
FERRIS STATE UNIVERSITY COLLEGE OF HEALTH PROFESSIONS

DENTAL HYGIENE CLINIC

POLICY AND PROCEDURE MANUAL



2024-2025

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DENTAL HYGIENE CLINIC POLICY AND PROCEDURES MANUAL

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 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 other 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), Infection Control and Bloodborne Pathogens through KnowBe4. The course completion certificate must be uploaded into Complio.
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 Complio.

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 Professional (American Heart Association). This mandatory training will be assigned in the fall semester for 1st year dental hygiene students, faculty and staff.

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.

Documentation of certification status will be uploaded into Complio 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.
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** plan for their patients and call the Dental Hygiene Clinic Clerk at 231-591-2260. 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 sure that no offensive odor lingers on one's clothes, hands, or breathe when presenting to clinic.

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, 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 solid color shirts may be worn under the surgical scrub.

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

Socks: 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: Those with access to the dental hygiene clinic area must have an identification badge from MyBulldog Service Center. The badges should be displayed under your clinic gown and will allow you to have access to doors in the clinic area. If you lose this badge, you must inform the Dental Hygiene Clinic Operations supervisor immediately.

X-Ray Monitoring Badges: See Radiography section.

Hair: Hair must be off the collar by either securing it with 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.

Fingernails: Must not extend past the end of your fingers when your palms are facing up. Must be clean and no artificial nails due to the risk of bacterial and fungal infections. Clear or light-colored (pastels) nail polish will be allowed, however the nail polish can NOT be chipped. 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 (a scrub cap or headband can cover additional earrings). Nose piercings must be always covered. 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: Many people can be sensitive or offended by certain odors, aromas and scents. For this reason, personal hygiene is of the

utmost importance and perfumes or scented lotions should not be worn.

Cell phones

The dental hygiene department is sensitive to the fact that cell phone use is the primary way 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. 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.
5. 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.
6. Patients that bring their cell phones in radiography or the clinic should be asked to silence their phone and put away. Patients are not allowed to take photographs, video or voice record with you or anyone during the visit.
7. If you have a family member or friend who wishes to have a photo taken with you, please take the photo in the hallway or outside the building.

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 always, 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 always kept to a minimum in the clinic areas.

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. 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, Dental History, Consent to treatment, Payment, Release of Dental Information, Demographics, and Local Anesthesia Informed Consent.
 - The medical history must be reviewed verbally at subsequent appointments in a treatment sequence, with changes updated in the chart.
 - 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 Medical Guidelines for managing patients with specific medical conditions.
 - Emergency contact person and phone number must be identified.
 - The Medical History and Patient Consent to Treatment will be updated every three (3) years.
3. Any procedure performed on a patient and any special circumstances related to treatment must be documented in the Clinical Notes, 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.

Immunizations

The CDC recommends that dental hygiene students, faculty, staff, and dentists be current on recommended immunizations including but not limited to; Hepatitis B, MMR (measles, mumps, rubella), varicella (chickenpox), Tdap (tetanus, diphtheria, pertussis).

Dental hygiene students, faculty, staff, and dentists will receive a baseline tuberculosis (TB) screening regardless of the risk classification of the setting. Dental hygiene students are required to submit a 2-Step TB test yearly, faculty, staff and dentists will receive a baseline upon hire.

It is highly recommended that the faculty, staff, and dentists receive the annual influenza vaccination. Students will be required for off-site rotations.

Ferris State University is not requiring students, staff, faculty or dentists to be vaccinated against Covid.

Bloodborne Pathogen Exposure Control Plan Policy -

<https://www.ferris.edu/administration/adminandfinance/finance/sherm/Safety/pdfs-docs/ExposureControlPlan.pdf>

The purpose of this program is to provide a comprehensive infection control system that maximizes protection against communicable diseases for all students and employees of Ferris State University. Promote safe work practices, ensure medical treatment, and minimize injury and illness experienced by employees and students. Universal precautions shall be always observed and shall be expanded to include all body fluids and other potentially infectious material.

Goals of the Program:

- i. Train and educate all dental hygiene students on the types, transmission, cause, and effects of infectious diseases.
- ii. Influence attitudes toward health and safety when exposed to an infectious disease.

- iii. Train and educate in appropriate skills that will decrease exposure risk.
- iv. Train and educate proper follow-up procedures, should an exposure occur.
- v. Provide employees with immunizations and personal protective equipment (PPE) needed for protection from communicable diseases.
- vi. Prohibit discrimination of any member for health reasons, including infection or seroconversion, or both, with HIV, HBV, or HCV.
- vii. Regard all medical information as strictly confidential. No health information will be released without the signed written consent.
 - i. Relative to the above goal, MIOSHA has enacted the Blood borne Infectious Disease Standard (Part 554). The purpose of this standard is to “reduce” occupational exposure to hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), and other blood borne pathogens that employee’s may encounter in their workplace.

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.

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. These can be found on the desktop of any DHYG computer.

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. Ritter M11 (3) – steam autoclave
2. Tuttenauer – steam autoclave, EZ10
3. Statim- a steam flush pressure pulse (SFPP) Sterilizer
4. Meile Thermal Disinfectant
5. Instrument Cassettes
6. One handed scoop method for inserting needles into the cap though needle recapping devices

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- Protector™ Needle Sheath Prop
 - Jenker™ Needle Stick Protector
 - Sharp's container for disposable sharps
 - Oraquix blunt tip applicators will be treated like a needle
 - Tips used for sealant material will be disposed of without recapping
7. Hazardous Waste Mixed Medical container
 8. Universal Waste Pharmaceutical container
 9. Personal Protective Equipment (PPE) consists of a disposable clinic gown, safety glasses with side shields, gloves, Level III face masks, utility gloves, face shields, and surgical caps.
 10. Low and high-volume evacuation is available for use at the dental operatories.
 11. Tongs and/or forceps are to be used for dispensing items that are maintained in centralized dispensing areas.
 12. 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).
 13. 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 hands after removing gloves with either hand sanitizer or soap and water.
3. Level III and protective eyewear with side shields must be worn for all procedures. Surgical caps and face shields may be worn as well.
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-volume evacuation and proper patient positions, when appropriate, should be utilized to minimize generation of aerosols, droplets and spatter.
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 operator 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 operator; 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 eyeglasses and face shields will be disinfected with soap and water prior to leaving the work area.

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, Orafix tips, sealant syringe tips, irrigating tips, and dental cartridges/carpules

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 later 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.

A confidential medical evaluation and follow-up will be conducted by the Birkam Health Center or Med1 Occupational Clinic. If an emergency visit

Corwell Health Big Rapids Hospital. Following the initial first aid (clean the wound, flush eyes, or other mucous membrane, etc.), in a non-emergency situation the following activities will be performed:

- Complete an employee or student incident report.
- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual.
- The lead instructor or operations supervisor: Contact Birkham Health Center to notify of injury and source individuals contact information.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Birkam Health will notify the injured of 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).

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 Corwell Health Big Rapids Hospital, depending on the severity of the injury.
 - In such instances, instructors should advise the Birkam Health Center by phone of the referral and authorize the visit to be on a "no charge" basis. The student and the instructor need to fill out the "Student Incident/Accident Report"
<https://www.ferris.edu/administration/adminandfinance/finance/sherm/pdfs-docs/student-injury.pdf>.
7. Students referred to Corwell 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 into 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.
<https://www.ferris.edu/administration/adminandfinance/finance/sherm/pdfs-docs/IncidentReportForm.pdf>
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 Birkam Health Center 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. This determination and the recording activities are done by SHERM.

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. 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 leur-lock used for irrigation and pit and fissure sealants).
2. Used dental carpule will go into the White Bucket labeled Universal Waste Pharmaceutical. Any dental carpule that are broken, are considered refuse and can go in an appropriate container for broken glass and thrown in the regular garbage.
3. 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.
4. 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 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 –You may purchase your own scrub cap. Colors and styles can vary, be mindful no wild prints or colors. It is optional to wear scrub caps.

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 students/employees if they are 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 at all times while in clinic.
4. Safety Glasses must meet OSHA Standard Practice for Occupational and Educational Eye and Face Protection.
5. 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.

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 Tubs and Tumble 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.

Safety Data Sheets

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

SDS's can be accessed on the FSU website.

- <https://ferris.msdssoftware.com/default>

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

Surface and Equipment Management **Chemical Agent Used for Surface Disinfection**

- Agent: Sanicloth disinfectant wipes
- Treatment Time – 3 minutes

Before the First Patient – At the Start of Clinic

1. Unplug the computer.
2. Don safety glasses, face mask and utility gloves, disposable clinic gown
3. 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.
4. Check for surfaces for gross debris – if present, remove with disinfectant, then dry surface.
 5. Disinfect the following surfaces using the technique described:
 - Using a pre-moistened disinfectant towelette, use the Wipe -Wipe technique as follows:
 - Wipe appropriate surfaces once then wipe them once more
 - 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. Auxiliary arm (suction arm) and supports.
 - Low volume saliva ejector adaptor and hose
 - High Volume Ejector (HVE)
 - Air/water syringe
5. Dental Chair
 - The back and bottom of the seat to the end by the feet
 - Headrest adjustment knob
6. 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)
7. Ultrasonic unit
8. Dental light
 - Handle
 - On/Off Switch
9. Operator stool: arm pads, back, and seat levers
10. 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. Wash with soap and water.
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 air/water syringe - plastic cylinder – syringe cover
4. Suction arm (Axillary arm) – Low Volume Evacuator/saliva ejector adaptor, HVE adaptor, air/water syringe – plastic cylinder – syringe cover
5. Dental light – handle (operator’s side only) – plastic handle cover
6. Dental light – on/off switch – appropriate barrier
7. Side counter – table surface – paper tray cover
8. Computer

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. Check the computer battery life. Plug in for charging if necessary.
13. 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**. 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.
 - 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. Log off computer, turn off, plug in for the am clinic so the computer is fully charged.
18. 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 base of the unit.
 - 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 the Ferris State University (FSU) Radiation Safety Office. No policies regarding radiation should be revised without the consent of the FSU Radiation Safety Officer.

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. Clinical instructors, dentists and Dental Hygiene faculty members must receive annual radiation safety training and successfully complete a quiz administered by the FSU Radiation Safety Officer.
3. Students must be taught radiation safety prior to being permitted to use the x-ray units.
4. All radiographs are to be taken for DIAGNOSTIC PURPOSES ONLY. Radiographs without a specific reason are contraindicated.
5. 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 by the FSU Radiation Safety Officer. Results are posted adjacent to the darkroom. Records are maintained by the FSU Radiation Safety Officer.
6. If the radiation monitoring badge is lost or worn outside of a clinical setting, a discussion will occur between the wearer and the FSU Radiation Safety Officer.
7. All dental X-ray units are calibrated upon repair or as determined by the State of Michigan Radiation Inspector.
8. No radiographs will be issued or taken 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 the Electronic Medical Record.
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 administered 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 or suspect they may 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.
 - Ideally a panoramic radiograph
- Recall Patient: Not applicable unless there is a need.

Additional Reasons for a Bitewing Survey (BWV)

- The patient has had no BWV taken within the past 1 year.
- BWV 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, BWV 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. (E.g., 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>

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>

Radiographic Policy for Pregnant, or Attempting to Become Pregnant, Students or Clinic Staff and Faculty Members

1. The individual will inform the FSU Radiation Safety Office of the pregnancy if they wish to do so. It is the right of the individual whether or not to declare the pregnancy. However, if the pregnancy is not declared, FSU does not have an obligation to protect the fetus from radiation. If a student does not declare, they will not be allowed to participate in radiologic procedures which may result in unsuccessful completion of a course or degree. A mandatory meeting with the FSU Radiation Safety Officer will be scheduled as soon as the pregnancy is declared. Once declared, radiation protection measures will extend to the fetus.
2. The individual will be required to wear two dosimetry badges, fetal and whole body.

3. It is highly recommended that the pregnant individual also wear a lead apron when taking x-rays. Minimally, all x-rays should only be taken when the pregnant individual is behind lead glass.
4. All individuals shall abide by these policies, strictly.

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)
 - 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
 - Stab holders
 - Bitewing tabs (2 or 4)
 - Cotton tip applicators
 - Cotton rolls (if needed)

Preparing to Expose Radiographs

1. Log into computer and into the Electronic Medical Record
 - 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 MDHx, 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 complete:

- Medical history
- Medication List
- Consent to treatment, Payment, and Release of Dental Information
- Dental History
- Local Anesthesia Informed Consent
- Demographics

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 always supervised by an adult. 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, Consent to treatment, Payment and Release of Dental Information 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>

HIPAA Dental Hygiene Privacy Policies and Procedures:

<https://www.ferris.edu/health-professions/DLTS/Dental-Hygiene/Dental-Hygiene/clinic/PDF/Dental-Clinic-Policy-and-Procedures-Manual.pdf>

Protocol for Clinic Laptops

- Students are responsible for the laptop while in clinic.
- Section instructors are to monitor the laptop/mobile carts in their section.
- Laptops can be utilized only in the DH Clinic.
- 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.**
- At the end of clinic, 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.

Username 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 Electronic Medical Record. You will be required to create a password, see <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.
- 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

All workforce members, including DH students and work studies, must always have their FSU ID badge when you are in the VFS building. This allows you access to certain rooms in the Dental Hygiene Clinic area in VFS, depending on your duties.

Second year dental hygiene students and staff will need a Dental Hygiene ID for off-site rotations and community events.

You can obtain the FSU Bulldog ID and Dental Hygiene ID from the Bulldog Service Center in the David L. Eisler Center. If you lose this card, immediately inform the Dental Hygiene Clinic Operations Supervisor.

Dental Records Management

Patient Records – All patients who are to receive any intraoral examination or treatment in the dental clinics must have completed all Ascend forms.

All records 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. 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.
5. VFS 205, the dental computer room is off limits to the general public. Anybody not affiliated with the dental hygiene program does not belong in this restricted area.

6. A dental hygiene student patient file is to be handled in the same manner as any other patient file.
7. Students must sign out and sign in charts using the binder by the student window at the front desk.
8. 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.
9. The dental hygiene student/staff will refer all requests for release of any patient information to the Dental Hygiene Clinic Clerk in VFS 202.
10. All files will be returned to the clinic office (VFS 202) 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.
11. 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 (communication room) ONLY.
12. 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

All charting will be completed in Ascend Academic.

Hard Tissue Charting

1. Hard Tissue Charting is the identification of tooth abnormalities, restorations, missing teeth and appliances.
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.

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

NAME	ABBREVIATION	MISC. Documentation
ANATOMICAL ORIENTATION		
Buccal	B (premolars and molars)	
Distal	D	
Facial	F (anterior)	
Gingiva	Ging	
Incisal	I	
Left	L (circled)	
Lingual	Ling	
Mandibular	Mand	
Maxillary	Max	
Mesial	M	
Occlusal	Occl	
Quadrant	Quad	
Right	R	
CLINICAL		
Blood Pressure	BP	
Calculus Charting	Calc cht	
Consultation	Consult	
Debride	Debride	
Gingiva	Ging	
Hard Tissue Charting	Ht cht	
History	Hx	
Incomplete	Incomp	
Medical/Dental History	MdHx	
Moderate	Mod	
No change	N/Chg	
Nothing significant	N/Sig	
Nutrition counseling	Nutritional couns	
Oral exam intra/extra	OE	
Oral Hygiene Index (simplified)	OHI-S	
Oral Hygiene Instructions	OHI	
Patient	Pt	
Patient Completed	Pt comp	
Patient Education	Pt ed	
Patient Incomplete	Pt incomp	
Periodontal Charting	Perio cht	
Periodontal Screening/Recording	PSR	
Pit and Fissure Sealant	PFS, tooth # & location	
Polishing	Pol	
Prescription	Rx	

Prophylaxis	Prophy or Px	
Respiration	Resp	
Review	Rev	
Scaling	Sc	
Severe	Sev	
Slight	SI	
Treatment plan	Tx plan	
FLUORIDE		
Acidulated Phosphate Fluoride	APF	
Sodium Fluoride	NaF	
Stannous Fluoride	SnF ₂	
Varnish Fluoride	VFL	
PAIN MANAGEMENT		
Anterior Superior Alveolar Nerve Block	ASA	
Buccal Nerve Block	BNB	
Epinephrine	Epi	
Gow-Gates	Gow-Gates	
Greater Palatine Nerve Block	GP	
Inferior Alveolar Nerve Block	IA	
Infraorbital	Infraorbital	
Infiltration (Supraperiosteal)	Infiltration	
Mental/Incisive Nerve Block	MI	
Middle Superior Alveolar Nerve Block	MSA	
Nasopalatine Nerve Block	NP	
Nitrous Oxide	N ₂ O ₂	
Oraqix	Oraqix	
Oxygen	O ₂	
Periodontal Ligament (Intraligamentary)	PDL	
Posterior Superior Alveolar Nerve Block	PSA	
Topical Anesthetic: Benzocaine Cetacaine Liquid Lidocaine	Top Anesth Benzocaine Benzocaine 14% + Lidocaine %	% , Flavor See label for info
Local Anesthesia	Local anesth	
RADIOGRAPHS		
Full Mouth X-rays	FMX	Sensor, Phosphor Plate or Traditional
Horizontal Bitewing X-rays	BWX (indicate 2 or 4)	Sensor, Phosphor plate or Traditional

Vertical Bitewing X-rays	VBWX (indicate 2 or 4)	Sensor, Phosphor plate or Traditional
Occlusal X-ray	Occl x-ray	
Panoramic X-ray	Pan	Phosphor Plate or Traditional
Periapical X-ray	PA and the tooth #	Sensor, Phosphor Plate or Traditional
RESTORATIONS		
Amalgam	Amal	
Composite(s)	C	
Crown(s) Crown(s) (con't)	Gold = G Porcelain Fused to Metal = PFM Porcelain = P Metal = M Stainless Steel = SS Temporary = Temp	
Implant (s)	Implant	
Inlay	Inlay	
IRM Temp Restoration	IRM	
Onlay	Onlay	
Veneers: Composite Porcelain	CV PV	

Periodontal Charting

Armamentarium:

1. Probe and mirror

The periodontal charting is recorded in Ascend Academic. Under the Perio tab select a New Periodontal Exam.

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. **Chart:** Under the perio tab select New Perio Exam. Select which template of progression you prefer.

Bleeding Points (BOP)

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. **Chart:** A red dot will need to be selected at each area of bleeding (BOP).

Furcation Invasion (Furc)

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.
3. **Chart:** Select the tooth area. Record the presence of a furcation that you detect by selecting the drop-down arrow next to Furc and selecting the correct grade.

GRADE	DEFINITION
CLASS I	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.
CLASS II	Bone loss allows the instrument tip to extend under the tooth and into the furcation area, but not all the way through.
CLASS III	No bone remains under the arch of the furcation, allowing the instrument tip under the tooth. (i.e., through and through bone loss exists)
CLASS IV	Attachment loss and bone loss is so advanced that the furcation is <u>clinically visible</u> .

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. **Chart:** Ascend automatically calculates CAL.

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. **Chart:** Select the tooth. Click Mob and select the correct classification.

MOBILITY CLASSIFICATION	DEFINITION
Normal	Less than 1 mm of displacement faciolingually, no vertical mobility.
Class 1	Noticeable faciolingual displacement <u>up to 1 mm</u> , (i.e., greater than normal physiologic displacement), no vertical mobility.
Class 2	Faciolingual displacement <u>greater than 1 mm</u> , no vertical mobility.
Class 3	Faciolingual <u>and vertical displacement</u> greater than 1 mm.

Exudate (Sup)

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. **Chart:** Select Sup in each area present. An orange circle will appear.

Clinical Note Entries

Procedures for making Clinical Notes.

1. Select Clinical Notes
2. Select the correct template and follow prompts. Progress can be saved for continuation.
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. Assign the attending provider (section instructor) and save your note.
6. INST/DDS – Note will be sent for final signature.

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 Hepatitis B request or waiver (Program Coordinator, Course Coordinator) Records will be maintained.
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 Complio.
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).

General Emergency

1. Always keep calm and provide for the welfare of your patient.
2. Emergencies life/imminent danger, call 911

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 Clinic.
 - The northeast exit on the first level.
5. **KNOW THE MEETING PLACE.** In front of Michigan College of Optometry right outside the west exit. 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.**

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

1. The DH Clinic Operations Supervisor will conduct a roll call to ensure that all students and patients are out of the building.
2. If for any reason a student must leave the Dental Hygiene Clinic during a lab session or clinic session, it is **mandatory** that the student informs their section instructor and the Lead instructor prior to leaving. This is necessary in case it is required to evacuate. In case of an evacuation, all individuals need to be accounted for that may have been in the Dental Hygiene clinic or laboratory.
3. Find out if a faculty member needs help with a large class.
4. Check all rooms (darkrooms) and close doors.
5. Check bathrooms; if someone is in them, make sure they get out.
6. Follow students out to make sure they do not get lost.

7. Do not go back into the building.
8. Do not stand in front of the doors.

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.

**Weather Emergencies
Severe Weather Safety**

Ferris State may occasionally be impacted by a severe weather event. The best way to stay up to date with weather that may effect our campuses is to sign up for emergency text alerts. <https://www.ferris.edu/campus-safety-information-and-resources/severe-weather-safety.htm>

Clinic Closure

If clinic is closed for any reason, you will receive a text message and an email from the program coordinator or operations supervisor. This will be communicated as soon as possible. If you have any questions or concerns contact the dental clinic clerk (231) 591-2260 and the course coordinator.

Severe Thunderstorm Watch

Forecast of possible severe thunderstorms developing in a large geographic area. Continue normal activities but stay alert for changes in weather conditions.

Severe Thunderstorm Warning

A severe thunderstorm has been sighted and may approach the area. During a severe thunderstorm warning, stay inside. Be alert for changes in weather conditions.

Tornado Watch

A tornado watch indicates that tornadoes are possible in and near the watch area. 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. Be alert for changes in weather conditions.

Tornado Warning

A tornado warning means a tornado has been sighted or indicated by weather radar in the area. There is imminent danger to life and property, take shelter. The alarm for a tornado warning is sounded from a siren

located on top of the Business building.

In the event a **tornado warning** is issued:

1. Immediately to the nearest emergency shelter area. All shelter areas are marked on Emergency Evacuation Plans.
2. Stay away from windows.

Active Shooter on Campus

RUN, HIDE, OR FIGHT!

Get out!

1. Know where exits are located.
2. Leave your belongings, other than your cell phone.
3. As you are getting out, be prepared to encounter law enforcement - keep your hands visible and follow their commands.
4. If you cannot get out, hide.

Hide out!

1. Find a 'safe room' if one is available
2. Hide in an area outside of the shooters view
3. Turn off lights if possible
4. If possible, lock the doors and block the entryway to the room
5. Silence your cell phones
6. If you cannot hide out, or are discovered, fight.

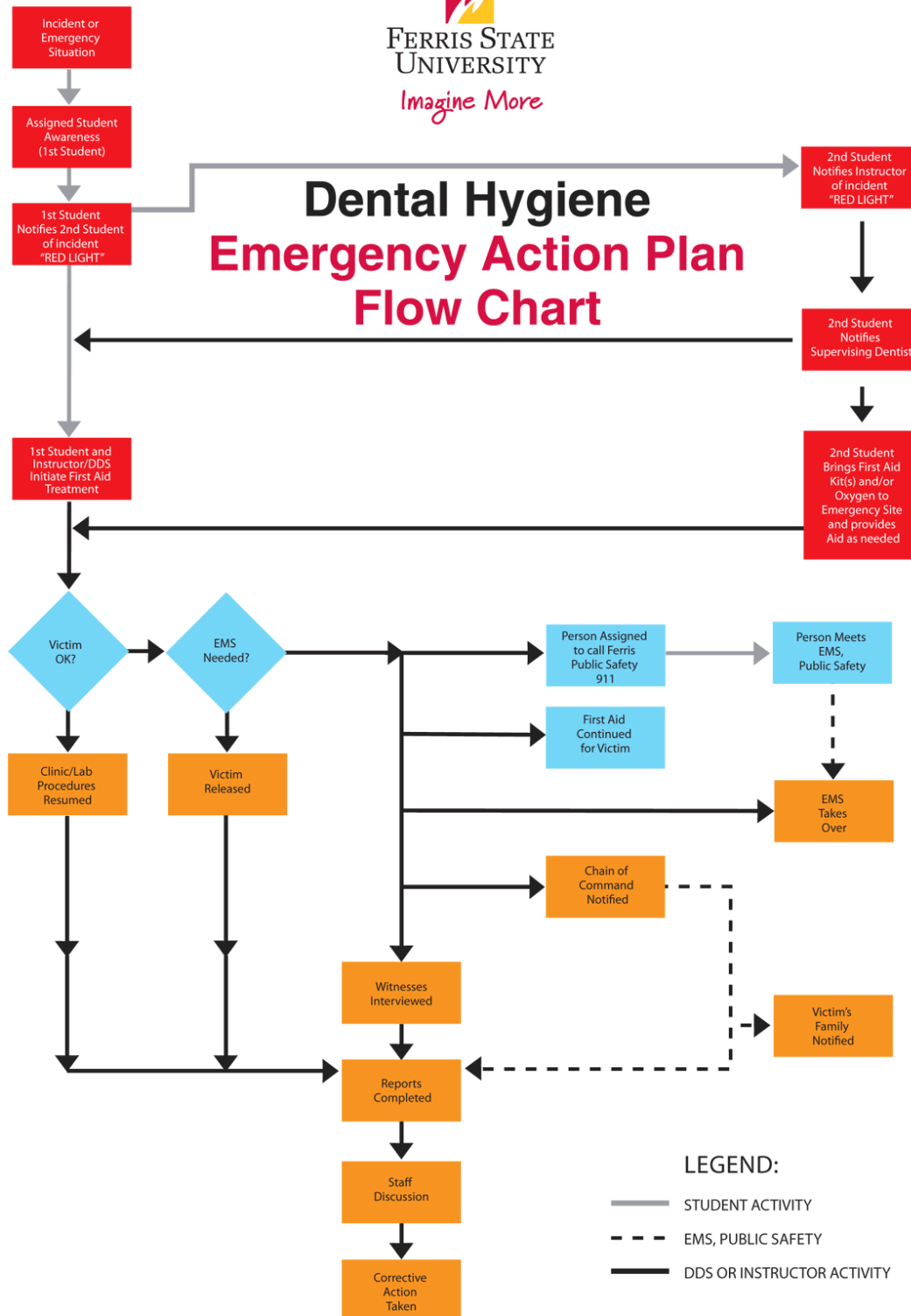
Take out!

1. As a last resort when your life is in danger, attempt to incapacitate the shooter
2. If possible, dial 911 on your cell phone and set it down, keeping the line open.
3. If possible, have others that you are with join forces with you.
4. You are fighting for your life - anything goes! If you or others do not stop this person, they will likely harm you.

CALL OUT!

1. Call 911 as soon as it is safe to do so
2. Try to clearly communicate what you see, hear, etc.
3. At any time, if you are talking with authorities and it is no longer safe to do so because the shooter is nearby, leave the call connected to 911/police
4. When the crisis is over, do not open a secure area unless you know the police are there, or you can confirm with 911 that the police are in place for you to exit
5. Remember, the police still do not know who or how many attackers are present. Exit with empty hands, that are in the air. Comply with all commands that the police give you.

Please be mindful that there may be students and/or visitors, faculty



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>
- Public Safety Policy Letter – Homeland Security and Emergency Response
<https://www.ferris.edu/administration/buspolletter/PSPL04-01.pdf>
- University Closing or Cancelling of Classes Policy
<https://www.ferris.edu/policies/docs/202301-university-closing-or-cancelling-of-classes.pdf>