss of a lock will NOT be the responsibility of the Dental Hygiene department.
4. Work study students that work in the sterilization area are encouraged to leave cell phones in Facility Coordinator’s office.
5. Emergency or urgent calls - acquire permission from HIPAA Privacy Officer (or lead instructor or dentist) and advise instructor. When taking the call, excuse yourself and go somewhere private if in the radiography or clinical area.
6. Smart Watch users may not text during clinic, laboratory or classroom sessions. In clinic, the wrist cuff of the clinical gown should always cover any watches for infection control.
7. Patients that bring their cell phones into radiography or clinic, ask patient to silence phone and put away. Patients are not allowed to take photographs, video or voice record with you or anyone during the visit.

Attitude

1. Respect and courtesy toward everyone with whom you come in contact is essential to your success as a dental hygienist and an individual.
2. Address faculty members, dentists, and employees by their proper names at all times, unless otherwise indicated by the faculty or staff.
3. Address adult patients by Mr., Mrs., Ms., and their proper name during telephone contact and in clinic situations, unless otherwise indicated by the patient.
4. Noise must be kept to a minimum on in the clinic areas at all times.
Patient Treatment
Patient Policies

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

2. All patients who will be receiving treatment at the Ferris State University Dental Hygiene Clinic must have completed the following forms before treatment begins:
   - Medical History questionnaire, Medication List, Health Insurance Portability and Accountability Act (HIPAA) form, Patient Bill of Rights, Informed Consent.
     - The medical history must be reviewed verbally at subsequent appointments in a treatment sequence, with changes noted on the patient chart.
     - 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.
     - These documents must be approved by an instructor or clinical dentist prior to commencing any extraoral or intraoral procedures.
   - Any YES responses indicated by the patient, with reference to specific medical conditions, allergies, or medications require that the student dental hygienist consult with the clinic instructor or dentist prior to starting any treatment.
   - Follow the guidelines for managing patients with specific medical conditions.
   - Clinic Information/Consent for Treatment statement must be signed, dated, and witnessed by the student dental hygienist.
   - Emergency contact person and phone number must be identified on the front of the patient’s manila chart.
   - If the patient has not been treated in the clinic for three (3) years, the patient must complete a new Medical History questionnaire.

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 dental hygienist performing the treatment and signed by the supervising clinic instructor and/or the dentist.

4. Safety glasses must be worn by all patients during treatment. Excluding radiographs, home care instruction, and extra oral exam.
5. The dental clinic reserves 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.

**Medical Emergency Procedure**

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 Hygiene Clinics/Labs:

1. The student assigned to the patient will **STAY** with that patient and does the following:
   - Notify one neighboring student to:
     - Inform the section instructor of the emergency quietly by using the term “RED LIGHT”.
     - Inform a second neighboring student to contact the dentist with legal responsibility using “unit # and 911 on the pager” or saying “RED LIGHT”.
     - 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.

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

3. The Dentist responding to the emergency:
   • Assumes medical and legal responsibility for the emergency.
   • Supervises aid deemed necessary, i.e., O₂, CPR, etc.
   • Verifies EMS activation.

4. Campus Public Safety security will confirm that necessary emergency services have been notified. They will then:
   • Meet emergency vehicle at designated location.
   • Inform emergency vehicle of building entrance which offers best access to emergency location.
   • Lead emergency service to area.
   • Assist in crowd/traffic control.
   • Assist as necessary in situation.
   • Notification of family.

5. Follow-Up
   • Dentist, faculty and students involved meet immediately following incident and reduce notes to understandable statements.
   • Fill out Incident Report
   • Official report to be kept on file in:
     o Dental Hygiene Clinic Operations Supervisor
     o Department Head’s Office
     o Dean’s Office

Emergency and Accidents
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 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.

**Bloodborne Pathogen Exposure Control Plan**

**Policy** - [https://www.ferris.edu/administration/buspolletter/Bpl9747.pdf](https://www.ferris.edu/administration/buspolletter/Bpl9747.pdf)

The purpose of the business policy letter and this exposure control plan (ECP) is to provide health protection measures for employees, dental hygiene students and work study students who may be occupationally exposed to human blood or other potentially infectious material. Specific rules and procedures are hereby established so individuals 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-R325.70018. ([http://www.michigan.gov/documents/CIS_WSH_part554_35632_7.pdf](http://www.michigan.gov/documents/CIS_WSH_part554_35632_7.pdf))

The ECP is a key document to assist our department/college in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure;
- Implementation of various methods of exposure control, including:
  - Universal precautions;
  - Engineering and work practice controls;
  - Standard operating procedures;
  - Personal protective equipment; and,
  - Housekeeping;
- Hepatitis B vaccination;
- Post-exposure evaluation and follow-up;
- Communication of hazards to employees and training;
- Recordkeeping; and,
- Procedures for evaluating circumstances surrounding an exposure incident

The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

**Program Administration**

The Dental Hygiene Clinic Operations Supervisor is responsible for the implementation of the ECP. The Dental Hygiene Clinic Operations Supervisor will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. A copy will be provided to the Safety, Health, Environmental and Risk Management (SHERM) department for review. Contact location/phone number: VFS 204B, 231-591-2284.
Those employees, dental hygiene students and work study students who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

The Dental Hygiene Clinic Operations Supervisor and the Dental Hygiene Clinic Facilities Coordinator will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The Dental Hygiene Clinic Facilities Coordinator will ensure that adequate supplies of the equipment are available in the appropriate sizes. Contact location/phone number: VFS 204A 231-591-2095.

SHERM will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and MIOSHA records are maintained. Contact location/phone number: Mike McKay (231) 591-2147

The Dental Hygiene Clinic Operations Supervisor will be responsible for training, documentation of training, and making the written ECP available to employees, MIOSHA, and NIOSH representatives. Contact location/phone number: VFS 204B 231-591-2284.

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

Methods of Implementation and Control

Compliance Methods
Standard precautions will be observed at this facility 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.

Universal Precautions
All employees will utilize universal precautions.

Exposure Control Plan (ECP)
Employees covered by the bloodborne infectious diseases standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting the Dental Hygiene Clinic Operations Supervisor. Annual training will be done through KnowBe4. Email your certificates of completion to the Dental Hygiene Clinic Operations Supervisor.
If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

The Dental Hygiene Clinic Operations Supervisor is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

**Standard Operating Procedures**
Standard operating procedures (S.O.P.'s) provide specific guidance on controls and practices that shall be used when performing tasks involving occupational exposure to bloodborne pathogens.

**Contingency Plans**
Where circumstances can be foreseen in which recommended standard operating procedures could not be followed, the employer shall prepare contingency plans for employee protection, incident investigation and medical follow-up as part of the standard operating procedures.

**Engineering Controls and Work Practices**
Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens.

Sharps disposal containers are inspected and maintained or replaced by the Dental Hygiene Clinic Facilities Coordinator every 90 days or whenever necessary to prevent overfilling. SHERM has established biohazardous waste pickup schedules.

This facility identifies the need for changes in engineering control and work practices through review of MIOSA and OSHA recommendations, incident occurrences, and changes in protocol for dental practices.

We evaluate new procedures or new products by reading about them in dental magazines, seminars, attending conventions. The program has monthly meetings where we can discuss new procedures or products. Some communication happens via email to update procedures or products.

The following staff are involved in this process: all dental hygiene faculty, adjunct faculty, dentists and staff, department chair, and SHERM.

The Dental Hygiene Clinic Operations Supervisor will ensure effective implementation of these recommendations.
**Engineering Controls**
These 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- a steam flush pressure pulse (SFPP) Sterilizer
5. Meile Thermal Disinfector
6. Instrument Cassettes
7. One handed scoop method for inserting needles into the cap through needle recapping devices
   - Protector™ Needle Sheath Prop
   - Jenker™ Needle Stick Protector
   - Sharp's container for disposable sharps
8. Hazardous Waste Mixed Medical container
9. Universal Waste Pharmaceutical container
10. Personal Protective Equipment (PPE) consists of a disposable disposable clinic gown, safety glasses with side shields, gloves, Level III face masks, N95 respirators, face shields, surgical caps and utility gloves.
11. Low and high-volume evacuation is available for use at the dental operatories. The small dental clinic is equipped with Vanguard Mobile 2.0 Extraoral Suction machines.
12. Tongs and/or forceps are to be used for dispensing items that are maintained in centralized dispensing areas.
13. 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 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).
14. 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:
   - All potentially contaminated instruments shall be handled with utility gloves.
   - If possible, instruments should be sterilized at the off-campus site.
• As an alternative, when contaminated instruments are to be transported to the sterilization area of the FSU dental clinic, the instruments are to be placed in a closeable, leak proof container during collection and transport.

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

• Both the closed container and the biohazard bag can be obtained in the sterilization area of the dental hygiene clinic.

• The container shall also be labeled using a sticky note with the date and site and placed in the sterilization area at FSU dental clinic.

Work Practice Controls

1. Providers will wear appropriate Personal Protective Equipment (PPE) 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. Non-latex gloves must be changed for each patient. If the gloves become soiled, or torn during patient care they must be changed, and you must wash your hand after removing gloves with either hand sanitizer or soap and water.

3. Level III or N95 masks, protective eye wear with side shields, surgical caps, and face shields must be worn for all procedures.

4. Disposable clinic gown, 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, and other sharp instruments or devices during procedures.

6. To prevent needle stick injuries, needles should not be recapped with two hands, purposely bent, or broken by hand. Recapping of needles must be done with the one-handed scoop method with the aid of the ProTector cardboard needle shield, Jenker Needle Stick Protector, or other protective devices as they become available.

7. If mouth to mouth resuscitation is needed, a mouthpiece 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.

8. 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.
9. Low and high-speed evacuation and proper patient positions, when appropriate, should be utilized to minimize generation of aerosols, droplets and spatter. The small dental clinic is equipped with Vanguard Mobile 2.0 Extraoral Suction machines at the units.

10. 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.

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 must be disinfected using a disinfectant wipe or a spray approved for bactericidal, viricidal, tuberculocidal, MRSA, HIV-1 and HCV compliant 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, handwashing facilities are in rooms 202 and 204, adjacent to each dental operatory; in 203, the Sterilization room, and in 203 A-G – each radiology room.

15. If a 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.

16. Safety eye glasses and face shields will be disinfected with soap and water prior to leaving the work area.

**Work Areas**

The work areas include the dental hygiene clinic (VFS 201 and 204), sterilization area (VFS 203 F), storage and distribution area (VFS 203A), dental radiography area (VFS 203), and biomaterials/oral sciences lab (VFS 206). Occasional off-campus work sites are Mecosta-Osceola Intermediate School District (MOISD) and Hope Network, and nursing home facilities where oral hygiene instruction and intraoral evaluation may occur.
Work Area Restrictions

1. In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, providers, faculty and staff are not to eat, drink, chew gum, apply cosmetics or lip balm, or handle contact lenses.

2. 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.

3. All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood, aerosols, or other potentially infectious materials. Methods at this facility to accomplish this goal are: the use of high and low volume suction evacuation, Vanguard Mobile 2.0 Extraoral

Potential Exposure Risks/Areas

Dental hygiene students, faculty and staff may incur exposure to blood and other potentially infectious material during procedures in clinical and radiography treatment areas.

The tasks include:

1. Scaling and root debridement of teeth
2. Rubber cup polishing or air polishing of teeth
3. Ultrasonic scaling of teeth
4. Fluoride application
5. Applying pit and fissure sealants
6. Exploring for calculus
7. Handling instruments and equipment contaminated with blood and saliva
8. Taking dental radiographs
9. Intraoral irrigation
10. Local anesthesia injections
11. Any procedure performed intraorally

Dental Hygiene students, faculty, staff and work studies, may incur exposure to blood and other potentially infectious material during procedures in the Sterilization area.

The tasks include:

1. Receiving dental instruments and motorized hand pieces which have been contaminated with blood and saliva
2. Preparation of those instruments for sterilization,
3. Use of the ultrasonic cleaners
4. Preparation and disposal of chemical cleaning solutions
5. Operation and cleaning of autoclaves
6. Cleaning of patient removable appliances
7. Disposal of needles and dental cartridges/carpules

Updated April 2022
Hepatitis B Vaccination

The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. This series is recommended for students and the cost of the vaccine is the student’s responsibility. Offering the vaccine is not required if: 1) documentation exists that the employee has previously received the series, 2) antibody testing reveals that the employee is immune, or 3) medical evaluation shows that vaccination is contraindicated.

If an employee chooses to decline vaccination, the employee must sign a copy of the declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in the Dental Hygiene Clinic Operations Supervisor electronic files.

Vaccination will be provided by Birkam Health Center (231)591-2614 or Med1 Occupational clinic (616)459-6331.

Following hepatitis B vaccinations, the health care professional's Written Opinion will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

Post-Exposure Evaluation and Follow-up

Should an exposure incident occur, contact the Lead instructor in clinic as well as the Dental Hygiene Clinic Operations Supervisor at the following number 231-591-2284.

An immediately available confidential medical evaluation and follow-up will be conducted by the Birkam Health Center or Med1 Occupational Clinic. Following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Complete an employee incident report.
- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
• Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
• After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
• If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

Administration of Post-Exposure Evaluation and Follow-up
SHERM ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of MIOSHA's bloodborne infectious diseases standard.

The Dental Hygiene Clinic Operations Supervisor ensures that the health care professional evaluating an employee after an exposure incident receives the following:

• A description of the employee's job duties relevant to the exposure incident;
• Route(s) of exposure;
• Circumstances of exposure;
• Results of the source individual's blood test, if available; and,
• Relevant employee medical records, including vaccination status

SHERM provides the employee with a copy of the evaluating health care professional's confidential written opinion within 15 days after completion of the evaluation.

The written opinion obtained by the employer shall not reveal specific findings or diagnoses that are unrelated to the employee’s ability to wear protective clothing and equipment or receive vaccinations. Such findings and diagnoses shall remain confidential.

Suggested Procedures for Evaluating the Circumstances Surrounding an Exposure Incident
The Dental Hygiene Clinic Operations Supervisor will review the circumstances of all exposure incidents to determine:
• Engineering controls in use at the time
• Work practices followed
• Description of the device being used protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
• Location of the incident (O.R., E.R., patient room, etc.)
• Procedure being performed when the incident occurred
• Employee's training

If it is determined that revisions need to be made the Dental Hygiene Clinic Operations Supervisor will ensure that appropriate changes are made to this ECP. *(Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)*

**Exposure Incident Protocol**

**For a student injury:**

If an exposure has occurred to an FSU student in the course of performing their clinicals, practicums or another course work studies while ON any FSU campus

1. Wash needlesticks and cuts with soap and water.
2. Flush splashes to nose, mouth, or skin with water.
3. Irrigate eyes with clean water, saline, or sterile wash.
4. Immediately the notify instructor or Dental Hygiene Clinic Operations Supervisor
5. The Student’s Instructor or Supervisor will forward the Ferris State University Student Incident/ Accident Report Form to the Safety, Health, Environmental, and Risk Management Director.
6. Students who are injured in class for any reason should be referred to the Birkam Health Center, or Spectrum Health Big Rapids Hospital, 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" [https://www.ferris.edu/administration/adminandfinance/finance/sherm/pdfs-docs/student-injury.pdf](https://www.ferris.edu/administration/adminandfinance/finance/sherm/pdfs-docs/student-injury.pdf).
7. Students referred to Spectrum Health Big Rapids Hospital 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.
8. The student and source individual can go for evaluation. The student can choose the health care facility. The source individual can choose the health care facility.
9. Follow-up with health care facility based on their recommendations.
For students on site visits
The student is to follow the protocol set up in the 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
If an occupational exposure has occurred to an FSU employee or student employee while performing their duties on any FSU campus.
1. Wash needlesticks and cuts with soap and water.
2. Flush splashes to nose, mouth, or skin with water.
3. Irrigate eyes with clean water, saline, or sterile wash.
4. Immediately the notify the Supervisor or the DH Clinic Operations Supervisor
5. The employee or DH Clinic Operations Supervisor will contact SHERM (Safety, Health, Environmental and Risk Management) at (231)591-3848 immediately and provide:
   - Name of Employee
   - Date of injury
   - Type of injury
   - Contact information
   - Any medical treatment provided
6. Supervisors are responsible to make sure the “Employee Illness Report” is completed filled out with the assistance of the employee. [Link to Incident Report Form]
7. The Supervisor will send the report to SHERM, with the employee and supervisor’s signature.
8. The injured workers can bring a copy of the incident report to the FSU Health Center or MED1 Occupational Health Clinic for treatment of non-life-threatening injuries.
9. Work Related injuries and illness are covered by Workers’ Compensation – managed by SHERM.
10. Follow-up with health care facility based on their recommendations.

Record Keeping
Training Records
Training records are completed for each employee upon completion of training. These documents will be kept for at least three years in the Dental Hygiene Clinic Operations Supervisors electronic OSHA Bloodborne Pathogens file.
The training records include:
- The certificate of completion with the date of the training sessions;
- If applicable;
  - The contents or a summary of the training sessions;
  - The names and qualifications of persons conducting the training; and,
  - The names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the Dental Hygiene Operations Supervisor.

**Medical Records**

Medical records are maintained for each employee with occupational exposure in accordance with Part 432 Medical Records and Trade Secrets.

*Birkam Health Center* is responsible for maintenance of the required medical records. These **confidential** records are kept at: *Birkam Health Center* for at least the **duration of employment plus 30 years**.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to *Birkam Health Center*.

**MIOSHA Recordkeeping**

An exposure incident is evaluated to determine if the case meets MIOSHA's Recordkeeping Requirements (Part 11). This determination and the recording activities are done by SHERM.

Appendix A to Part II Recordkeeping lists industries who are partially exempt from keeping the 300 Log and SHARP Log. (e.g. SIC code 801 offices of M.D.s, SIC code 802 Dentist’s offices and SIC code 726 Funeral Services are partially exempt).

**Sharps Injury Log**

A sharps injury log is established and maintained for recording percutaneous injuries from contaminated sharps. The log includes:
- Type and brand of device involved in the injury;
- The unit or work area where the exposure occurred; and
- An explanation of how the incident occurred.

The log is recorded and maintained to protect the confidentiality of the injured employee. The Part 11. Recording & Reporting of Occupational Injuries &
Illnesses 300 Log of Work-Related Injuries and Illnesses may be used to record this information.

SHERM is responsible for the maintenance of the sharps injury log.

**Regulated Waste Disposal**

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color coded (see Labels), and closed prior to removal to prevent spillage or protrusion of contents during handling. 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 Sterilizing Room – VFS 203 and VFS 204.

1. Used disposable needles (both dental needles for injection and luer-lock used for irrigation and pit and fissure sealants) and other sharp items like glass or broken mirrors should be placed in an appropriate puncture resistant container for disposal.

2. Used dental cartridges with a positive aspiration (visible blood) will go in the Hazardous Waste Mixed Medical container which is located on the wall that is right of the Sterilization Window.

3. Used dental cartridges that is not visible blood will go into the White Bucket labeled Universal Waste Pharmaceutical. Any dental cartridges that are broken, are considered refuse and can go in an appropriate container for broken glass and thrown in the regular garbage.

4. 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.

5. 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.

**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 the indicate 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.

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.

Personal Protective Equipment (PPE)

The program will determine the PPE required to be worn by providers/employees/staff/work study students. PPE 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 workforce members MUST comply with these policies while working in and around bio-hazardous conditions. While processing instruments, all individuals (providers/employees) must wear an appropriate disposable clinic gown, scrub cap, face mask, safety glasses, and appropriate gloves for the task they are doing. A variety of gloves are available to all in the sterilizing area. 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.
**Disposable clinic gowns**—must be worn when providing patient treatment, supervising dental hygiene students who are providing treatment in clinics, in radiology, and in the sterilizing room.

1. **Disposable clinic gowns should be changed after each clinic session.** Change disposable jacket when it becomes visibly soiled, or if it is penetrated by blood or body fluids.
2. **Disposable clinic gowns, gloves, and face shields are to be removed when leaving the clinical area.**
3. **Disposable clinic gowns must be removed when going into the restrooms, hallways or reception area.**

**Scrub cap**—disposable scrub caps will be provided by the clinic, or you may purchase your own scrub cap. Colors and styles can vary, be mindful no wild prints or colors.

**Gloves**—disposable 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, in the radiology area, and 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 of a variety of sizes will be available. The Dental Hygiene Facilities Coordinator will work with providers/employees if he/she is having trouble with comfort or size of gloves.

Disposable gloves used at this facility are not to be washed or decontaminated for reuse 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. Utility gloves must be worn when handling instruments for sterilization and while disinfecting treatment areas/units.

**Eye protection (glasses with side shields), face shields and masks**—are required to be worn whenever splashes, spray, splatter, aerosols or droplets of blood or other potentially infectious materials may be generated, and eye, nose, or mouth contamination can reasonably be anticipated. Situations at this facility which would require such protection are as follows:
1. During any extraoral and intraoral patient procedures
2. While in sterilizing area during the cleaning of instruments and preparing instruments for sterilization. Face shields are not required.
3. Level III surgical mask will be worn when no aerosols are being produced
4. N95 masks must be worn when aerosols are being produced
6. Face shields – are to be worn once intraoral procedures are being done on a patient or if aerosols are being produced. Face shields do not need to be worn for taking radiographs. Safety glasses, eyeglasses with side shields and face shields must be washed after treatment with soap and water.

**Laundry Procedures**

There is little laundry that is generated in the dental hygiene clinic. Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. The dental hygiene clinic is not responsible for the laundering of scrubs or scrub caps for dental hygiene students, clinical faculty, and staff.

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 use appropriate PPE to prevent contact with blood or other potentially infectious materials, including protective disposable clinic gown and gloves.

**Housekeeping**

This facility will be cleaned and decontaminated according to the following schedule.

1. Students - dental units are cleaned and decontaminated before and after every patient's treatment. A disposable clinic gown, utility gloves, mask, and eye protection are to be worn during the cleaning. Supervised by dental hygiene faculty/staff.
2. Facilities Coordinator-responsible for management of instrument cleaning and sterilization. Supervises work study students and dental hygiene students.

3. Janitorial Staff-responsible for cleaning clinic floors and removing the large garbage containers throughout the clinic. Supervised by janitorial supervisor.
   - 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.

Material Data Sheets

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

Location: MDSs 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 MDS on the FSU website. Go to FSU Homepage at www.ferris.edu, click on “Quick Links”, scroll to the bottom of the list, there you will find the University copies of the MDSs. Directions to find the specific chemical is located at that site.

Updating the MDSs is handled by the DH Clinic Facilities Coordinator on a regular basis, ensuring the removal of MDSs for chemicals no longer used, and addition of MDSs for new chemicals. These are also sent to SHERM to update online.

Surface and Equipment Management

Chemical Agent Used for Surface Disinfection
   - Agent: Sanicloth/Cavicide disinfectant wipes
   - Treatment Time – 3 minutes

Before the First Patient – At the Start of Clinic
1. Don safety glasses, face mask and utility gloves, disposable clinic gown
2. Wash Hands
   - Wet your hands with clean, warm running water, turn off the tap, and apply soap.
• Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
• Scrub your hands for at least 30 seconds.
• Rinse your hands well under clean, running water.
• Dry your hands using a clean towel.
• Use the paper towel to turn off the tap water.
• Dispose of paper towel in garbage.

3. Check for surfaces for gross debris – if present, remove with disinfectant, then dry surface.

4. Disinfect the following surfaces using the technique described:
   • Using a pre-moistened disinfectant towelette, use the Wipe - Wipe technique as follows:
     o Wipe appropriate surfaces once then wipe them once more
     o Allow product to remain damp on surfaces for a minimum of 3 minutes prior to using barriers or placing out supplies.

First step is the **Clean Technique (1st wipe)**

**Procedure**: either with a 4x4 gauze wetted with disinfectant solution or wipes.

1. Side counter/mobile cabinet or tabletop
2. Small items: towel chain, clipboard, patient safety glasses, pens/pencils, acrylic mirror, floss font, etc.
3. Door/Drawer handles
4. View box and On/Off switch
5. Auxiliary arm (suction arm) and supports.
   • Low volume saliva ejector adaptor and hose
   • High Volume Ejector (HVE)
   • Air/water syringe
6. Dental Chair
   • The back and bottom of the seat to the end by the feet
   • Headrest adjustment knob
7. Dental unit
   • Bracket tray and tray support (do not try to disinfect the no-skid mat under the metal tray)
   • Air/water syringe and cord
   • Handpiece pad
   • Handpiece connectors and hoses
   • Chair positioning touch pad
   • Bracket tray arm brake lever(s)
8. Ultrasonic unit
9. Dental light
   • Handle
   • On/Off Switch
10. Operator stool: arm pads, back, and seat levers
11. Soap dispenser handle.

**Second Step is the Disinfect Technique (2nd wipe)**

**Procedure:** either with a 4x4 gauze wetted with disinfectant solution or wipes.
Repeat steps above and surfaces
1. Wash operator glasses and face shield with soap and water
2. Dry around the sink.

**Utility Gloves**
1. Wipe gloves with disinfectant moistened paper towel or gauze.
2. Dry gloves with paper towel.
3. Remove and place gloves in zip lock bag.
4. Place bagged gloves in instrument case.

**Wash Hands**
1. Either with the soap and water method or
2. Hand Sanitizer
   - Apply the gel product to the palm of one hand (read the label to learn the correct amount).
   - Rub your hands together.
   - Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 30 seconds.

**Barrier Cover the Following Surfaces:** with clean hands
1. Dental chair – headrest/back - Plastic bag
2. Dental Unit – bracket tray - Paper IMS cassette cover
3. Dental Unit – handpiece pad/console, chair positioning touch pad, both bracket tray arm brake levers - Plastic bag – tie off to side
4. Dental unit air/water syringe - plastic cylinder – syringe cover
5. Suction arm (Axillary arm) – Low Volume Evacuator/saliva ejector adaptor, HVE adaptor, air/water syringe – plastic cylinder – syringe cover
6. Dental light – handle (operator’s side only) – plastic handle cover
7. Dental light – on/off switch – appropriate barrier
8. Side counter – table surface – paper tray cover

**Activate the Self-contained water system (with clean hands)**
1. Turn off the unit master switch.
2. Remove the water bottle from the unit.
3. Fill with water from sink.
4. Re-install filled bottle by doing the following:
5. Hold bottle beneath water pick-up tube.
6. 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.

7. Screw the bottle onto the unit until it is just secure. **Do not over tighten.**

8. Turn on the master switch.

9. Wait 60 seconds. During this time, you will hear air pressurizing the bottle to 40 psi.

10. **Flush water lines for 2 minutes.** Hold air/water syringe over sink, while depressing the water button for 2 minutes to run water through the lines. Take the handpiece hoses and ultrasonic hose to the sink and press the purge button for 2 minutes.

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, disposable clinic gown.

2. Carefully remove all barrier covers in such a manner that prevents contamination of the surface beneath the barrier.

3. **Flush water lines for 30 seconds.** Hold air/water syringe over sink, while depressing the water button for 30 seconds to run water through the lines. Take the handpiece hoses and ultrasonic hose to the sink and press the purge button for 30 seconds.

4. Remove the air/water syringe tip, dispose of disposable tip. If a stainless-steel tip is used, turn it in to sterilization.

5. Take cassette (and handpiece if used) to sterilizing room.

6. Disinfect area using the wipe-wipe technique.

7. Dry around the sink.

8. Treat utility gloves as previously described and store in case.

9. Wash hands using the soap and water method.

10. Place new barrier covers using the procedure for barrier placement.

11. If water bottle is low, refill the bottle following the steps listed under the self-contained water system.

12. 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, disposable clinic gown.

2. Remove handpiece from connector/tubing (If used).

3. **Flush water lines for 30 seconds.** Hold air/water syringe over sink, while depressing the water button for 30 seconds to run water through the lines. Take the handpiece hoses and ultrasonic hose to the sink and press the purge button for 30 seconds.
sink and press the purge button for 30 seconds. Reminder: all
handpieces are to be removed prior to purging the water lines.

4. Carefully arrange instruments in the IMS cassette and close.
5. Take cassette to sterilization room.
6. Empty the water bottle and replace.
7. Treat suction system by doing the following:
   • Run one cup of water through the line of the suction element
     used or follow end of day suction line treatment as directed.
     • If the HVE was used, clean the solids collector as described in
       the handout on the A-dec Cascade Dental Unit.
8. Carefully remove all barrier covers and disposable items.
9. Use the wipe – wipe technique to clean/disinfect the areas including
   surfaces that were barrier covered.
10. Scour the sink and dry.
11. Prepare trash to be emptied by:
    • Remove bag from waste basket - leave open on floor
    • Place a new liner in the waste basket.
12. Assist other dental hygiene students with the closedown of units, in
    radiography, and in sterilization.
13. Treat utility gloves, store and wash hands.
14. Remove and discard the disposable clinic gown once ALL clinic
    closedown work is completed.
15. Empty trash by doing the following:
    • Tie off/knot top of trash bag. Bag must be tied prior to going into
      the bin.
    • Throw trash into gray fiberglass bin in hall, outside clinic.
16. Turn off the dental unit master On/Off toggle switch to the Off (“O”) 
    position.
17. Position the equipment in the Closed Unit position.
    • Dental chair is positioned upright.
    • Dental chair elevated on base high enough to keep hoses off the
      floor.
    • Foot pedal is placed on a clean paper towel on the chair seat.
    • Dental tray and handpiece console is positioned over chair seat.
    • Dental light is positioned over dental tray/handpiece console.
    • Operator’s stool is positioned behind the dental chair with swing
      arms behind or in front of the operator’s chair.

Radiographic Policies
All policies, with relation to the use of radiation emitting devices, are to be
consistent with Ferris State University Radiation Safety Office.
1. Clinic instructors have taken appropriate course work in the use of
   radiation emitting devices 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.

4. Selected dental hygiene students will wear radiation monitoring badges when working in 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 DH Clinic Operations Supervisor or the DH Facilities Coordinator regarding their responsibility in this monitoring process.

6. All dental X-ray units are calibrated when needed if a problem is determined by the State of Michigan Radiation Inspector.

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 to have them taken.

**General Guidelines**

All radiographs are to be taken for DIAGNOSTIC PURPOSES ONLY. Radiographs without a specific reason are contraindicated.

1. Ferris State University will follow the philosophy of ALARA – **As Low As Reasonable Achievable** radiation dose to obtain diagnostic quality X-rays at all times.

2. Prior to taking x-rays, the patient must have a dental chart with consent for treatment signed and the medical history completed and reviewed.

3. The x-rays must be prescribed by the dentist or dental hygiene instructor. If patient is only receiving radiographs, payment should be made before radiographs are taken.

4. The student operator will complete visual intraoral and extraoral evaluation of the soft tissues and record any obvious abnormalities. The radiography instructor will confirm with the student that there are no concerns before the x-rays are taken.

5. 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.
6. Providers must have the door to the x-ray room completely closed prior to exposing x-ray.

**Eligibility**

To be eligible for radiographs:

1. A patient is referred from a dental office to have radiographs taken at the FSU Dental Hygiene Clinic.
   - The request may be verbal however, a fax or email documentation is required and saved in Eaglesoft SmartDocs.
2. The FSU Dental Hygiene Clinic may identify areas on radiographs that may need to be evaluated by a patients’ own dentist.
3. Based on previous radiograph history, the dental hygiene student will make recommendations to the clinic dentist or dental hygiene instructor, to provide treatment in the dental hygiene clinic, or to aid in evaluating a condition.

The student should obtain the following information from a prospective radiographic patient prior to seeking authorization to take x-rays:

1. Has head and/or neck radiation therapy been given to the patient?
2. Patients having had head and/or neck radiation should have their physician/therapist consulted prior to exposing of any radiographs.
3. Has the patient recently had radiographs, what type of survey was done, what part of the body was surveyed?
4. Has the patient recently undergone dental treatment?
5. What was the last date of dental radiographs and the type of survey taken?
6. What is the patient's present dental condition?
7. Is the patient pregnant? (Does she suspect that she might be?)

**General Radiograph Guidelines**

**Child with Primary Dentition** (prior to eruption of first permanent tooth)

- New Patient: If there is no evidence of disease and with open proximal contacts. If proximal surfaces cannot be visualized posterior bitewings are recommended.
- Recall Patient: with clinical caries or at increased risk for caries: Posterior bitewings at 6-12 month intervals if proximal surfaces cannot be visually examined.
• Recall Patients: with no clinical caries or not at increased risk for caries: Posterior bitewings 12-24 months if proximal surfaces cannot be visually examined.

**Child with Transitional Dentition** (after eruption of first permanent tooth)
• New Patient: Posterior bitewings and a panoramic radiograph
• Recall Patient: with clinical caries or at increased risk for caries: Posterior bitewings at 6-12 month intervals if proximal surfaces cannot be visually examined.
• Recall Patients: with no clinical caries or not at increased risk for caries: Posterior bitewings 12-24 months if proximal surfaces cannot be visually examined.

**Adolescent with Permanent Dentition** (prior to eruption of third molars)
• New Patient: Bitewings and a panoramic radiograph or a full mouth survey with clinical evidence of generalized oral disease or history of extensive restorations.
• Recall Patient: with clinical caries or at increased risk for caries: Posterior bitewings at 6-12 month intervals if proximal surfaces cannot be visually examined.
• Recall Patients: with no clinical caries or not at increased risk for caries: Posterior bitewings 18-36 months if proximal surfaces cannot be visually examined.

**Adult**
• New Patient: Bitewings and a panoramic radiograph or a full mouth survey with clinical evidence of generalized oral disease or history of extensive restorations.
• Recall Patient: with clinical caries or at increased risk for caries: Posterior bitewings at 6-18 month intervals if proximal surfaces cannot be visually examined.
• Recall Patients: with no clinical caries or not at increased risk for caries: Posterior bitewings 24-36 months if proximal surfaces cannot be visually examined.

**Adult (Edentulous)**
• New Patient: Individualized radiographic exam, based on clinical signs and symptoms
  o Ideally a panoramic radiograph
• Recall Patient: Not applicable unless there is a need

**Additional Reasons for a Bitewing Survey (BWX)**
• The patient has had no BWX taken within the past 1 year.
• 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.
• As an adjunct to establish need for treatment in conjunction with a thorough oral exam.
• In some cases, BWX may be taken on completion of restorative procedures – this is at the discretion of the clinic dentist.

Additional reasons for a FMX Survey
• 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.
• 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.
• 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).
• 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.
• 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.

Additional Reasons for a Panoramic radiograph
• If BWX or FMX reveals possible cyst, tumor, fracture, or other pathology unable to be documented by the use of smaller films.
• If a patient requires an FMX but is unable to tolerate intraoral films.
• Prior to fabrication of complete dentures for an already edentulous patient if no FMX within 1 year.
• 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 the need is determined.

**Radiography Procedures**

1. The degree of supervision of the student exposing the radiographs will depend upon the degree of proficiency demonstrated by the student.
2. Students will not operate the x-ray equipment without the knowledge of an instructor. The student must be supervised.
3. Digital images (phosphor plates and sensors) are used to take x-rays.
4. The XCP device will be used with all periapical images.
5. When patient or dental office requests an electronic copy of the x-rays, complete the request form of which x-rays are to be sent, name of the dentist and email address. Turn this form into the Radiography instructor and they will electronically send them images in an encrypted file.

**Radiographic Retake Policy** (Patient Related Retakes)

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 radiology instructor. The third attempt at an exposure will be made by the radiography instructor.

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 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/DXTTR during any scheduled clinic times to accommodate a patient.

**Radiographic Policy during pregnancy**
NCR Regulatory Guide 8.13 will be followed as per the FSU Radiation Safety Officer. [https://www.nrc.gov/docs/ML0037/ML003739505.pdf](https://www.nrc.gov/docs/ML0037/ML003739505.pdf)

**Radiographs for pregnant patients**
Radiographs are safe for pregnant patients as long as an abdominal and thyroid shielding is used. [https://www.ada.org/en/member-center/oral-health-topics/pregnancy](https://www.ada.org/en/member-center/oral-health-topics/pregnancy)

**Radiographic Policy for Pregnant Students or Clinic Staff**
1. The individual will inform the Radiation Safety Office of the pregnancy. A fetal and whole body badge will be ordered.
2. The individual will be required to wear two dosimetry badges, fetal and whole body.
3. 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 DH Clinic Operations Supervisor may dismiss the student/staff from clinic/radiology to complete this notification.

**Radiology Area Asepsis**

**Preparing the x-ray room**
1. Don the PPE
   - Dosimetry monitor badge (if assigned to wear)
   - Safety glasses
   - Face mask
   - Disposable clinic gown
   - Surgical cap
   - Utility gloves
2. Disinfect room surfaces (using the wipe-wipe technique)
   - Chair arms
   - Chair headrest (supporting frame with control bar)
   - X-ray view box (front, top, and sides)
   - Clipboard
   - Pens, pencils
   - Tray
3. Wash and remove utility gloves and wash hands.
4. Place barrier covers over the following:
• Tubehead – bag
• Headrest – cover with headrest barrier
• Exposure selector knob – use adhesive sheet
• Exposure button (hall) – use adhesive sheet
• Vertical post (supporting tube head) – use adhesive sheet
• Tray – use tray cover
• Cubicle door – use two, connected adhesive 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
   • XCP device
   • Stabe holders
   • Bitewing tabs (2 or 4)
   • Cotton tip applicators
   • Cotton rolls (if needed)

**Preparing to Expose Radiographs**

1. Log into computer and into EagleSoft
   • Identify which type of radiographs you are taking and if sensor or phosphor plates
   • If using phosphor plates arrange films on the tray in an orderly fashion
   • Place the evaluation sheet on clipboard and hang on the wall outside the room.

2. If your patient is only getting radiographs, it is best to have the front desk collect the money prior to taking the radiographs.

3. Complete any paperwork or patient data review needed:
   • Complete/review MD Hx, BP, OE
   • Inform radiography instructor of any OE concerns and review MH, BP.

4. Drape patient with lead-lined apron/thyroid collar (unless taking a panoramic film – no thyroid collar is to be used).

5. Wash or sanitize hands.

6. Don treatment gloves and face mask and expose x-rays.
   • Maintain asepsis.
   • Throw away or prepare for sterilization contaminated items

7. Remove treatment gloves and wash or sanitize hands.

8. Remove lead shield from patient.

9. Dismiss patient to waiting room or clinic as appropriate.

**Dental Hygiene Clinic Reception Area Policies**

All patients seen in the clinic must have a chart with a completed:
Temporary parking permits are intended for use by the dental clinic 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.

Children and youth (under 18 years of age) in the Clinic Waiting Room must be accompanied by and supervised by an adult at all times. Be sure to tell patients that children are not allowed in the clinic reception area unless supervised. Unless the child is a patient, they should not enter the clinic.

All children and youth (under 18 years of age) must be accompanied by a parent or guardian to their appointment. The parent or guardian must remain in the reception area while their child is being seen as a patient. On occasion, with prior written arrangement with the DH Clinic Operations Supervisor or the Lead Clinic Instructor, a parent may give permission for another adult to supervise their child during treatment. This may only occur with permission. The parent must have completed the updated medical history form, Bill of Rights and HIPAA Policy Acknowledgement form and the written permission form.

**Health Insurance Portability and Accountability Act (HIPAA)**
Dental hygiene students, faculty/staff and work study students will be annually trained on HIPAA.

Refer to the Dental Hygiene HIPAA Policy and Procedure Manual for more information regarding HIPAA.

**HIPAA Breach Notification policy:**
[https://www.ferris.edu/it/security/pdfs-docs/hipaabreachnotificationpolicyrevisedOctober142016.pdf](https://www.ferris.edu/it/security/pdfs-docs/hipaabreachnotificationpolicyrevisedOctober142016.pdf)

**HIPAA Dental Hygiene Privacy Policies and Procedures:**
HIPAA Patient Bill of Rights:

Notice of Privacy Practices for Health Care Provider:
https://www.ferris.edu/health-professions/DHPH/Dental-Hygiene/Dental-Hygiene/PDF/NOTICE_OF_PRIVACY_PRACTICES_FOR_HEALTH_CARE_PROVIDER.pdf

Protocol for Clinic Laptops
- Clinic lead or faculty/staff unlocks the laptop cabinet at the beginning of clinic.
- Clinic lead ensures that all laptops are returned at the end of each clinic.
- DH students and instructors are directly responsible for “their” laptop at all times.
  - Each laptop, instructor desk and mobile cart is numbered. Please match the numbered laptop and power cord with the numbered instructor desk or mobile cart for use.
  - Laptops are to be locked to the mobile cart or instructor’s desk.
  - Laptops must be stored with the bottom side facing the stand so the top is not resting on the top of the laptop to reduce damage to the screen.
  - Laptops are to be stored in the numbered section in the cabinet with the key for that laptop.
- Section instructors are to monitor the laptop/mobile carts in their section.
- The laptop cabinet must be locked at the end of the clinic session.
- Laptops can be utilized only in the DH Clinic and they must remain locked and secured at all times.
- Laptops may be left secured on carts and instructor stations during the lunch hour.
- Laptops are to be strategically positioned to prevent others from seeing the screen with ePHI.
- **When any user (instructor or student) is away from their assigned computer, for any period of time, that person must lock their computer when not in use.**
  - The logged-on user of the laptop must log off, then the laptop must be powered down, and the screen closed.
  - HIPAA policies must be enforced during the use of the laptops with ePHI.

All computers/laptops in the Dental Hygiene Clinic area are to be used by authorized users only (DH Faculty/staff, DH students and work studies, IT Department and others as determined by the Dental Hygiene Privacy Officer). The use of the computers/laptops for personal business is strictly forbidden.
Report immediately to the Dental Hygiene Privacy Officer any security threat or vulnerability that you observe.

**Usernames and Passwords**
The Dental Hygiene Clinic Clerk(s) will assign a username to all DH Faculty/staff, DH students and work studies to access the Eaglesoft. You will be required to create a password, see [https://www.ferris.edu/it/howto/passwordhelp.htm](https://www.ferris.edu/it/howto/passwordhelp.htm) for the FSU policy on passwords. You will be required to change your password each semester.

- Do not write your password on paper.
- Do not post your password on your workstation, on your desktop, under a desk mat calendar, or any place that an unauthorized electronic system user could readily discover it.
- Do not share passwords under any circumstances.
- Review of the clinic’s sanctions for violating its HIPAA policies and procedure and Security policies and procedure.

**Door Scan Cards**
This FSU badge is your **Identification**. All workforce members, including DH students and work studies, must have this on you at all times when you are in the VFS building. This Door Scan Card allows you access to certain rooms in the Dental Hygiene Clinic area in VFS, depending on your duties.

You can obtain the FSU Door Scan Card from MyBullDog Services in the University Center. If you lose this card, immediately inform the Dental Hygiene Clinic Operations Supervisor.

**Dental Records Management**
Care should be taken by clinical providers to avoid handling charts and other paperwork during and after patient treatment unless the provider’s hands have been carefully washed.

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 Hygiene 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 may request a copy of the dental record to be shared with a dentist 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, DH Clinic Operations Supervisor, Clinic Clerk, or any combination of those individuals after consultation with appropriate faculty or staff.

Charts in the front office will be for three years, anything beyond 3 years will be stored in VFS 205. Patients who have not been in for ten (10) years, the chart will be destroyed following HIPAA guidelines. Duplicate x-rays are to be appropriately discarded or will be used for academic purposes with patient identity erased or removed.

**The Care and Handling of Patient Files and Patient Information**

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 confidential patient information.

1. 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**.
2. 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.
3. All dental charts and patient records will be treated with confidentiality at all times. During assigned projects, any identifiable patient information must be removed.
4. The use of cell phones to take photographs of portions of the patient record is prohibited as the patient’s name cannot be obstructed when taking a photograph.
5. 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.
6. 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.
7. A dental hygiene student patient file is to be cared for in the same manner as any other patient file.

8. 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>

9. When the patient file is returned to its appropriate location, the out guide must be removed and the identifying information will be placed in the documents to be shredded cabinet.

10. 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.

11. The dental hygiene student/staff will refer all requests for release of any patient information to the Dental Hygiene Clinic Clerk in VFS 202.

12. 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.

13. 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.

14. 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.

15. 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.

16. All documentation will be completed in a timely manner. Incomplete records will be completed within five (5) days of the posted incomplete list.
17. 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!

**Dental Charting Procedures**
Uniform charting symbols will be used in the dental hygiene clinic using the Dental Hygiene DMF, “Charting in the FSU Dental Hygiene Clinic” form.

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

**Hard Tissue Charting**
1. Hard Tissue Charting is the identification of tooth abnormalities, restorations and appliances, and recording of these on the patient’s dental chart. **Most of the charting is completed on EagleSoft**
2. Systems of Hard Tissue Charting
   - Forensic Charting: System where all tooth abnormalities, restorations, and appliances are recorded on the patient’s chart.
   - DMF Charting: System where only the following are recorded on the patient’s chart.
     - D – Decayed or possibly decayed tooth surfaces
     - M – Missing teeth
     - F – Fillings/restorations (including fixed and removable appliances)

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

**Charting Color Code**
Use only the following colors to chart the following:

- **BLACK LEAD PENCIL**
  - General conditions, treatment probably not required.
  - 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.
  - For both Mixed or Adult dentition: without x-ray confirmation – record CM in box. If you have x-ray confirmation – record large “x” through tooth

- **RED PENCIL**
  - Pathological conditions; treatment may be required.
  - 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**

- Existing restorations and prostheses; treatment probably not required.
- Amalgam 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).

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

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!
### MASTER LIST OF CLINIC ABBREVIATIONS

<table>
<thead>
<tr>
<th>NAME</th>
<th>ABBREVIATION</th>
<th>MISC. Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ANATOMICAL ORIENTATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buccal</td>
<td>B (premolars and molars)</td>
<td></td>
</tr>
<tr>
<td>Distal</td>
<td>D</td>
<td></td>
</tr>
<tr>
<td>Facial</td>
<td>F (anteriors)</td>
<td></td>
</tr>
<tr>
<td>Gingiva</td>
<td>Ging</td>
<td></td>
</tr>
<tr>
<td>Incisal</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>Left</td>
<td>L (circled)</td>
<td></td>
</tr>
<tr>
<td>Lingual</td>
<td>Ling</td>
<td></td>
</tr>
<tr>
<td>Mandibular</td>
<td>Mand</td>
<td></td>
</tr>
<tr>
<td>Maxillary</td>
<td>Max</td>
<td></td>
</tr>
<tr>
<td>Mesial</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>Occlusal</td>
<td>Occl</td>
<td></td>
</tr>
<tr>
<td>Quadrant</td>
<td>Quad</td>
<td></td>
</tr>
<tr>
<td>Right</td>
<td>R (circled)</td>
<td></td>
</tr>
<tr>
<td><strong>CLINICAL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>BP</td>
<td></td>
</tr>
<tr>
<td>Calculus Charting</td>
<td>Calc cht</td>
<td></td>
</tr>
<tr>
<td>Consultation</td>
<td>Consult</td>
<td></td>
</tr>
<tr>
<td>Debride</td>
<td>Debride</td>
<td></td>
</tr>
<tr>
<td>Gingiva</td>
<td>Ging</td>
<td></td>
</tr>
<tr>
<td>Hard Tissue Charting</td>
<td>Ht cht</td>
<td></td>
</tr>
<tr>
<td>History</td>
<td>Hx</td>
<td></td>
</tr>
<tr>
<td>Incomplete</td>
<td>Incomp</td>
<td></td>
</tr>
<tr>
<td>Medical/Dental History</td>
<td>MdHx</td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td>Mod</td>
<td></td>
</tr>
<tr>
<td>No change</td>
<td>N/Chg</td>
<td></td>
</tr>
<tr>
<td>Nothing significant</td>
<td>N/Sig</td>
<td></td>
</tr>
<tr>
<td>Nutrition counseling</td>
<td>Nutritional couns</td>
<td></td>
</tr>
<tr>
<td>Oral exam intra/extra</td>
<td>OE</td>
<td></td>
</tr>
<tr>
<td>Oral Hygiene Index</td>
<td>OHI-S</td>
<td></td>
</tr>
<tr>
<td>(simplified)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral Hygiene Instructions</td>
<td>OHI</td>
<td></td>
</tr>
<tr>
<td>Patient</td>
<td>Pt</td>
<td></td>
</tr>
<tr>
<td>Patient Completed</td>
<td>Pt comp</td>
<td></td>
</tr>
<tr>
<td>Patient Education</td>
<td>Pt ed</td>
<td></td>
</tr>
<tr>
<td>Patient Incomplete</td>
<td>Pt incomp</td>
<td></td>
</tr>
<tr>
<td>Periodontal Charting</td>
<td>Perio cht</td>
<td></td>
</tr>
<tr>
<td>Periodontal Screening/Recording</td>
<td>PSR</td>
<td></td>
</tr>
<tr>
<td>Pit and Fissure Sealant</td>
<td>PFS, tooth # &amp; location</td>
<td></td>
</tr>
<tr>
<td>Polishing</td>
<td>Pol</td>
<td></td>
</tr>
<tr>
<td>Prescription</td>
<td>Rx</td>
<td></td>
</tr>
<tr>
<td>Prophylaxis</td>
<td>Prophy or Px</td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td>-------------</td>
<td></td>
</tr>
<tr>
<td>Respiration</td>
<td>Resp</td>
<td></td>
</tr>
<tr>
<td>Review</td>
<td>Rev</td>
<td></td>
</tr>
<tr>
<td>Scaling</td>
<td>Sc</td>
<td></td>
</tr>
<tr>
<td>Severe</td>
<td>Sev</td>
<td></td>
</tr>
<tr>
<td>Slight</td>
<td>Sl</td>
<td></td>
</tr>
<tr>
<td>Treatment plan</td>
<td>Tx plan</td>
<td></td>
</tr>
</tbody>
</table>

**FLUORIDE**

<table>
<thead>
<tr>
<th>Acidulated Phosphate Fluoride</th>
<th>APF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sodium Fluoride</td>
<td>NaF</td>
</tr>
<tr>
<td>Stannous Fluoride</td>
<td>SnF&lt;sub&gt;2&lt;/sub&gt;</td>
</tr>
<tr>
<td>Varnish Fluoride</td>
<td>VFL</td>
</tr>
</tbody>
</table>

**PAIN MANAGEMENT**

<table>
<thead>
<tr>
<th>Anterior Superior Alveolar Nerve Block</th>
<th>ASA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buccal Nerve Block</td>
<td>BNB</td>
</tr>
<tr>
<td>Epinepherine</td>
<td>Epi</td>
</tr>
<tr>
<td>Gow-Gates</td>
<td>Gow-Gates</td>
</tr>
<tr>
<td>Greater Palatine Nerve Block</td>
<td>GP</td>
</tr>
<tr>
<td>Inferior Alveolar Nerve Block</td>
<td>IA</td>
</tr>
<tr>
<td>Infraorbital</td>
<td>Infraorbital</td>
</tr>
<tr>
<td>Infiltration (Supraperiosteal)</td>
<td>Infiltration</td>
</tr>
<tr>
<td>Mental/Incisive Nerve Block</td>
<td>MI</td>
</tr>
<tr>
<td>Middle Superior Alveolar Nerve Block</td>
<td>MSA</td>
</tr>
<tr>
<td>Nasopalatine Nerve Block</td>
<td>NP</td>
</tr>
<tr>
<td>Nitrous Oxide</td>
<td>N2O2</td>
</tr>
<tr>
<td>Oraqix</td>
<td>Oraqix</td>
</tr>
<tr>
<td>Oxygen</td>
<td>O2</td>
</tr>
<tr>
<td>Periodontal Ligament (Intraligamentary)</td>
<td>PDL</td>
</tr>
<tr>
<td>Posterior Superior Alveolar Nerve Block</td>
<td>PSA</td>
</tr>
</tbody>
</table>
| Topical Anesthetic:  
  Benzocaine  
  Cetacaine Liquid  
  Lidocaine  
| Top Anesth  
  Benzocaine  
  Benzocaine 14% +  
  Lidocaine %  
| Local Anesthesia  
| Local anesth |

**RADIOGRAPHS**

<table>
<thead>
<tr>
<th>Full Mouth X-rays</th>
<th>FMX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Horizontal Bitewing X-rays</td>
<td>BWX (indicate 2 or 4)</td>
</tr>
</tbody>
</table>

Updated April 2022
<table>
<thead>
<tr>
<th><strong>Vertical Bitewing X-rays</strong></th>
<th><strong>VBWX (indicate 2 or 4)</strong></th>
<th><strong>Sensor, Phosphor plate or Traditional</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Occlusal X-ray</strong></td>
<td><strong>Occl x-ray</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Panoramic X-ray</strong></td>
<td><strong>Pan</strong></td>
<td><strong>Phosphor Plate or Traditional</strong></td>
</tr>
<tr>
<td><strong>Periapical X-ray</strong></td>
<td><strong>PA and the tooth #</strong></td>
<td><strong>Sensor, Phosphor Plate or Traditional</strong></td>
</tr>
</tbody>
</table>

**RESTITUTIONS**

<table>
<thead>
<tr>
<th><strong>Amalgam</strong></th>
<th><strong>Amal</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Composite(s)</strong></td>
<td><strong>C</strong></td>
</tr>
<tr>
<td><strong>Crown(s)</strong></td>
<td><strong>Gold = G</strong></td>
</tr>
<tr>
<td><strong>(con't)</strong></td>
<td><strong>Porcelain Fused to Metal = PFM</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Porcelain = P</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Metal = M</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Stainless Steel = SS</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Temporary = Temp</strong></td>
</tr>
<tr>
<td><strong>Implant (s)</strong></td>
<td><strong>Implant</strong></td>
</tr>
<tr>
<td><strong>Inlay</strong></td>
<td><strong>Inlay</strong></td>
</tr>
<tr>
<td><strong>IRM Temp Restoration</strong></td>
<td><strong>IRM</strong></td>
</tr>
<tr>
<td><strong>Onlay</strong></td>
<td><strong>Onlay</strong></td>
</tr>
<tr>
<td><strong>Veneers:</strong></td>
<td><strong>Composite CV</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Porcelain PV</strong></td>
</tr>
</tbody>
</table>

**Periodontal Charting**

Armamentarium:
1. Probe and mirror
2. Black pen
3. Red lead pencil

Most of the periodontal charting is recorded in EagleSoft.

**Sulcus/Pocket Depth**
1. **What:** Depth from the junctional epithelium (at the base of the sulcus/pocket) to the margin of the free gingiva.
2. **Procedure:** Take and record six measurements around each tooth. (i.e., distal facial, facial, mesial facial, distal lingual, lingual, mesial lingual).
3. **Symbol:** Using **black lead pencil**, record the number for the sulcus/pocket depth reading in the appropriate box, below the broken line.

**Bleeding Points**
1. **What:** Bleeding of the sulcular epithelium upon probing is clinically significant because it indicates disease.
2. **Procedure:** Take note of bleeding when probing each of the six areas of each tooth.

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

---

**Furcation Invasion**

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

2. **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.

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

<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>∆</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>∆</td>
</tr>
</tbody>
</table>

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

---

**Attachment Loss**

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

2. **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.

3. **Symbol:** Using a black lead pencil, record the attachment lost number in the appropriate box, above the broken line.
Tooth Mobility
1. **What:** Loosening of a tooth in its socket due to loss of epithelial attachment and loss of alveolar bone.
2. **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.
3. **Symbol:** Using red pencil, record the appropriate symbol at the root apex of the facial view on the charting form.

<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
1. **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.
2. **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.
3. **Symbol:** Using red pencil, record a red “E” at the root apex of the involved tooth.

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

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

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

7. **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.

The following is simply an example of an entry under Services Rendered

<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>TOP TO BOTTOM LEFT SIDE</th>
<th>TOP TO BOTTOM RIGHT SIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDHX Hard tissue chart</td>
<td>Services Rendered forms, most recent date on top</td>
</tr>
<tr>
<td>Medications List (consolidate to one when possible) RX forms – Double Punch and place on top of Medication list</td>
<td>Service Rendered Form with Radiographs and Sealants</td>
</tr>
<tr>
<td>Patient Evaluation form</td>
<td>Covid 19 Patient Disclosure</td>
</tr>
<tr>
<td>Treatment/Care Plan</td>
<td>Referral Forms to various dental offices also record in services rendered and signed by DDS or instructor</td>
</tr>
<tr>
<td>Plaque Index</td>
<td>Insurance documentation, if any</td>
</tr>
</tbody>
</table>
Periodontal Chart | Patient ID or Student ID card
---|---
Hard Tissue Chart | HIPAA form, signed

**Recording and Monitoring Policies**
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.

1. Autoclaves (DH Facilities Coordinator)
2. X-ray calibration (Radiation Safety Officer)
3. Record of training of the risks of infectious diseases (CAHS Core Courses and Pre-Clinic Course Coordinator, Second Year Course Coordinator)
4. Record of Heptavax/Recombivax/Engerix inoculation request or waiver (Program Coordinator, Course Coordinator) Records will be maintained in dental chart.
5. 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.
6. Record of current CPR training (DH Clinic Operations Supervisor)
7. Record of radiation exposure and follow-up (Program Coordinator and Radiation Safety Officer)
8. Record of notification of pregnancy (DH Facilities Coordinator and Radiation Safety Officer)
9. Record of needle sticks or other accidents or injuries occurring in the clinic (DH Clinic Operations Supervisor, Health Center, Risk Management)
10. Clinic and Dental Materials Laboratory – Material Safety Data Sheets (Course Coordinator, DH Dental Materials Laboratory Instructor, DH Facilities Coordinator, and FSU MSDS site).

**Safety and General Emergency Regulations**

**Purpose**

1. Safety regulations are primarily important for prevention.
2. When emergencies do occur, the individuals involved must be able to handle the situations in an intelligent and calm manner.

**Safety**

1. All students must wear safety glasses when scaling, polishing, trimming models and at other times when instructed by faculty.
2. 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.

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

**Student Injury or Sudden Illness**

1. Perform first aid or assist student.
2. 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.

**General Emergency**

1. Always keep calm and provide for the welfare of your patient.
2. Emergencies life/imminent danger, call 911
3. Other issues, call extension 5000 (FSU Public Safety)

**Fire**

1. Fire alarm, it’s real!
2. The bell will sound continuously.
3. Students and patients will take only essential items; coats and wallets/purses – **no book bags**.
4. 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.
   - East exit on the second level, near the Dean's Office.
   - West exit on the second level, near the dental technology labs.
   - The northeast exit on the first level.
5. **KNOW THE MEETING PLACE.** By the parking lot near the pond. Faculty, staff, students and patients will be accounted for at the meeting place.
6. If smoke is coming from the stairway, use the other stairway.
7. If smoke is coming from both stairways, return to the room, close the door, and put something at the base of the door.
8. The fire department will find you.
9. **Never use the elevator during a fire.**
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.

Tornado Watch
1. Means tornadoes are expected to develop
2. 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.
3. Stay alert for a possible tornado warning.

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

Take Shelter
1. Take shelter immediately when tornado warning is given.
2. Stay away from windows.
3. Take shelter in a small windowless space. Closets, windowless bathrooms, storage rooms, and similarly protected areas provide the best shelter.
4. Avoid large or high ceiling rooms, such as lecture halls, auditoriums and gymnasiums.
5. 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.
6. Don’t stay in a vehicle.

After the Storm
1. 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.
2. Stay alert for the possibility of more tornadoes, violent storms often produce more than one tornado.
3. The all-clear signal is a short and steady sound on the siren.

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.
For more information visit:
https://www.ferris.edu/administration/adminandfinance/finance/sherm/Safety/pdfs-docs/FSU-FlipCharts.pdf

ALL FACULTY AND STAFF are the leaders and the last out!

1. Find out if a faculty member needs help with a large class.
2. Check all rooms (darkrooms) and close doors.
3. Check bathrooms; if someone is in them, make sure they get out.
4. Follow students out to make sure they do not get lost.
5. Do not go back into the building.
6. Do not stand in front of the doors.
VFS Second Floor and Evacuation Plan
Dental Hygiene
Emergency Action Plan
Flow Chart

Incident or Emergency Situation

Assigned Student Awareness (1st Student)

1st Student Notifies 2nd Student of accident "RED LIGHT"

1st Student and Instructor/DOS: Initiate First Aid Treatment

Victim OK?

Victim Released

EML Needed?

Person Assigned to call EMS, Public Safety 911

First Aid Continued for Victim

EMS Takes Over

Chain of Command Notified

Witnesses Interviewed

Reports Completed

Staff Discussion

Corrective Action Taken

Person Meets EMS, Public Safety

Victims Family Notified

LEGEND:

STUDENT ACTIVITY
EMS, PUBLIC SAFETY
DDS OR INSTRUCTOR ACTIVITY

Updated April 2022
Other Important Resources

Automatic External Defibrillators (AEDs)
https://www.ferris.edu/administration/adminandfinance/finance/sherm/Safety/pdfs-docs/SafetyOfficeProgramsAEDsGuidlines.pdf

Business Policies – Information Technology
https://www.ferris.edu/administration/buspolletter/information/index.htm

Business Policies – Public Safety
https://www.ferris.edu/administration/buspolletter/publicsafety/index.htm

Drug Free Workplace
https://www.ferris.edu/administration/adminandfinance/human/Forms/HRPPs/AlcoholAndDrugUse.pdf

Hazard Communication
https://www.ferris.edu/administration/academicaffairs/Laboratory_Safety/Chemical-Safety/Hazard_Comm/index.htm

FSU Emergency Prepared Website
https://www.ferris.edu/HTMLS/othersrv/campussafety/Education_Prevention_Section/index.html
  - Active Attack Prevention and Response: https://www.ferris.edu/HTMLS/othersrv/campussafety/activeshooter.html
  - FSU Emergency and Safety Procedures Guide
    https://www.ferris.edu/administration/adminandfinance/finance/sherm/Safety/pdfs-docs/FSU-FlipCharts.pdf
    https://www.ferris.edu/administration/buspolletter/PSPL04-01.pdf
  - University Closing or Cancelling of Classes Policy
    https://www.ferris.edu/administration/buspolletter/administrative/University-Closing-Cancelling-Classes-Policy.pdf

Transport of Sick & Injured
https://www.ferris.edu/administration/buspolletter/bpl0810.pdf