

**Kalamazoo Valley Community College**

# **Dental Hygiene**

**STUDENT/FACULTY HANDBOOK**

**Prepared by the Department of Dental Hygiene, August 1997.  
Revised August 2003, 2007, 2010, 2015, 2016, 2017, 2018, 2019**

## DHY Handbook

| Table of Contents...                               | Page |
|--|------|
| <b>1.0 KVCC/DHY</b>                                |      |
| 1.1 Mission and Goals                              | 2    |
| 1.2 KVCC Competencies                              | 3    |
| 1.3 Standards of Practice                          | 4    |
| 1.4 Technical Standards                            | 6    |
| 1.5 Dress Code                                     | 7    |
| 1.6 Attendance Policy                              | 10   |
| 1.7 Professional Conduct                           | 12   |
| 1.8 Professionalism Rubric                         | 13   |
| 1.9 Dental Hygiene Department Structure            | 14   |
| 1.10 Faculty Role                                  | 15   |
| 1.11 Dental Hygiene Advisory Board Committee       | 16   |
| 1.12 Use of Social Media Guidelines                | 17   |
| 1.13 CMOP 5010 Internet and Computer Network usage | 19   |
| 1.14 CMOP 5020 Copyright                           | 23   |
| 1.15 CMOP 5050 Prescribed use of Social Media      | 24   |
| 1.16 FERPA   | 26   |
| 1.17 Scholarship and Other Awards                  | 27   |
| 1.18 Estimated Student Expenses                    | 28   |
| <b>2.0 CODA</b>                                    |      |
| 2.1 Accreditation                                  | 29   |
| 2.2 Complaint Policy                               | 32   |
| 2.3 Complaint Guidelines                           | 38   |
| <b>3.0 Organized Dental Hygiene</b>                |      |
| 3.1 Dental Hygiene Oath                            | 41   |
| 3.2 ADEA Competencies for Entry Level RDH          | 42   |
| 3.3 ADHA Code of Ethics                            | 45   |
| 3.4 Professional Membership                        | 50   |
| <b>4.0 Clinic Information</b>                      |      |
| 4.1 Program Related Information                    | 51   |
| 4.2 Patient Information                            | 54   |
| 4.3 Treatment Consent                              | 56   |
| 4.4 Patient Bill of Rights                         | 57   |
| 4.5 HIPAA Information                              | 58   |
| 4.6 Radiographic Procedure                         | 61   |
| 4.7 Characteristic of Quality Radiographs          | 62   |
| 4.8 Quality Assurance System                       | 69   |
| 4.9 Patient Assessment Protocol                    | 71   |
| 4.10 Number of Students / Roles in clinic          | 72   |
| 4.11 Clinical Care Requirements                    | 74   |
| 4.12 Information on Patient Care                   | 76   |
| 4.13 Prophylaxis Need for DHY Treatment            | 80   |
| 4.14 DHY Student Agreement                         | 83   |

### **DHY Mission Statement**

To provide KVCC Dental Hygiene Program students with evidence-based education and clinical experiences to build their ethical standards and problem-solving skills thus preparing them to become professional hygienists in an evolving health care environment requiring adaption to changing technology, sensitivity to multi-cultural populations, and delivery of patient-centered treatment.

### **DHY Program Goals**

1. To provide a broad-based education for dental hygiene students that will enable them to practice effectively in a variety of settings and /or extend their education.
2. To provide theoretical course work and practical experience in the dental hygiene process of care.
3. To provide dental hygiene students with the theory and practice of patient education, technologies, modalities, and strategies that will enable them to motivate clients to obtain, maintain, and enhance their oral health.
4. To continually evaluate and procure updated modalities for the dental hygiene clinic to ensure the availability of state of the art equipment and technologies for practicum experiences.
5. To provide professional development for the dental hygiene faculty to improve their quality of instruction and for oral health care professionals to improve job performance and career advancement.

To provide dental hygiene students with theory and practical experiences with and for a diverse client population.

## **DHY COMPETENCIES FOR GRADUATION<sup>1</sup>**

1. Apply a professional code of ethics in all endeavors.
2. Continuously perform self-assessment for lifelong learning and professional growth.
3. Record accurate, consistent and complete documentation of oral health services provided.
4. Manage Medical emergencies by using professional judgment, providing life support, and utilizing required CPR and any specialized training or knowledge.
5. Respect the goals, values, beliefs, and preferences of all patients.
6. Utilize methods that ensure the health and safety of the patient and the oral health professional in the delivery of care.
7. Provide community oral health services in a variety of settings.
8. Evaluate the outcomes of community-based programs, and plan for future activities.
9. Systematically collect, analyze, and record diagnostic data on the general, oral, and psychosocial health status of a variety of patients using methods consistent with medicolegal principles.
10. Recognize the relationships among systemic disease, medications, and oral health that impact overall patient care and treatment outcomes.
11. Use patient assessment data, diagnostic technologies, and critical decision making skills to determine a dental hygiene diagnosis, a component of the dental diagnosis, to reach conclusion about the patient's dental hygiene care needs.
12. Make referrals to professional colleagues and other health care professionals as indicated in the patient care plan.
13. Obtain the patient's informed consent based on a thorough case presentation.
14. Provided specialized treatment that includes educational, preventive, and therapeutic services designed to achieve and maintain oral health. Partner with the patient in achieving oral health goals.
15. Determine the outcomes of dental hygiene interventions using indices, instruments, examination techniques, and patient self-reports as specified in patient goals.

<sup>1</sup> Adopted from *ADEA Competencies for Entry into the Allied Dental Professions (As approved by the 2011 ADEA House of Delegates)*. Journal of Dental Education. July 2011. pp 944-945.

## Dental Hygiene Standard of Care at KVCC

The Dental Hygiene Program educates the students on the Dental Hygiene Process of Care utilizing the six (6) standards adopted by the American Dental Hygienist Association

### **STANDARDS OF PRACTICE<sup>1</sup>**

#### **Standard 1: Assessment**

Dental hygiene students at KVCC are expected to systematically collect, analyze and document the oral and general health status and client/patient needs. The dental hygiene student will conduct a thorough, individualized assessment of assigned clients/patients with or at risk for oral disease or complications. Our assessment process requires ongoing collection of data and interpretation of relevant data. Data will be documented in our computer software program currently supplemented by a paper file for documentation necessary for teaching and learning of the dental hygiene process of care.

- Patient History
- Comprehensive clinical evaluation
- Risk assessment

#### **Standard 2: Dental Hygiene Diagnosis**

Dental hygiene students at KVCC are expected to utilize their data collection to identify existing or potential oral health problem (s) that they are educationally qualified and will be licensed to treat. The dental hygiene student creates a dental hygiene diagnosis by analyzing the collected data and utilizing critical decision making skills in order to reach conclusions about the client/patients dental hygiene treatment needs and the client's self-care needs.

- Data assessment
- Dental hygiene care addressing patient needs
- Dental hygiene diagnosis as a part of overall dental treatment plan

#### **Standard 3: Planning**

Dental hygiene students at KVCC are expected to recommend goals and establish expected outcomes based on patient needs, expectations, values, and current scientific evidence. The dental hygiene treatment plan is based on the assessment findings, the dental hygiene diagnosis, and the client/patient's input/commitment.

- Dental hygiene intervention
- Coordinate resources to facilitate comprehensive quality care
- Collaboration with other health care providers including dentists
- Presentation and documentation of treatment plan to patient
- Concise and understandable explanation of planned treatment, intervention, anticipated outcomes, options, and patient commitment
- Informed consent and/or informed refusal

#### **Standard 4: Implementation**

Dental hygiene students at KVCC are expected to implement the delivery of dental hygiene services based on the dental hygiene care plan in a manner that minimizes risk, optimizes oral health, being proactive with current technological advancements.

- Dental hygiene care plan implementation with patient/caregiver
- Modifications as needed and obtaining consent
- Use of appropriate communication skills for a variety of patients
- Maintenance care confirmation and scheduling

#### **Standard 5: Evaluation**

Dental hygiene students at KVCC are expected to evaluate the outcomes of their dental hygiene care. The evaluation process includes the use of measureable assessment criteria to determine whether goals are met or need to be altered. The dental hygiene student is expected to use critical thinking skills to determine when additional diagnostics,

treatment, referral, education and continuing care are needed. In addition, the dental hygiene student will document the changes in treatment or client self-care appropriately communicates this to the client/patient.

- Assessment criteria to evaluation outcomes
- Communication to other health care providers involved regarding outcomes
- Collaboration to determine need for additional diagnostics, treatment, referral, education, and continuing care based on treatment outcomes and self-care behaviors

#### **Standard 6: Documentation**

Dental hygiene students at KVCC are expected to complete and accurately record all collected data, treatment planned and provided, recommendations, and other information relevant to patient care and treatment. The dental hygiene student is expected to follow ethical and legal responsibilities of record keeping, be compliant with HIPAA regulations, and protect the confidentiality of patient information. In addition, the dental hygiene student will document client/patient failed appointments and other inappropriate behaviors that may constitute a violation to their responsibilities as identified in our Client Bill of Rights and Responsibilities.

- Documentation of all components of the dental hygiene process of care
- Objective documentation of interactions between patient and KVCC student(s), clinicians, and staff
- Accurate and legible recording
- Ethical and legal responsibilities met during record keeping
- Compliance with HIPAA
- Respects and protects confidentiality of patient information

<sup>1</sup>*Standards for Clinical Dental Hygiene Practice, Revised 2016.* American Dental Hygienists' Association.

## Health Career Technical Standards at KVCC

**Strength** – Frequently and repetitively perform physical activities requiring ability to push/pull objects of more than 50 pounds and to transfer objects of more than 100 pounds.

**Manual Dexterity** – Consistently perform simple gross motor skills such as standing, walking, handshaking, writing, and typing; and complex fine motor manipulative skills such as scaling teeth using a variety of instruments.

**Coordination** – Consistently perform gross body coordination such as walking, filing, retrieving equipment; tasks which require eye-hand coordination such as keyboard skills, and tasks which require arm-hand steadiness such as taking B/P's calibrating instruments and equipment, holding retractors, probing periodontal spaces, etc.

**Mobility** – Consistently perform mobility skills such as walking, standing, prolonged standing or sitting in an uncomfortable position; move quickly in an emergency and maneuver in small spaces; requires frequent twisting and rotating.

**Visual Discrimination** – Consistently see objects far away, discriminate colors, and see objects closely as in reading faces, dials, monitors, small print, etc.

**Hearing** – Consistently hear normal sounds with background noise and distinguish sounds. Some examples include conversations, monitor alarms, emergency signals, breath sounds, cries for help, heart sounds, etc.

**Concentration** – Consistently concentrate on essential details even with interruptions, such as client requests, IVAC's, alarms, telephone ringing, beepers, conversations, etc.

**Attention Span** – Frequently attend to task/functions for periods exceeding 60 minutes in length with interruptions such as those mentioned above.

**Conceptualization** – Consistently understand, remember, and relate to specific and generalized ideas concepts, and theories generated and discussed simultaneously.

**Memory** – Remember task/assignments given to self and others over both short and long periods of time as well as significant amount of patient data with interruptions and distractions.

**Critical Thinking** – Critical thinking skills sufficient for clinical judgment: making generalizations, evaluations, or decisions.

**Communication** – Interact with others in non-verbal, verbal and written form and explain procedures, initiate health teaching and document care. Must be able to read, write, and understand written English.

**Stress** – Perform all above skills and make clinical judgments correctly when confronted with emergency, critical, unusual, or dangerous situations.

## GUIDELINES FOR PROFESSIONAL APPEARANCE

Professional appearance and conduct of faculty, students, and staff are responsible for the image created by the Dental Hygiene Department. It is important to have both professional pride and professional respect while promoting the highest standard of professionalism aligned with the American Dental Hygienists' Association. When working in the clinic, laboratories, or classroom the students, faculty and staff should be clean, well groomed, and wear clean professional clothing at all times. Prescribed clinic attire is worn in the clinic and your name tag should be attached to the clinic attire and visible. Professional appearance and attitude is expected at all times. It is encouraged to support clinical policies that promote a clean and professional appearance within the college.

### 1. Personal Standards/Student & Instructor

A. Shower daily and use deodorant

B. Hair color must be of a natural hair color

C. Finger nails

1. Nails shall not be visible when looking at the palm side of your hand

2. If Nail polish is worn

a. color shall not be chipped or worn

D. Classroom attire

1. Acceptable clothing

a. Washable dress slacks/pants

b. Washable jeans/denim (including skirts)

c. Washable skirts or dresses that are no higher than 2" above the knee

d. Washable t-shirts, blouses, sweaters, or collared shirts

e. Class voted colored scrub top and scrub bottom

2. Not acceptable clothing

a. Pajamas

b. T-shirts with alcohol advertising or profanity or inappropriate sayings

c. Midriffs (no skin showing between shirt and bottoms)

d. Cleavage showing

e. Tank or halter tops

f. Any undergarments showing through or around clothing

g. Any head coverings except those for religious reasons (yarmulkes, etc.)

E. Clinic attire<sup>1</sup>

1. Clean, not wrinkled, scrub pants and scrub top, style is designated by department

a. Color voted on by class

2. Official KVCC name tag must be worn on the clinic floor and off site clinical rotations

a. EFE student must wear dosimeter badge when exposing radiographic images

3. Clean white shoes and white socks

a. Socks must come up to your calf

b. Shoes only used for clinic and kept in your locker

c. Not acceptable

i. Anklets or footie style socks (no show socks)

ii. No skin from the leg should be visible in the clinic when sitting down

iii. Open toe sandals/shoes

4. Instructors' clinic attire

a. RDH is the same as the students, except color. Color is specific for instructors.

b. DDS is washable street clothes or scrubs and white lab coat.



5. Impermeable gown (provided by KVCC)
6. Hair is kept out of the field of operation, off the face by
  - a. A shorter length or
  - b. Tied and held back with some kind of restraint
  - c. Wash contaminated hair daily
  - d. Facial hair covered with a mask or shield
  - e. Not acceptable
    - i. Hair falling on your face
    - ii. Hair touching the client's body
    - iii. Hair tie backs or headbands that are not washable
    - iv. Fancy hair tie backs that call attention to themselves
7. Jewelry removed from ...
  - a. Arms and hands
    - i. If finger rings DO NOT tear gloves they are acceptable
  - b. Face and mouth
  - c. Ears
    - i. Except post earrings or very small hoops on the lower lobes or tragus are permissible
8. Visible tattoos must be covered<sup>2</sup>

#### F. Lab attire

1. Clean scrubs and name tag as identified above
  - a. Lab coat covering from neck line to waist or longer, long sleeved (any color)
    - i. lab coat is optional, mainly for warmth
2. Hair is kept out of the field of operation, off the face by
  - a. A shorter length or
  - b. Tied and held back with some kind of restraint
  - c. Wash contaminated hair daily
  - d. Facial hair covered with a mask or shield
3. Jewelry removed from ...
  - a. Arms and hands
    - i. If finger rings DO NOT tear gloves they are acceptable
  - b. Face and mouth
  - c. Ears
    - i. Except post earrings or very small hoops on the lower lobes or tragus are permissible

#### 2. Enforcement

- A. Each time a student is not in accordance with this policy, a *Professionalism Rubric* is to be completed and given to the student's lead instructor.
- B. On the first two offenses, the lead instructor is to document the case and give a written warning to the offending student.
- C. On the third offense, a review of the dress code policy is to be done between the offending student and his/her lead instructor with a deduction of Professional Points.
- D. On the fourth (or any subsequent) offense, the student is to meet with the Program Director, who will levy a punishment that can consist of anything up to and including a lowering of the student's clinic grade for the semester.

E. These warnings will be cumulative from the first day the offending student started the DHY program.

<sup>1</sup> CDC. *Summary of Infection Prevention Practices in Dental Settings Basic Expectations for Safe Care*. October 2016. 7. Retrieved from <https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf>.

<sup>2</sup> Search, K., R. RDH, MS, Tolle, S., L. RDH, MS, McCombs, G., B. RDH MS, Arndt, A., PhD *A Study of Visible Tattoos in Entry-Level Dental Hygiene Education Programs*. *The Journal of Dental Hygiene*. 92(1) February 2018.

## DENTAL HYIENE DEPARTMENT'S ATTENDANCE POLICY

**Class or Clinical cancellation:** Should the college be closed due to inclement weather or any other event the clinic will also be closed. It may be necessary for you to make up the missed clinic(s) at a later date(s). College closing notification may be obtained by calling KVCC at 269-488-4750, or on My Valley log in at the "MyLinks" tab click on text messaging service options and follow the links to sign up for automated messages, or local radio and TV coverage.

**Class tardiness:** You are expected to attend and be on time (no tardiness) for every session; this is a vital part of the educational experience and becoming a professional employee. Students are responsible for all the work, instruction and announcements whether you are present or not. If you miss, see your fellow classmates for material covered. I will put any handouts in your instrument locker. If you have questions or need clarification after you consulted with a classmate, please talk with me.

- You are required to notify me by phone, text, or email of any anticipated tardiness or absence.

**Clinical tardiness:** You are expected to be on time every clinical day. If you are tardy, you may or may not be allowed to complete the clinical day. Tardiness will be reflected on your clinical evaluation and does impact your grade in the course. If tardiness exceeds 2 you will be required to make an improvement plan.

- You are required to notify the DHY receptionist of an anticipated tardiness.

**Clinical attendance:** You are expected to attend all of the clinical day. If you are absent from clinic, you will have to make up this time. Predetermined make-up days will not be set forth at the beginning of the semester and it may be made up on a different day of the week. It is possible that you will be charged a fee for completion of any make up days.

- If an absence arises you are required to notify the DHY receptionist and myself and state that you will be absent.

**Excessive absences:** If you miss 1 (or more) of class time for any unexcused reason this will impact your grade by up to 5%. I will count late arrivals or early departures from class as partial absences. If you often arrive late or leave early, I will ask you to withdraw from the course since those behaviors are usually quite distracting.

**Attendance exceptions:** Exceptions to my policy may be considered on an individual basis. You must contact me as soon as possible if you have an extenuating and documented situation so that we can discuss your options. Contacting me about missing days does not automatically mean your situation is extenuating.

College attendance policy can be found in the Student Handbook.

---

(I have included this so that you may see what else is included in the college policy)

KALAMAZOO VALLEY COMMUNITY COLLEGE - Student Handbook 2019/2020(page 10)

### Attendance Standards

Students must be registered for the class to attend. Attendance requirements are determined by the course instructor. Students who do not meet the attendance requirement as determined by the instructor may be involuntarily removed from the course and may also risk loss of financial aid. Students who fail to attend the first scheduled class meeting, or who fail to contact the instructor regarding absence before the first scheduled class meeting may at the option of the instructor, be removed from the course. At the beginning of each course, the instructor will provide students with written attendance requirements. It is the student's responsibility to consult with the instructor regarding "official absences." Absences begin to accumulate with the first scheduled class meeting.

Students bear the responsibility of notifying the Admissions, Registration and Records Office when they discontinue studies in a course or at The College. Discontinuing class attendance and/or notifying the instructor is not an official drop/withdrawal.

Official absences are those that occur when students are involved in an official activity of The College - i.e., field trips, tournaments, athletic events - and present an absence - excuse form.

Absences for such events shall not count against the number of absences allowed by an instructor or department.

In the event of the death of an immediate family member, absences for periods of up to one week will not be counted against the number of absences allowed by an instructor or department. Students should contact the instructor(s) as soon as possible to arrange for make - up work. Appropriate documentation may be required (for example, a copy of the obituary or funeral program). In specialized programs that require clinical rotations, this regulation may not apply.

Religious holidays -Students shall have the right to observe major religious holidays without penalty or reprisal by any administrator, instructor, or employee of The College. Absences for such holidays shall not count against the number of absences allowed by an instructor or department. At least one week before the holiday, students shall submit to their instructor(s) a written statement that includes both the date of the holiday and the reason why class attendance is inconsistent with their religious beliefs and duties. Prior arrangements must be made with each instructor for make - up work. If prior arrangements have been made, the student will not be penalized.

Financial aid recipients - Federal regulations require class attendance. You must meet class attendance standards before federal financial aid disburses to your account. Class attendance standards include participation as defined by each instructor. To comply with this federal requirement, instructors will be monitoring and reporting your attendance status. Federal aid recipients reported as not meeting class attendance standards will be administratively dropped from those classes. In turn, your financial aid award will be reviewed to determine if the reduced number of credit hours will impact your financial aid eligibility. If an adjustment is required, the aid office will revise your award and notify you of this action.

## **Expected Professional Conduct for DHY Faculty, Staff, and Students**

*Excerpt from ADHA CODE OF ETHICS<sup>1</sup>*

### **Individual autonomy and respect for human beings**

People have the right to be treated with respect. They have the right to informed consent prior to treatment, and they have the right to full disclosure of all relevant information so that they can make informed choices about their care.

*Guarantee self-determination of the patient.*

### **Confidentiality**

We respect the confidentiality of client information and relationships as a demonstration of the value we place on individual autonomy. We acknowledge our obligation to justify any violation of a confidence.

*To hold in confidence or secret information entrusted by the patient.*

### **Societal Trust**

We value client trust and understand that public trust in our profession is based on our actions and behavior.

*To ensure the trust that patients and society have in dental hygienists.*

### **Non-maleficence**

We accept our fundamental obligation to provide services in a manner that protects all clients and minimizes harm to them and others involved in their treatment.

*To do no harm to the patient.*

### **Beneficence**

We have a primary role in promoting the well-being of individuals and the public by engaging in health promotion/disease prevention activities.

*To benefit the patient.*

### **Justice and Fairness**

We value justice and support the fair and equitable distribution of health care resources. We believe all people should have access to high-quality, affordable oral healthcare.

*To be fair to the patient.*

### **Veracity**

We accept our obligation to tell the truth and expect that others will do the same. We value self-knowledge and seek truth and honesty in all relationships.

*To tell the truth; not to lie to the patient.*

<sup>1</sup> [http://www.adha.org/resources-docs/7611\\_Bylaws\\_and\\_Code\\_of\\_Ethics.pdf](http://www.adha.org/resources-docs/7611_Bylaws_and_Code_of_Ethics.pdf)

## Professionalism Rubric

**Name:** \_\_\_\_\_ **Course:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*The loss of professionalism course points is at the **discretion** of the instructor.*

Seriousness of an offense or repeated offenses may result in an increased number or total loss of professionalism course points.

A loss of course points for lack of professionalism per offense is as follows:

|  | Single course point offenses  |  | Multiple or total course point offenses  |
|--|---|--|--|
|  |   |  | <b>**Repetitive single course point offenses</b>   |
|  | Tardiness   |  | Unethical behavior of any kind   |
|  | Disruptive classroom behavior (i.e. side communications, cellphone usage)     |  | Cheating, academic dishonesty/misconduct, or misconduct of any kind                          |
|  | Inappropriate verbal or nonverbal communication (i.e. back talk, eye-rolling) |  | <i>Failure to report</i> cheating, academic dishonesty/misconduct, or misconduct of any kind |
|  | Failure to follow instructions, rules, and regulations                        |  | No call/no show (not informing instructor of absence prior to class time)                    |
|  | Failure to follow dress code  |  | Dishonesty, lack of integrity or veracity  |
|  | Failure to follow social media or online etiquette                            |  | Disrespect of a fellow classmate, instructor or staff  |
|  | Failure to use class time wisely or work as a team                            |  | Not accepting of constructive criticism or fair negative feedback                            |
|  | Other   |  | Other  |

**Deductions:** \_\_\_\_\_/5 course points

**Instructor Comments:**

**Student signature:** \_\_\_\_\_

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

**Instructor signature:** \_\_\_\_\_

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

## Dental Hygiene Department Structure

| program director  | rdh faculty  | rdh clinicians  | dds clinicians  | dhy staff   |
|---|--|---|---|---|
| <ul style="list-style-type: none"><li>•Kim Grubka</li></ul> | <ul style="list-style-type: none"><li>•Ashleigh Colpetersir</li><li>•Samantha Reidenbach</li></ul> | <ul style="list-style-type: none"><li>•Heidi Copenhaver</li><li>•Becky Ellsworth</li><li>•Lisa Gabele</li><li>•Katie Hatfield</li><li>•Melissa Hudson</li><li>•Kristine Keiser</li><li>•Brandy Zantello</li></ul> | <ul style="list-style-type: none"><li>•Dr. Coverly</li><li>•Dr. Druskovich</li><li>•Dr. Hosack</li><li>•Dr. Lustig</li><li>•Dr. Wiita</li></ul> | <ul style="list-style-type: none"><li>•Anna Kring</li><li>•Marge Snyder</li></ul> |

## **RDH/DDS/Faculty Role**

### **Dental Hygiene Clinical Instructor Job Description**

The primary responsibilities of the dental hygiene clinical instructor are in the areas of instruction and remediation of the dental hygiene care process including clinical skills and evaluation of clinical procedures. In addition to these responsibilities, clinical instructors will find themselves performing as role models for students and public relations personnel with patients. On occasion, an instructor will find a need to give direct patient care such as removing a difficult area of calculus as part of a teaching-learning situation.

The periodontal debridement and detoxification procedures are to be evaluated by the dental hygiene clinical instructors. These instructors have been selected because of their knowledge and skills with a wide variety of periodontal instruments. Clinical instruction is more than just locating missed calculus. As a dental hygiene clinical instructor, one of the primary responsibilities is to remediate students' having difficulties with instrumentation skills. The clinical instructor must be able to remediate students' difficulties in instrumentation skills with all of the instruments in the students' armamentarium. A valuable dental hygiene clinical instructor identifies technique problems and clearly facilitates the development of effective instrumentation.

### **Supervising Dentist Job Description**

The supervising dentist's primary responsibilities are also in the areas of instruction and remediation, especially for the assessment of oral abnormalities, radiographic interpretations, local anesthesia and nitrous oxide administration. The supervising dentist needs to be available to our dental hygiene faculty, students, and patients for consultations, supervision, and to make referrals as needed. As indicated by a patients' medical or dental history, the supervising dentist will need to prescribe medications, (i.e., antibiotic pre-medications and antimicrobials for dental hygiene therapy). In addition to these responsibilities, supervising dentists will find themselves performing as role models for students and public relations personnel with patients.

The supervising dentists will be evaluating screening clients which includes their medical history, a quick periodontal and dental assessment to assign the client to the appropriate clinic. Assessing and evaluating the dental charts and radiographic interpretation chartings.

As described in our emergency care flowchart, the supervising dentist has a role during emergency situations in our clinic.

### **Faculty Responsibilities**

It is important as faculty members of the dental hygiene department that we consistently enforce the rules and have knowledge of the general information. If a student is not abiding by the appropriate regulations and behaving in a professional manner, it is our role to correct the situation. Your professional judgment is important. Adjustments may be made simply by communicating the information to the student and documenting it on their clinic evaluation form. However, if the inappropriate behavior does not cease, you have the authority to dismiss the student from a classroom, lab, or clinical setting. Likewise, you have the authority to warn clients and dismiss them as well from our clinic if inappropriate conduct is deemed. Dismissal would be the solution of choice for any form of substance abuse. The program director should be notified of any situation that has the potential for dismissal or following a dismissal situation.



## Advisory Board Members

|            |                 |                  |                    |
|------------|-----------------|------------------|--------------------|
| <b>Dr.</b> | <b>Leon</b>     | <b>Coverly</b>   | <b>DDS</b>         |
| <b>Dr.</b> | <b>Jorie</b>    | <b>Harris</b>    | <b>DDS</b>         |
| <b>Ms.</b> | <b>Melissa</b>  | <b>Houchin</b>   | <b>RDH</b>         |
| <b>Ms.</b> | <b>Melissa</b>  | <b>Hudson</b>    | <b>RDH</b>         |
| <b>Ms.</b> | <b>Erika</b>    | <b>Jackson</b>   | <b>RDH, BS</b>     |
| <b>Ms.</b> | <b>Marie</b>    | <b>Koss-Ryan</b> | <b>CCC-SLP, MA</b> |
| <b>Dr.</b> | <b>Letitia</b>  | <b>Randall</b>   | <b>DDS, MS</b>     |
| <b>Ms.</b> | <b>Samantha</b> | <b>Wendell</b>   | <b>BSDH, MDH</b>   |

## Use of Social Media Guidelines

Students, whether in private capacity or in an academic capacity, may potentially be viewed by patients, classmates, faculty, employers, and other personal or professional contacts. As a result you are encouraged to be thoughtful regarding postings and online activities since such activities can impact your career as well as the Dental Hygiene profession in general. Further, inappropriate social media behavior may have negative implications related to licensure and employment opportunities.

Students are required to comply with: 1) CMOP 5050 Prescribed Use of Social Media; 2) CMOP 5010 Acceptable Use Policy for the Internet and the KVCC Computer Network; and 3) CMPO 5020 Copyright Compliance

In order to help students understand and avoid postings which may be viewed as inappropriate in other contexts, the following guidelines are provided to assist students in minimizing the risks of using social media.

1. **Be courteous.** Never resort to personal attacks, harassment, cultural insensitivity, or discrimination in expressing your opinions in a social media setting. Social Media use has been linked to cyber bullying and cyber stalking, both of which can be very dangerous.
2. **Respect the privacy of others.** Do not disclose private information about KVCC employees, faculty, students, clinical staff, alumni or other members of the college community. This includes, but is not limited to, posting names, posting descriptions of situations or the posting of pictures or videos without the direct consent of any of these individuals. Do not say anything about someone else that you would not want said about yourself. Social networks are in the public realm and are not appropriate venues for the discussion or dissemination of private matters.
3. **Be appropriate.** Indecent exposure via social media and photos of students drinking and partying can diminish professionalism in oneself, the Department of Dental Hygiene, and the College. Do not post any pictures or videos that would portray oneself unprofessionally. It is also not appropriate to “friend” your instructors on Facebook.
4. **Use good judgment.** Be thoughtful, accurate, relevant and respectful. It is important to remember that students are subject to the same laws, professional expectations, and guidelines when interacting online as they would be in person.

Generally try to avoid airing grievances. Social networks are often not the best forums for raising grievances that might be better addressed in other venues or handled privately.

1. **Respect the College.** Students should not post content or otherwise speak on behalf of the College or the Department of Dental Hygiene unless expressly authorized by the College to do so. Additionally, students must not use the KVCC name, trademarks or logos.
2. **Be accurate and transparent.** Have facts and consent before posting. If you notice an error or inaccuracy, correct the mistake quickly. If the mistake draws further issues notify the Director of the Department for help with a correction as soon as possible.
3. **Remember that your interactions are not private so think before posting.** The internet is an unsecured, publicly accessible network. Nothing posted on the internet is truly private so users should have no expectation of privacy in the use of social media network sites and other Internet resources. Users should take into consideration the lack of anonymity and should exercise sound judgment. Anything put online can easily be shared and re-shared, and archiving systems can preserve even content that has been deleted after posting. Content posted openly and privately now may appear in search results for many years to come. Post only content you are comfortable sharing with the general public, including current and future employers.

4. **Maximize your online privacy settings.** When using Facebook, Twitter, Instagram, etc. regularly review your settings to maximize your privacy. There is NEVER an expectation of privacy when you are on the WEB. Invite friends with care—who do you really want to associate with as a student member of KVCC Dental Hygiene Department?
5. **Social Media Platform.** Know the terms of service of your social media platform. Be sure to understand and follow the terms of service of any platform used. Remember that some social media platforms may retain postings so even if you have closed your account and deleted your postings from your own computer, the documents may still be available through the service provider or from other individuals who accessed or received your postings.
6. **Use appropriate citations.** When using or posting online material that includes direct or paraphrased quotes, thoughts, ideas, photos, or videos, always include citations.

Examples of postings which may be viewed as inappropriate and/or negatively impact employment and licensing opportunities:

- Posing in lingerie and having photos posted to a website.
- Posing in your dental hygiene uniform, in the KVCC clinical facilities, and posting this on your Facebook site where there are other photos displayed that are inappropriate.
- Posting photos of you with alcohol, especially if you are a minor.
- Discussing other students in postings in a manner that is disparaging and/or that violates their privacy.

**Acceptable Use Policy for the Internet and the KVCC Computer Network**

Kalamazoo Valley Community College has made available to its students, faculty, staff and administrators certain electronic technology. This policy is applicable to any member of the KVCC community, whether at a KVCC facility or elsewhere, and refers to all electronic technology resources, whether networked, stand-alone or shared (collectively referred to herein as "computer systems").

The use of KVCC's computer systems is a privilege and must fall within acceptable use as outlined in this policy. KVCC will periodically make determinations on whether specific uses of KVCC's computer systems are consistent with the acceptable use policy, and KVCC may revoke individual access at any time if appropriate use is violated.

Nothing in this policy shall preclude KVCC or a KVCC department from implementing separate conditions of use. Such conditions shall be deemed to supplement, rather than to replace, this policy.

**Computer Systems**

KVCC's computer systems include all approved electronic technology resources, equipment and software. Equipment includes, but is not limited to, computers, drives, printers, scanners, networks, video and audio recorders, cameras, photocopiers, telephones, modems and other related technological resources. Software includes, but is not limited to, computer software, and print and non-print resources. Networks include, but are not limited to, all voice, video and data systems, including KVCC's internal network and KVCC's Internet access.

**KVCC's Management of Computer Systems**

KVCC is responsible for the management of the hardware, structure of and authorized software used on its computer systems. This includes, but is not limited to:

1. Assigning and removing user accounts on the network(s);
2. Maintaining and repairing equipment that comprises the network(s);
3. Selecting software that the network will support;
4. Communicating the Acceptable Use Policy;
5. Defining the privileges and responsibilities of users;
6. Providing resources that support the mission of KVCC; and
7. Providing training opportunities on the use, care and application of KVCC computer systems, including training in new technologies, software and media.

KVCC is not responsible for resources or information obtained from third party websites or actions taken by users that do not support the purposes of KVCC. In addition, KVCC is not responsible for lost data, delays, nondeliveries, misdeliveries, or service interruptions caused by the user's negligence, technology failures or acts of nature. If the KVCC computer systems fail, KVCC will make every reasonable attempt to restore any information lost as a result of the failure, but KVCC cannot guarantee that all information will be fully restored to its systems.

**User Privileges and Responsibilities**

Access to KVCC's computer systems is a privilege granted by KVCC to students, faculty, administrative personnel, and others. Users are responsible for respecting the rights of other users, applicable laws and the integrity of the systems. KVCC reserves the right to limit or restrict users' computer system privileges.

Users of KVCC computer systems may:

1. Use all authorized hardware and software for legitimate educational purposes and for which they have received training.
2. Access information from outside resources for legitimate educational or employment purposes, provided such access does not otherwise violate KVCC policies and procedures.
3. Access KVCC networks and the Internet for legitimate educational or employment purposes, provided such access does not otherwise violate KVCC policies and procedures.

Users of KVCC equipment are responsible for:

1. Utilizing technology only for legitimate educational or employment purposes consistent with the educational mission of KVCC.
2. Maintaining the privacy of passwords.
3. Keeping all inappropriate and/or dangerous files and information from entering KVCC's computer systems.
4. Consulting with the Information Technologies Department before downloading or installing any software on KVCC's computer systems
5. Preventing hardware and software from being removed from KVCC's premises without prior written consent from the office of information technologies. The office of information technologies will maintain a list of employees with authorization to remove hardware and software from the premises.
6. Maintaining the integrity of the e-mail system for legitimate educational or employment purposes consistent with the educational mission of KVCC.
7. Keeping all food and drink away from KVCC computer systems.
8. Adhering to all copyright laws and guidelines and avoiding plagiarism.
9. Adhering to KVCC's rules, including network etiquette, established for the use of KVCC's computer systems.

### **Monitoring of Computer Usage**

KVCC may monitor, where allowed by law, the usage of its computer systems. As such, users should have no expectation of privacy with respect to use of KVCC computer systems.

Monitoring shall include, but is not limited to:

1. Calculating time spent using the Internet or email system;
2. Determining specific Internet sites accessed;
3. Accessing, intercepting, reviewing, copying, and deleting any communications, images, or messages sent, received or stored on the system; and
4. Disclosing any communications or messages sent, received or stored on the system to a third party -- such as law enforcement -- as KVCC deems appropriate.

While monitoring may be conducted without any notice, it will not be conducted without the prior authorization of the appropriate vice president. Such authorization shall also include written justification.

### **Prohibited Activity**

Individuals are prohibited from using KVCC computer systems to do any of the following:

1. Engage in political lobbying.
2. Promote personal business, private business or product advertisement except on the college's provided employee swap meet site.
3. Harass or discriminate against others.
4. Gain unauthorized access to computer systems, information or programs.
5. Plant any type of virus, worm or malware on any computer system.

6. >Use, send or solicit information that contains profanity, obscenity, discriminatory language, vulgarities or other inappropriate language or graphics.
7. Reveal any personal, confidential or private information about other individuals, such as home addresses and phone numbers other than by authorized personnel. This includes viewing confidential, private or personal information in the presence of individuals not authorized to view or access such information or leaving such information on the computer screen when away from the computer so other individuals may view or access such information.
8. Misrepresent yourself as someone else.
9. State that you represent someone else or Kalamazoo Valley Community College without appropriate authority and consent.
10. Use someone else's username or password, or allow someone else to use your username or password.
11. Develop, download, view, send or solicit pornography.
12. Download or share pirated songs, movies or software.
13. Order or make a commitment to pay for any goods or services on behalf of KVCC without proper authorization.
14. Violate any copyright, patent, licensing, contract or unfair trade law.
15. Violate any other federal, state or local law, including all educational privacy laws and laws relating to prohibiting slander and libel.
16. Conduct any activity that exposes KVCC to potential litigation or expenses, or violates any other KVCC rule or regulation.
17. Install KVCC-owned software on personally-owned computers unless KVCC's software agreement permits such use.
18. Interfere with the intended use of KVCC's computer systems, including, but not limited to, service attacks or hacking activities.
19. As it relates to KVCC staff, troubleshoot, repair or install software on an individual's personally-owned computer unless specifically authorized.

KVCC specifically deems any of the above-mentioned activities to constitute just cause for disciplinary action up to and including non-reappointment, discharge, dismissal, suspension, expulsion, termination and/or legal action.

### **Response to Violations of this Policy**

Response by KVCC to student activities that violate this policy will be in accordance with KVCC's disciplinary procedures as outlined in the student handbook.

Response by KVCC to faculty, staff and administrative personnel activities that violate this policy shall be in accordance with the respective contractual, collective bargaining or other employment-related remedies, including, but not limited to, possible termination.

As appropriate and necessary, KVCC may also advise the appropriate law enforcement officials of any illegal activity discovered during the monitoring of the use of its computer systems.

## **CMOP 5020**

### **Copyright Compliance**

Kalamazoo Valley Community College is committed to adhering to all applicable laws regarding intellectual property. All faculty, staff, and students are required to comply with Title 17 U.S. Code, the United States Copyright Act; the Digital Millennium Copyright Act of 1998; and, the Technology, Education, and Copyright Harmonization (TEACH) Act of 2002.

## CMOP 5050

### Prescribed Use of Social Media

#### **PURPOSE**

The purpose of this policy is to provide general guidelines and limitations to Kalamazoo Valley Community College's official presence on various social media sites, including, but not limited to, Facebook, Twitter, YouTube, Flickr, etc.

KVCC's social media presence is intended to provide the college community, employees and students with a venue to share thoughts, ideas and experience through discussions, postings, photos, and videos. Publication to these sites shall be in conformance with established state and federal regulations as well as with Institutional policy.

When an employee, department, faculty member or official student organization or club creates a page that is affiliated with Kalamazoo Valley Community College, the Director of Administrative Computing must be notified.

Oversight of all KVCC affiliated pages is the responsibility of the Director of Administrative Computing and that individual, or designee, will randomly review pages to ensure Institutional policies are being followed and that the pages are being developed and maintained in accordance with the best interests of the College.

#### **RESPONSIBLE PARTIES**

The Office of Information Technologies is the primary administrator for KVCC's official presence on social media sites.

Individual departments and representatives of student clubs/organizations desiring to establish a social media site must contact the Director of Administrative Computing before developing any pages and/or accounts.

#### **PROHIBITED ACTIVITY**

Individuals using KVCC's social media sites shall not:

1. Post any content which is threatening or obscene.
2. Violate intellectual property rights or privacy laws.
3. Post any content which is injurious or illegal.
4. Represent personal opinions as being endorsed by KVCC or any of its subsidiary organizations.
5. Knowingly post any content which is misleading or false.
6. Post any content which may violate local, state, or federal laws and regulations.

#### **DISCLAIMER**

Kalamazoo Valley Community College reserves the right to remove content that it deems threatening, obscene, a violation of intellectual property rights or privacy laws, is otherwise injurious or illegal or which materially disrupts the learning environment at the Institution and/or involves substantial disorder or invasion of the rights of others.



## Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies.
- Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.
- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
  - School officials with legitimate educational interest;
  - Other schools to which a student is transferring;
  - Specified officials for audit or evaluation purposes;
  - Appropriate parties in connection with financial aid to a student;
  - Organizations conducting certain studies for or on behalf of the school;
  - Accrediting organizations;
  - To comply with a judicial order or lawfully issued subpoena;
  - Appropriate officials in cases of health and safety emergencies; and
  - State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

For additional information, you may call 1-800-USA-LEARN (1-800-872-5327) (voice). Individuals who use TDD may use the [Federal Relay Service](#).

Or you may contact us at the following address:

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, D.C. 20202-8520

## **SCHOLARSHIPS AND OTHER AWARDS**

The first two awards are awarded annually:

**JANIS SCOTT CRANDALL DENTAL HYGIENE SCHOLARSHIP** – Eligible applicants must have successfully completed the first year of the Dental Hygiene Program, have a minimum 3.0 GPA and demonstrate financial need.

**FRANK A. HEATH AND JANE S. HEATH MEMORIAL SCHOLARSHIP** - A scholarship awarded in memory of Dr. Frank Heath and Jane Heath to an outstanding dental hygiene student.

There are a few scholarships specific to students going into health fields:

**RICHARD M. EUSTICE FAMILY EDUCATIONAL FUND** – Eligible applicants must be enrolled in a health-related program. Must have completed at least 24 credit hours at KVCC and have a minimum 3.0 GPA. Must be a Portage Public School graduate with preference given to Portage Northern.

**RICHARD MARGELIS MEMORIAL SCHOLARSHIP** – Eligible applicants must be enrolled in a Science or Health-related Program. Must be enrolled full-time and have completed at least 12 credit hours at KVCC and have a minimum 3.0 GPA. Documented need required.

**HARRY AND RHODA MOHLER MEMORIAL SCHOLARSHIP** - An endowed scholarship funded in memory of Harry and Rhoda Mohler by their family. Recipient must be a student who demonstrates need according to the KVCC Financial Aid Office in a health related field.

**DR. CALVIN PETERS SCHOLARSHIP** – Eligible applicants must be pursuing a program of study in one of the following areas: Human Services, Social Work, Teaching, or Health Careers. Applicants must have completed at least 24 credit hours at KVCC with a minimum 3.0 GPA. Preference given to students pursuing a Bachelor and above degree. Documented need required.

**DIXIE THOMAS MEMORIAL SCHOLARSHIP** – This scholarship is designed to assist students in a health-related program, with books and supplies

**CHARLES W. AND MARJORIE EWALD SMITH ENDOWED SCHOLARSHIP**

**CARL RASMUSSEN VOCATIONAL TECHNICAL SCHOLARSHIP**

Also, our Carl D. Perkins program is another great resource for DHY students. The application must be submitted by the third day of the semester (so it is on a different application schedule than the scholarships listed above). The application can be found on our website:

<https://www.kvcc.edu/admissions/finaid/1617forms/SpPopFirst1617.pdf>

## Estimated KVCC Student Expenses

In-District \$107.00/Contact Hour  
Out-of-District \$184.00/Contact Hour  
Out-of-State \$247.00/Contact Hour  
International \$279.00/Contact Hour

### Semester 1 Fall

|                       |                         |
|-----------------------|-------------------------|
| Tuition (In-district) | \$1926.00               |
| Enrollment Fee        | \$34.00                 |
| General Fee           | \$84.50                 |
| Books & Teeth set     | \$750.00                |
| Instrument Kit        | \$2000.00               |
| Uniforms (2 sets)     | \$100.00                |
| Safety Glasses        | <u>\$15.00 &amp; up</u> |
|                       | \$4909.50               |

### Semester 2 Winter

|                       |                 |
|-----------------------|-----------------|
| Tuition (In-district) | \$2033.00       |
| Enrollment Fee        | \$34.00         |
| General Fee           | \$84.00         |
| Books                 | <u>\$330.00</u> |
|                       | \$2481.00       |

### Semester 3 Summer

|                       |                |
|-----------------------|----------------|
| Tuition (In-district) | \$963.00       |
| Enrollment Fee        | \$34.00        |
| General Fee           | \$84.00        |
| Books                 | <u>\$80.00</u> |
|                       | \$1161.00      |

### Semester 4 Fall

|                       |                 |
|-----------------------|-----------------|
| Tuition (In-district) | \$2247.00       |
| Enrollment Fee        | \$34.00         |
| General Fee           | \$84.00         |
| Books                 | <u>\$330.00</u> |
|                       | \$2695.00       |

### Semester 5 Winter

|  |                        |
|--|------------------------|
| Tuition (In-district)                    | \$2354.00              |
| Enrollment Fee                           | \$34.00                |
| General Fee                              | \$84.00                |
| Books                                    | \$360.00               |
| <i>NBDH Exam</i>                         | <i>\$430.00</i>        |
| <i>CDCA Full Exam</i>                    | <i>\$975.00</i>        |
| <i>CDCA Local Exam</i>                   | <i>\$140.00</i>        |
| <i>CDCA N<sub>2</sub>O/O<sub>2</sub></i> | <i><u>\$135.00</u></i> |
|  | \$4512.00              |

2 Flu Immunizations, 2 Drug Screens, and Fingerprinting

**FORMAL REPORT OF THE COMMISSION ON DENTAL ACCREDITATION  
TO THE ADMINISTRATION OF THE KALAMAZOO VALLEY COMMUNITY COLLEGE  
ON THE EVALUATION OF THE DENTAL HYGIENE EDUCATION PROGRAM  
Kalamazoo, Michigan\***

**Introduction**

An evaluation of the dental hygiene program offered by Kalamazoo Valley Community College was conducted on October 18-19, 2017 by a committee of the Commission on Dental Accreditation composed of Ms. Pam Entorf, consultant in dental hygiene; and Ms. Holly Harper, site visit chair.

The Commission believes that educational institutions offering curricula supportive to the dental profession assume the obligation and responsibility of affording quality educational opportunities which are based on sound educational principles. Commission objectives are also based on the premise that dental hygiene education programs should strive continually to improve standards of scholarship and teaching consistent with the purpose and methods of postsecondary education. To assist the institution in appraising its educational effectiveness and identifying ways and means by which its endeavors can be strengthened, dental hygiene programs are reviewed periodically by peers in relation to predetermined standards. This peer review of the educational process is based on the program’s self-study and conferences with persons involved in the various components of the program.

This report represents the visiting committee’s findings and conclusions in the form of a suggestion for program enhancement. This is found, as appropriate, under headings that parallel the Commission’s Accreditation Standards for Dental Hygiene Education Programs. Only those standards that warrant comment are included; in all other cases, the visiting committee found that the program met or exceeded the minimum standards.

The Commission on Dental Accreditation has discontinued the use of commendations, effective July 26, 2007. As a result, commendations will no longer be cited within site visit reports for programs under the Commission’s purview.

**Accreditation History**

The dental hygiene program offered by Kalamazoo Valley Community College was initiated in 1971. This was the Commission’s eighth site evaluation of the dental hygiene program. At the time of the site visit, the accreditation status for the dental hygiene education program was “approval without reporting requirements.” Information on the Commission’s previous accreditation of the program follows:

\* As approved by the Commission on Dental Accreditation for transmittal on February 1, 2018.

| <b><u>Date</u></b> | <b><u>Basis of Action</u></b> | <b><u>Action</u></b>                           |
|--------------------|-------------------------------|--|
| May 1971           | Written Application           | Accreditation Eligible                         |
| May 1972           | Site Visit                    | Conditional Approval                           |
| December 1972      | Progress Report               | Conditional Approval                           |
| May 1973           | Progress Report               | Approval                                       |
| December 1979      | Site Visit                    | Provisional Approval                           |
| December 1980      | Special Site Visit            | Provisional Approval                           |
| December 1981      | Progress Report               | Approval                                       |
| December 1985      | Interim Report                | Approval                                       |
| December 1989      | Site Visit                    | Conditional Approval                           |
| December 1990      | Progress Report               | Approval                                       |
| January 1997       | Site Visit                    | Approval                                       |
| January 2004       | Site Visit                    | Approval <u>without</u> Reporting Requirements |
| February 2011      | Site Visit                    | Approval <u>without</u> Reporting Requirements |

### **Review of Recommendations Cited in the Program’s Previous Site Visit Report**

At the time of the Commission’s last evaluation of the program in September 2010, no (0) recommendations were cited.

### **Compliance with Commission Policies**

At the time of the site visit, the visiting committee determined that the program was in compliance with the Commission on Dental Accreditation’s policies on “Third Party Comments,” “Complaints,” and “Program Changes.” The Commission’s policy on “Distance Education” does not apply to this program.

Through review of the program’s complaint records, there are no patterns or themes related to the program’s compliance with the Accreditation Standards.

### **Standard 1. Institutional Commitment and Program Effectiveness**

The program has documented its effectiveness using a formal and ongoing planning and assessment process to include measures of dental hygiene student achievement. Based on a review of the program’s outcomes assessment process and student achievement measures, the visiting committee found the program uses the following student achievement measures: National Board Dental Hygiene Examination (NBDHE) results, regional clinical examination results, and Program Review in Occupational Education (PROE). The program has demonstrated positive programmatic student achievement outcomes of passing rates for the NBDHE and clinical regional examinations on the second attempt for the past two years. The visiting committee noted the program recently made enhancements to include revision of admission requirements, revision of curriculum, and adjustment of course content and clinic procedures based on the student achievement data collected and analyzed in the outcomes assessment plan.

### **Standard 2. Educational Program**

The dental hygiene program is presented in four (4), 15-week semesters and one (1), 8-week summer term. Upon completion of the program, graduates are awarded Associate of Applied Science (AAS) degrees. The curriculum has been defined in terms of program goals, general instructional objectives, learning experiences designed to achieve the goals and objectives and evaluation procedures to assess student attainment of the goals and objectives.

### **Standard 3. Administration, Faculty and Staff**

All dental hygiene program faculty members must have documented background in current educational methodology concepts consistent with teaching assignments. Through review of the self-study document, on-site interviews, and additional documentation provided on-site, the visiting committee noted the dental hygiene faculty completed current educational methodology concepts consistent with their teaching assignments by participating in an informal educational methodology seminar. It is suggested that the department review educational methodology offerings to include topics such as the adult learner, communication, clinical instruction, and providing student feedback on a routine basis.

**Sites Where Educational Activity Occurs (Off-Campus Sites For Didactic and Clinical Activity):** List the names and addresses of the off-campus sites, purposes of the site, amount of time each student is assigned to the site and indicate by checkmark if the team visited the site.

| Name and Address | Owned by Institution (√) | Purpose | Duration | Site Visited (√) |
|------------------|--------------------------|---------|----------|------------------|
| N/A              |                          |         |          |                  |

### **Publication of Accreditation**

The Commission has authorized use of the following statement by institutions or programs that wish to announce their programmatic accreditation by the Commission. Programs that wish to advertise the specific

programmatic accreditation status granted by the Commission may include that information as indicated in *italics* below (see text inside square brackets); that portion of the statement is optional but, if used, must be complete and current.

The program in dental hygiene is accredited by the Commission on Dental Accreditation [*and has been granted the accreditation status of “approval without reporting requirements”*]. The Commission is a specialized accrediting body recognized by the United States Department of Education. The Commission on Dental Accreditation can be contacted at (312) 440-4653 or at 211 East Chicago Avenue, Chicago, IL 60611.

## COMPLAINTS

### A. DEFINITION

A complaint is defined by the Commission on Dental Accreditation as one alleging that a Commission-accredited educational program, a program which has an application for initial accreditation pending, or the Commission may not be in substantial compliance with Commission standards or required accreditation procedures.

### B. PROGRAM REQUIREMENTS AND PROCEDURES

**NOTICE OF OPPORTUNITY TO FILE COMPLAINTS:** In accord with the U.S. Department of Education's Criteria and Procedures for Recognition of Accrediting Agencies, the Commission requires accredited programs to notify students of an opportunity to file complaints with the Commission.

Each program accredited by the Commission on Dental Accreditation must develop and implement a procedure to inform students of the mailing address and telephone number of the Commission on Dental Accreditation. The notice, to be distributed at regular intervals, but at least annually, must include but is not necessarily limited to the following language:

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

A copy of the appropriate accreditation standards and/or the Commission's policy and procedure for submission of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago, IL 60611-2678 or by calling 1-800-621-8099 extension 4653.

The accredited program must retain in its files information to document compliance with this policy so that it is available for review during the Commission's on-site reviews of the program.

**REQUIRED RECORD OF COMPLAINTS:** The program must maintain a record of student complaints received since the Commission's last comprehensive review of the program.

At the time of a program's regularly scheduled on-site evaluation, visiting committees evaluate the program's compliance with the Commission's policy on the Required Record of Complaints. The team reviews the areas identified in the program's record of complaints during the site visit and includes findings in the draft site visit report and note at the final conference.

Revised: 2/13, 8/02, 1/9; Reaffirmed: 8/15; 8/10, 7/09, 7/08, 7/07, 7/04, 7/01, 7/96; CODA: 01/94:6 4

### C. COMMISSION LOG OF COMPLAINTS

A log is maintained of all complaints received by the Commission. A central log related to each complaint is maintained in an electronic data base. Detailed notes of each complaint and its disposition are also maintained in individual program files.

Revised: 8/10, 7/06, 7/02, 7/00, 7/96; Reaffirmed: 8/15; CODA: 01/95:5

### D. POLICY AND PROCEDURE REGARDING INVESTIGATION OF COMPLAINTS AGAINST EDUCATIONAL PROGRAMS

The following policy and procedures have been developed to handle the investigation of “formal” complaints and “anonymous” comments/complaints about an accredited program, or a program which has a current application for initial accreditation pending, which may not be in substantial compliance with Commission standards or established accreditation policies.

The Commission will consider formal, written, signed complaints using the procedure noted in the section entitled “Formal Complaints.” Unsigned comments/complaints will be considered “anonymous comments/complaints” and addressed as set forth in the section entitled “Anonymous Comments/Complaints.” Oral comments/complaints will not be considered.

#### **Formal Complaints**

A “formal” complaint is defined as a complaint filed in written (or electronic) form and signed by the complainant. This complaint should outline the specific policy, procedure or standard in question and rationale for the complaint including specific documentation or examples. Complainants who submit complaints verbally will receive direction to submit a formal complaint to the Commission in written, signed form following guidelines in the EOPP manual.

**1. Investigative Procedures for Formal Complaints:** Students, faculty, constituent dental societies, state boards of dentistry, patients, and other interested parties may submit an appropriate, signed, formal complaint to the Commission on Dental Accreditation regarding any Commission accredited dental, allied dental or advanced dental education program, or a program that has an application for initial accreditation pending. An appropriate complaint is one that directly addresses a program’s compliance with the Commission’s standards, policies and procedures. The Commission is interested in the continued improvement and sustained quality of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for treatment received by patients or individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students.

In accord with its responsibilities to determine compliance with accreditation standards, policies, and procedures, the Commission does not intervene in complaints as a mediator but maintains, at all times, an investigative role. This investigative approach to complaints does not require that the complainant be identified to the program.

The Commission, upon request, will take every reasonable precaution to prevent the identity of the complainant from being revealed to the program; however, the Commission cannot guarantee the confidentiality of the complainant.

The Commission strongly encourages attempts at informal or formal resolution through the program's or sponsoring institution's internal processes prior to initiating a formal complaint with the Commission. The following procedures have been established to manage complaints:



When an inquiry about filing a complaint is received by the Commission office, the inquirer is provided a copy of the Commission's Evaluation and Operational Policies and Procedures Manual which includes the policies and procedures for filing a complaint and the appropriate accreditation standards document.

The initial screening is usually completed within thirty (30) days and is intended to ascertain that the potential complaint relates to a required accreditation policy or procedure (i.e. one contained in the Commission's Evaluation and Operational Policies and Procedure Manual) or to one or more accreditation standard(s) or portion of a standard which have been or can be specifically identified by the complainant.

Written correspondence clearly outlines the options available to the individual. It is noted that the burden rests on the complainant to keep his/her identity confidential. If the complainant does not wish to reveal his/her identity to the accredited program, he/she must develop the complaint in such a manner as to prevent the identity from being evident. The complaint must be based on the accreditation standards or required accreditation procedures. Submission of documentation which supports the noncompliance is strongly encouraged.

When a complainant submits a written, signed statement describing the program's noncompliance with specifically identified policy(ies), procedure(s) or standard(s), along with the appropriate documentation, the following procedure is followed:

1. The materials submitted are entered in the Commission's database and the program's file and reviewed by Commission staff. At this point, the complaint is the property of the Commission and may not be withdrawn by the complainant for the purposes of the Commission's review.
2. Legal counsel, the Chair of the appropriate Review Committee, and the applicable Review Committee members may be consulted to assist in determining whether there is sufficient information to proceed.
3. If the complaint provides sufficient evidence of probable cause of noncompliance with the standards or required accreditation procedures, the complainant is so advised and the complaint is investigated using the procedures in the following section, formal complaints.
4. If the complaint does not provide sufficient evidence of probable cause of noncompliance with the standard(s) or required accreditation policy(ies), or procedure(s), the complainant is so advised. The complainant may elect:
  - a. to revise and submit sufficient information to pursue a formal complaint; or
  - b. not to pursue the complaint. In that event, the decision will be so noted and no further action will be taken.

Initial investigation of a complaint may reveal that the Commission is already aware of the program's noncompliance and is monitoring the program's progress to demonstrate compliance. In this case, the complainant is notified that the Commission is currently addressing the noncompliance issues noted in the complaint. The complainant is informed of the program's accreditation status and how long the program has been given to demonstrate compliance with the accreditation standards.

Revised: 2/18; 8/17; 1/14, 11/11; Reaffirmed: 8/15; 8/10

**2. Formal Complaints:** Formal complaints (as defined above) are investigated as follows:

1. The complainant is informed in writing of the anticipated review schedule.
2. The Commission informs the chief administrative officer (CAO) of the institution sponsoring the accredited program that the Commission has received information indicating that the program's compliance with specific required accreditation policy(ies), procedure(s) or designated standard(s) has been questioned.
3. Program officials are asked to report on the program's compliance with the required policy(ies),

procedure(s) or standard(s) in question by a specific date, usually within thirty (30) days.

- a. For standard(s)-related complaints, the Commission uses the questions contained in the appropriate sections of the self-study to provide guidance on the compliance issues to be addressed in the report and on any documentation required to demonstrate compliance. Additional guidance on how to best demonstrate compliance may also be provided to the program.
  - b. For policy(ies) or procedure(s)-related complaints, the Commission provides the program with the appropriate policy or procedural statement from the Commission's Evaluation and Operational Policies and Procedures Manual. Additional guidance on how to best demonstrate compliance will be provided to the program. The Chair of the appropriate Review Committee and/or legal counsel may assist in developing this guidance.
4. Receipt of the program's written compliance report, including documentation, is acknowledged.
5. The appropriate Review Committee and the Commission will investigate the issue(s) raised in the complaint and review the program's written compliance report at the next regularly scheduled meeting. In the event that waiting until the next meeting would preclude a timely review, the appropriate Review Committee(s) will review the compliance report in a telephone conference call(s). The action recommended by the Review Committee(s) will be forwarded to the Commission for mail ballot approval in this later case.
6. The Commission may act on the compliance question(s) raised by the complaint by:
- a. determining that the program continues to comply with the policy(ies), procedure(s) or standard(s) in question and that no further action is required.
  - b. determining that the program may not continue to comply with the policy(ies), procedure(s) or standard(s) in question and going on to determine whether the corrective action the program would take to come into full compliance could be documented and reported to the Commission in writing or would require an on-site review.
    - i. If by written report: The Commission will describe the scope and nature of the problem and set a compliance deadline and submission date for the report and documentation of corrective action taken by the program.
    - ii. If by on-site review: The Commission will describe the scope and nature of the problem and determine, based on the number and seriousness of the identified problem(s), whether the matter can be reviewed at the next regularly scheduled on-site review or whether a special on-site review will be conducted. If a special on-site review is required, the visit will be scheduled and conducted in accord with the Commission's usual procedures for such site visits.
  - c. determining that a program does not comply with the policy(ies), procedure(s) or standards(s) in question and:
    - i. changing a fully-operational program's accreditation status to "approval with reporting requirements"
    - ii. going on to determine whether the corrective action the program would take to come into full compliance could be documented and reported to the Commission in writing or would require an on-site review.
      - If by written report: The Commission will describe the scope and nature of the problem and set a compliance deadline and submission date for the report and documentation of corrective action taken by the program.
      - If by on-site review: The Commission will describe the scope and nature of the problem and determine, based on the number and seriousness of the identified problem(s), whether the matter can be reviewed at the next regularly scheduled on-site review or whether a special on-site review will be conducted. If a special on-site review is required, the visit will be scheduled and conducted in accord with the Commission's usual procedures for such site visits.

7. Within two weeks of its action on the results of its investigation, the Commission will also:
  - a. notify the program of the results of the investigation.
  - b. notify the complainant of the results of the investigation.
  - c. record the action.
8. The compliance of programs applying for initial accreditation is assessed through a combination of written reports and on-site reviews.
  - a. When the Commission receives a complaint regarding a program which has an application for initial accreditation pending, the Commission will satisfy itself about all issues of compliance addressed in the complaint as part of its process of reviewing the applicant program for initial accreditation.
  - b. Complainants will be informed that the Commission does provide developing programs with a reasonable amount of time to come into full compliance with standards that are based on a certain amount of operational experience.

Revised: 8/17; 1/98; Reaffirmed: 8/15; 8/10, 7/09, 7/04; Adopted: 7/96

### **Anonymous Comments/Complaints**

An “anonymous comment/complaint” is defined as an unsigned comment/complaint submitted to the Commission.

All anonymous complaints will be reviewed by Commission staff to determine linkage to Accreditation Standards or CODA policy and procedures. If linkage to Accreditation Standards or CODA policy is identified, legal counsel, the Chair or the appropriate Review Committee, and the applicable Review Committee members may be consulted to assist in determining whether there is sufficient evidence of probable cause of noncompliance with the standard(s) or required accreditation policy(ies), or procedure(s) to proceed with an investigation. The initial screening is usually completed within thirty (30) days. If further investigation is warranted, the anonymous complaint will be handled as a formal complaint (See Formal Complaints); however, due to the anonymous nature of the submission, the Commission will not correspond with the complainant.

Anonymous comments/complaints determined to be unrelated to an Accreditation Standard or CODA policies and procedures, or those that do not provide sufficient evidence of probable cause of noncompliance with the standard(s) or required accreditation policy(ies), or procedure(s) to proceed, will be added to the respective program’s file for evaluation during the program’s next scheduled accreditation site visit. At the time of the site visit, the program and site visit team will be informed of the anonymous comment/complaint. The program will have an opportunity to respond to the anonymous comment/complaint; the response will be considered during the site visit evaluation. Anonymous comments/complaints will be assessed to determine trends in compliance with Commission standards, policies, and procedures. The assessment of findings related to the anonymous comments/complaint will be documented in the site visit report.

Adopted: 8/17

## E. POLICY AND PROCEDURES ON COMPLAINTS DIRECTED AT THE COMMISSION ON DENTAL ACCREDITATION

Interested parties may submit an appropriate, signed complaint to the Commission on Dental Accreditation regarding Commission policy(ies), procedure(s) or the implementation thereof. The Commission will determine whether the information submitted constitutes an appropriate complaint and will follow up according to the established procedures.

### Procedures:

1. Within two (2) weeks of receipt, the Commission will acknowledge the received information and provide the complainant with the policy(ies) and procedure(s).
2. The Commission will collect additional information internally, if necessary, and then conduct an initial screening to determine whether the complaint is appropriate. The initial screening is completed within thirty (30) days.
3. The Commission will inform the complainant of the results of the initial screening.
4. If the complaint is determined to be appropriate, the Commission and appropriate committees will consider the complaint at its next regularly scheduled meeting. The complaint will be considered in closed session if the discussion will involve specific programs or institutions; otherwise, consideration of the complaint will occur in open session. In the event that waiting until the next meeting would preclude a timely review, the appropriate committee(s) will review the complaint in a telephone conference call(s). The action recommended by the committees will be forwarded to the Commission for mail ballot approval in this later case.
5. The Commission will consider changes in its policies and procedures, if indicated.
6. The Commission will inform the complainant of the results of consideration of the complaint within two (2) weeks following the meeting or mail balloting of the Commission.

Revised: 1/98; Reaffirmed: 8/15, 8/10, 7/09, 7/04; Adopted: 7/96

## **Commission on Dental Accreditation**

### **Guidelines for Filing a Formal Complaint Against an Educational Program**

The Commission strongly encourages attempts at informal or formal resolution through the program's or sponsoring institution's internal processes prior to initiating a formal complaint with the Commission. The Commission is interested in the continued improvement and sustained quality of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for treatment received by patients or individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students. The Commission does not intervene in complaints as a mediator but maintains, at all times, an investigative role.

A “formal” complaint is defined as a complaint filed in written (or electronic) form and signed by the complainant. This complaint should outline the specific policy, procedure or standard in question and rationale for the complaint including specific documentation or examples. Complainants who submit complaints verbally will receive direction to submit a formal complaint to the Commission in written, signed form following guidelines in the Evaluation and Operational Policies and Procedures manual. The complaint will be reviewed to determine whether there is sufficient evidence of probable cause of noncompliance with the standard(s) or required accreditation policy(ies), or procedure(s) to proceed with an investigation.

An “anonymous comment/complaint” is defined as an unsigned comment/complaint submitted to the Commission. All anonymous complaints will be reviewed by Commission staff to determine linkage to Accreditation Standards or CODA policy and procedures. If linkage to Accreditation Standards or CODA policy is identified, legal counsel, the Chair or the appropriate Review Committee, and the applicable Review Committee members may be consulted to assist in determining whether there is sufficient evidence of probable cause of noncompliance with the standard(s) or required accreditation policy(ies), or procedure(s) to proceed with an investigation. (See Formal Complaints). However, due to the anonymous nature of the submission, the Commission will not correspond with the complainant.

Anonymous comments/complaints determined to be unrelated to an Accreditation Standard or CODA policies and procedures, or those that do not provide sufficient evidence of probable cause of noncompliance with the standard(s) or required accreditation policy(ies), or procedure(s) to proceed, will be added to the respective program's file for evaluation during the program's next scheduled accreditation site visit. At the time of the site visit, the program and site visit team will be informed of the anonymous comment/complaint. The program will have an opportunity to respond to the anonymous comment/complaint; the response will be considered during the site visit evaluation. Anonymous comments/complaints will be assessed to determine trends in compliance with Commission standards, policies, and procedures. The assessment of findings related to the anonymous comments/complaint will be documented in the site visit report.

For a Formal Complaint, once you have carefully read the Commission on Dental Accreditation's Policies on Complaints, please fully complete this form and submit it to the commission office along with any relevant information to support the complaint.

For an Anonymous Complaints, once you have carefully read the Commission on Dental Accreditation's Policies on Complaints, you may use the form below to identify standards or policies for which the program may not be compliant and provide any relevant information to support the complaint; however, the anonymous complaint must not include the name, contact information or signature of the complainant. If a name, contact information or a signature is included, the complaint will be handled as a formal complaint.

**In your responses to the items below, do not disclose any sensitive personally identifiable information (“PII”) or identifiable patient information (“PHI”). See below for more information about PII and PHI.\***

**Dental Discipline of the Program:**

**Name of School/Institution and Address of Program:**

**Please list the Accreditation Standards with which you believe the program is non-compliant.**

1. Provide specific references to the standards and include sub-sections if applicable. You can find the Accreditation Standards on the CODA website. If you do not have access to the internet to view the relevant standards, please call 312-440-4653 and the Commission will mail a copy.
2. Following each standard listed, describe how/why the program is not in compliance.
3. Attach documentation which reflects the alleged noncompliance (The complaint must provide sufficient evidence of probable cause of noncompliance with the standards).

**Please list any Commission on Dental Accreditation policies and/or procedures with which you believe the program is non-compliant.**

1. Provide specific references to policies and/or procedures and include sub-sections if applicable. You can find the CODA Evaluation and Operational Policies and Procedures (EOPP) manual on the CODA website. If you do not have access to the internet to view the relevant standards or EOPP, please call 312-440-4653 and the Commission will mail you a copy.
2. Following each policy/procedure listed, describe how/why the program is not in compliance.
3. Attach documentation which reflects the alleged noncompliance of the program. (The complaint must provide sufficient evidence of probable cause of noncompliance with required accreditation policies and procedures).

It is noted that the burden rests on the complainants to keep their identity confidential. Complainants who do not wish to reveal their identities to the accredited program must develop their complaints in such a manner as to prevent the identity from being evident. The Commission, upon request, will reasonable precautions to prevent the identity of the complainant from being revealed to the program; however, the Commission cannot guarantee the confidentiality of the complainant. Please check here if applicable:

- [ ] I would like the Commission to take reasonable precautions to prevent my identity from being revealed to the program. I understand that the Commission cannot guarantee the confidentiality of the complainant.

In addition, please note that following submission of the complaint, it becomes property of the Commission and cannot be withdrawn.

**Signed (your name): Date:**

**Your Name (printed): Address:**

**City, State, Zip: Email:**

**Phone Number:**

*Note: E-signatures are acceptable.*

*\*About PII and PHI:*

*The complaint must NOT contain any sensitive personally identifiable information (“Sensitive Information” or “PII”) as outlined in “Privacy and Data Security Requirements” (see below). Similarly, such documentation must not contain any identifiable patient information (“PHI”); therefore, no “patient identifiers” may be included (see below).*

*Before sending documents, the complainant must fully and appropriately redact all PII and all patient identifiers such that the PII and patient identifiers cannot be read or otherwise reconstructed. Covering information with ink is not an appropriate means of redaction.*

## ***PII: What is sensitive personal information?***

In general, sensitive personal information is information about an individual that can be used to commit identity theft and other kinds of harm. CODA prohibits all programs/institutions and complainants from disclosing PII in electronic or hard copy documents. Some examples of categories of sensitive personal information are:

- Social security numbers
- Credit or debit card number or other information (e.g., expiration date, security code)
- Drivers' license number
- Account number with a pin or security code that permits access
- Health insurance information
- Mother's maiden name
- Tax ID number
- Date of birth (If a program or complainant has sent information that only includes birthdate, redact the information and save the copy in File Web. No further action required.)
- Any data protected by applicable law (e.g. HIPAA, state data security law)

### **HIPAA: De-identifying PHI**

- a. Do not include any patient information (even de-identified PHI) in a site visit report or any other CODA document.
- b. Do not use redaction (e.g., black marker) to de-identify PHI without the prior approval of the Security Official.
- c. How to de-identify PHI:

<http://www.hhs.gov/ocr/privacy/hipaa/administrative/combined/hipaa-simplification-201303.pdf>. The HIPAA Privacy Rule provisions on de-identification, including the 18 identifiers, can be found on pages 96-97.

To de-identify protected health information, the following identifiers of the individual or of relatives, household members, and employers must be removed:

1. Names, including initials
2. Address (including city, zip code, county, precinct)
3. Dates, including treatment date, admission date, age, date of birth, or date of death [a range of dates (e.g., May 1-31, 2015) is permitted provided such range cannot be used to identify the individual who is the subject of the information]
4. Telephone numbers
5. Fax numbers
6. E-mail addresses
7. Social Security numbers
8. Medical record numbers
9. Health plan beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and serial numbers, including license plate numbers
13. Device identifiers and serial numbers
14. Web Universal Resource Locators (URLs)
15. Internet Protocol (IP) address numbers
16. Biometric identifiers (e.g., finger and voice prints)
17. Full face photographic images and comparable images
18. Any other unique identifying number, characteristic, or code:
  - That is derived from information about the individual
  - That is capable of being translated so as to identify the individual, or



- If the mechanism for re-identification (e.g., the key) is also disclosed

In addition, if the information provided to CODA cannot be capable of being used alone or in combination with other information to identify the individual.

## **Dental Hygiene Oath<sup>1</sup>**

In my practice as a dental hygienist,  
I affirm my personal and professional commitment  
To improve the oral health of the public,  
To advance the art and science of dental hygiene,  
And to promote high standards of quality care.  
I pledge continually to improve my professional  
Knowledge and skills, to render a full measure  
Of service to each patient entrusted to my care,  
And to uphold the highest standards of professional  
Competence and personal conduct in the interest  
Of the dental hygiene profession and the public it serves.

<sup>1</sup> Ethics and Law in Dental Hygiene 3<sup>rd</sup> Edition. P. Beemsterboer. St. Louis, MO. 2017. pp 3.

## **ADEA Competencies for Entry into the Profession of Dental Hygiene<sup>1</sup>**

Dental hygienists must complete an accredited educational program and qualify for licensure in any state or jurisdiction. They practice in collaboration with dental and other health care professionals in a variety of settings.

### **Core Competencies (C)**

- C.1 Apply a professional code of ethics in all endeavors.
- C.2 Adhere to state and federal laws, recommendations, and regulations in the provision of oral health care.
- C.3 Use critical thinking skills and comprehensive problem-solving to identify oral health care strategies that promote patient health and wellness.
- C.4 Use evidence-based decision making to evaluate emerging technology and treatment modalities to integrate into patient dental hygiene care plans to achieve high-quality, cost-effective care.
- C.5 Assume responsibility for professional actions and care based on accepted scientific theories, research, and the accepted standard of care.
- C.6 Continuously perform self-assessment for lifelong learning and professional growth.
- C.7 Integrate accepted scientific theories and research into educational, preventive, and therapeutic oral health services.
- C.8 Promote the values of the dental hygiene profession through service-based activities, positive community affiliations, and active involvement in local organizations.
- C.9 Apply quality assurance mechanisms to ensure continuous commitment to accepted standards of care.
- C.10 Communicate effectively with diverse individuals and groups, serving all persons without discrimination by acknowledging and appreciating diversity.
- C.11 Record accurate, consistent, and complete documentation of oral health services provided.
- C.12 Initiate a collaborative approach with all patients when developing individualized care plans that are specialized, comprehensive, culturally sensitive, and acceptable to all parties involved in care planning.
- C.13 Initiate consultations and collaborations with all relevant health care providers to facilitate optimal treatments.
- C.14 Manage medical emergencies by using professional judgment, providing life support, and utilizing required CPR and any specialized training or knowledge.

### **Health Promotion and Disease Prevention (HP)**

- HP.1 Promote positive values of overall health and wellness to the public and organizations within and outside the profession.
- HP.2 Respect the goals, values, beliefs, and preferences of all patients.
- HP.3 Refer patients who may have physiological, psychological, or social problems for comprehensive evaluation.
- HP.4 Identify individual and population risk factors, and develop strategies that promote health-related quality of life.
- HP.5 Evaluate factors that can be used to promote patient adherence to disease prevention or health maintenance strategies.
- HP.6 Utilize methods that ensure the health and safety of the patient and the oral health professional in the delivery of care.

### **Community Involvement (CM)**

- CM.1 Assess the oral health needs and services of the community to determine action plans and availability of resources to meet the health care needs.
- CM.2 Provide screening, referral, and educational services that allow patients to access the resources of the health care system.
- CM.3 Provide community oral health services in a variety of settings.
- CM.4 Facilitate patient access to oral health services by influencing individuals or organizations for the provision of oral health care.

- CM.5 Evaluate reimbursement mechanisms and their impact on the patient's access to oral health care.
- CM.6 Evaluate the outcomes of community-based programs, and plan for future activities.
- CM.7 Advocate for effective oral health care for underserved populations.

## **Patient Care (PC)**

### *Assessment*

- PC.1 Systematically collect, analyze, and record diagnostic data on the general, oral, and psychosocial health status of a variety of patients using methods consistent with medicolegal principles.
- PC.2 Recognize predisposing and etiologic risk factors that require intervention to prevent disease.
- PC.3 Recognize the relationships among systemic disease, medications, and oral health that impact overall patient care and treatment outcomes.
- PC.4 Identify patients at risk for a medical emergency, and manage the patient care in a manner that prevents an emergency.

### *Dental Hygiene Diagnosis*

- PC.5 Use patient assessment data, diagnostic technologies, and critical decision making skills to determine a dental hygiene diagnosis, a component of the dental diagnosis, to reach conclusions about the patient's dental hygiene care needs.

### *Planning*

- PC.6 Utilize reflective judgment in developing a comprehensive patient dental hygiene care plan.
- PC.7 Collaborate with the patient and other health professionals as indicated to formulate a comprehensive dental hygiene care plan that is patient-centered and based on the best scientific evidence and professional judgment.
- PC.8 Make referrals to professional colleagues and other health care professionals as indicated in the patient care plan.
- PC.9 Obtain the patient's informed consent based on a thorough case presentation.

### *Implementation*

- PC.10 Provide specialized treatment that includes educational, preventive, and therapeutic services designed to achieve and maintain oral health. Partner with the patient in achieving oral health goals.

### *Evaluation*

- PC.11 Evaluate the effectiveness of the provided services, and modify care plans as needed.
- PC.12 Determine the outcomes of dental hygiene interventions using indices, instruments, examination techniques, and patient self-reports as specified in patient goals.
- PC.13 Compare actual outcomes to expected outcomes, reevaluating goals, diagnoses, and services when expected outcomes are not achieved.

### **Professional Growth and Development (PGD)**

- PGD.1 Pursue career opportunities within health care, industry, education, research, and other roles as they evolve for the dental hygienist.
- PGD.2 Develop practice management and marketing strategies to be used in the delivery of oral health care.
- PGD.3 Access professional and social networks to pursue professional goals.

<sup>1</sup> *ADEA Competencies for Entry into the Allied Dental Professions (As approved by the 2011 ADEA House of Delegates).*  
**Journal of Dental Education.** July 2011. pp 944 - 945.

## **ADHA's CODE OF ETHICS FOR DENTAL HYGIENISTS<sup>1</sup>**

### **1. Preamble**

As dental hygienists, we are a community of professionals devoted to the prevention of disease and the promotion and improvement of the public's health. We are preventive oral health professionals who provide educational, clinical, and therapeutic services to the public. We strive to live meaningful, productive, satisfying lives that simultaneously serve us, our profession, our society, and the world.

Our actions, behaviors, and attitudes are consistent with our commitment to public service. We endorse and incorporate the Code into our daily lives.

### **2. Purpose**

The purpose of a professional code of ethics is to achieve high levels of ethical consciousness, decision making, and practice by the members of the profession. Specific objectives of the Dental Hygiene Code of Ethics are:

- to increase our professional and ethical consciousness and sense of ethical responsibility.
- to lead us to recognize ethical issues and choices and to guide us in making more informed ethical decisions.
- to establish a standard for professional judgment and conduct.
- to provide a statement of the ethical behavior the public can expect from us.

The Dental Hygiene Code of Ethics is meant to influence us throughout our careers. It stimulates our continuing study of ethical issues and challenges us to explore our ethical responsibilities. The Code establishes concise standards of behavior to guide the public's expectations of our profession and supports dental hygiene practice, laws and regulations. By holding ourselves accountable to meeting the standards stated in the Code, we enhance the public's trust on which our professional privilege and status are founded.

### **3. Key Concepts**

Our beliefs, principles, values and ethics are concepts reflected in the Code. They are the essential elements of our comprehensive and definitive code of ethics, and are interrelated and mutually dependent.

### **4. Basic Beliefs**

We recognize the importance of the following beliefs that guide our practice and provide context for our ethics:

- The services we provide contribute to the health and well being of society.
- Our education and licensure qualify us to serve the public by preventing and treating oral disease and helping individuals achieve and maintain optimal health.
- Individuals have intrinsic worth, are responsible for their own health, and are entitled to make choices regarding their health.
- Dental hygiene care is an essential component of overall health care and we function interdependently with other health care providers.
- All people should have access to health care, including oral health care.
- We are individually responsible for our actions and the quality of care we provide.

## **5. Fundamental Principles**

These fundamental principles, universal concepts and general laws of conduct provide the foundation for our ethics.

### **Universality**

The principle of universality expects that, if one individual judges an action to be right or wrong in a given situation, other people considering the same action in the same situation would make the same judgment.

### **Complementarity**

The principle of complementarity recognizes the existence of an obligation to justice and basic human rights. In all relationships, it requires considering the values and perspectives of others before making decisions or taking actions affecting them.

### **Ethics**

Ethics are the general standards of right and wrong that guide behavior within society. As generally accepted actions, they can be judged by determining the extent to which they promote good and minimize harm. Ethics compel us to engage in health promotion/disease prevention activities.

### **Community**

This principle expresses our concern for the bond between individuals, the community, and society in general. It leads us to preserve natural resources and inspires us to show concern for the global environment.

### **Responsibility**

Responsibility is central to our ethics. We recognize that there are guidelines for making ethical choices and accept responsibility for knowing and applying them. We accept the consequences of our actions or the failure to act and are willing to make ethical choices and publicly affirm them.

## **6. Core Values**

We acknowledge these values as general for our choices and actions.

### **Individual autonomy and respect for human beings**

People have the right to be treated with respect. They have the right to informed consent prior to treatment, and they have the right to full disclosure of all relevant information so that they can make informed choices about their care.

### **Confidentiality**

We respect the confidentiality of client information and relationships as a demonstration of the value we place on individual autonomy. We acknowledge our obligation to justify any violation of a confidence.

### **Societal Trust**

We value client trust and understand that public trust in our profession is based on our actions and behavior.

### **Non-maleficence**

We accept our fundamental obligation to provide services in a manner that protects all clients and minimizes harm to them and others involved in their treatment.

### **Beneficence**

We have a primary role in promoting the well being of individuals and the public by engaging in health promotion/disease prevention activities.

### **Justice and Fairness**

We value justice and support the fair and equitable distribution of health care resources. We believe all people should have access to high-quality, affordable oral healthcare.

## **Veracity**

We accept our obligation to tell the truth and expect that others will do the same. We value self-knowledge and seek truth and honesty in all relationships.

### **7. Standards of Professional Responsibility**

We are obligated to practice our profession in a manner that supports our purpose, beliefs, and values in accordance with the fundamental principles that support our ethics. We acknowledge the following responsibilities:

#### **To Ourselves as Individuals...**

- Avoid self-deception, and continually strive for knowledge and personal growth.
- Establish and maintain a lifestyle that supports optimal health.
- Create a safe work environment.
- Assert our own interests in ways that are fair and equitable.
- Seek the advice and counsel of others when challenged with ethical dilemmas.
- Have realistic expectations of ourselves and recognize our limitations.

#### **To Ourselves as Professionals...**

- Enhance professional competencies through continuous learning in order to practice according to high standards of care.
- Support dental hygiene peer-review systems and quality-assurance measures.
- Develop collaborative professional relationships and exchange knowledge to enhance our own lifelong professional development.

#### **To Family and Friends...**

- Support the efforts of others to establish and maintain healthy lifestyles and respect the rights of friends and family.

#### **To Clients...**

- Provide oral health care utilizing high levels of professional knowledge, judgment, and skill.
- Maintain a work environment that minimizes the risk of harm.
- Serve all clients without discrimination and avoid action toward any individual or group that may be interpreted as discriminatory.
- Hold professional client relationships confidential.
- Communicate with clients in a respectful manner.
- Promote ethical behavior and high standards of care by all dental hygienists.
- Serve as an advocate for the welfare of clients.
- Provide clients with the information necessary to make informed decisions about their oral health and encourage their full participation in treatment decisions and goals.
- Refer clients to other healthcare providers when their needs are beyond our ability or scope of practice.
- Educate clients about high-quality oral health care.
- Recognize that cultural beliefs influence client decisions.

#### **To Colleagues...**

- Conduct professional activities and programs, and develop relationships in ways that are honest, responsible, and appropriately open and candid.
- Encourage a work environment that promotes individual professional growth and development.
- Collaborate with others to create a work environment that minimizes risk to the personal health and safety of our colleagues.



- Manage conflicts constructively.
- Support the efforts of other dental hygienists to communicate the dental hygiene philosophy and preventive oral care.
- Inform other health care professionals about the relationship between general and oral health.
- Promote human relationships that are mutually beneficial, including those with other health care professionals.

#### **To Employees and Employers...**

- Conduct professional activities and programs, and develop relationships in ways that are honest, responsible, open, and candid.
- Manage conflicts constructively.
- Support the right of our employees and employers to work in an environment that promotes wellness.
- Respect the employment rights of our employers and employees.

#### **To the Dental Hygiene Profession...**

- Participate in the development and advancement of our profession.
- Avoid conflicts of interest and declare them when they occur.
- Seek opportunities to increase public awareness and understanding of oral health practices.
- Act in ways that bring credit to our profession while demonstrating appropriate respect for colleagues in other professions.
- Contribute time, talent, and financial resources to support and promote our profession.
- Promote a positive image for our profession.
- Promote a framework for professional education that develops dental hygiene competencies to meet the oral and overall health needs of the public.

#### **To the Community and Society...**

- Recognize and uphold the laws and regulations governing our profession.
- Document and report inappropriate, inadequate, or substandard care and/or illegal activities by a health care provider, to the responsible authorities.
- Use peer review as a mechanism for identifying inappropriate, inadequate, or substandard care provided by dental hygienists.
- Comply with local, state, and federal statutes that promote public health and safety.
- Develop support systems and quality-assurance programs in the workplace to assist dental hygienists in providing the appropriate standard of care.
- Promote access to dental hygiene services for all, supporting justice and fairness in the distribution of healthcare resources.
- Act consistently with the ethics of the global scientific community of which our profession is a part.
- Create a healthful workplace ecosystem to support a healthy environment.
- Recognize and uphold our obligation to provide pro bono service.

#### **To Scientific Investigation...**

We accept responsibility for conducting research according to the fundamental principles underlying our ethical beliefs in compliance with universal codes, governmental standards, and professional guidelines for the care and management of experimental subjects. We acknowledge our ethical obligations to the scientific community:

- Conduct research that contributes knowledge that is valid and useful to our clients and society.
- Use research methods that meet accepted scientific standards.
- Use research resources appropriately.
- Systematically review and justify research in progress to insure the most favorable benefit-to-risk ratio to research subjects.

- Submit all proposals involving human subjects to an appropriate human subject review committee.
- Secure appropriate institutional committee approval for the conduct of research involving animals.
- Obtain informed consent from human subjects participating in research that is based on specification published in Title 21 Code of Federal Regulations Part 46.
- Respect the confidentiality and privacy of data.
- Seek opportunities to advance dental hygiene knowledge through research by providing financial, human, and technical resources whenever possible.
- Report research results in a timely manner.
- Report research findings completely and honestly, drawing only those conclusions that are supported by the data presented.
- Report the names of investigators fairly and accurately.
- Interpret the research and the research of others accurately and objectively, drawing conclusions that are supported by the data presented and seeking clarity when uncertain.
- Critically evaluate research methods and results before applying new theory and technology in practice.
- Be knowledgeable concerning currently accepted preventive and therapeutic methods, products, and technology and their application to our practice

<sup>1</sup> [http://www.adha.org/resources-docs/7611\\_Bylaws\\_and\\_Code\\_of\\_Ethics.pdf](http://www.adha.org/resources-docs/7611_Bylaws_and_Code_of_Ethics.pdf)

## **Professional Memberships include:**

### **American Dental Hygienist Association (ADHA) Student Membership has a fee**

Ready to join? If you are currently enrolled in an accredited dental hygiene program or pursuing a complementary baccalaureate or graduate degree from an accredited college or institution of higher education, you are qualified to apply for student membership. Join today to start enjoying the benefits of membership.

Once you obtain your license, it's time to change your student membership to a professional membership. Simply log in to our members-only site. All you need to do is add your dental hygiene license number and start enjoying professional membership benefits. It is FREE to upgrade your membership and your renewal date remains the same.

**Note:** We are moving away from paper applications for student membership. This will ensure we have the best data possible, and we'll save a few trees! Students must register and renew their memberships online by visiting our members-only website, <http://mymembership.adha.org/>, or by clicking the "join now" button above.

Dental hygiene programs that register a group must first have students register online, and create a member ID number. Please include that number on the roster form when submitting payment(s) to be processed for membership.

---

### **American Dental Education Association (ADEA) ADEA Membership is FREE for Allied Dental Students of Member Programs.**

Activate your free ADEA membership at [adea.org/join](http://adea.org/join)

#### **ADEA has many opportunities for you to evolve as an allied dental student:**

*Networking opportunities with peers and allied dental professionals*

*Recognition through ADEA scholarships, fellowships and awards*

*Continued dental hygiene education information for after graduation*

*Leadership through involvement in the ADEA Council of Students, Residents and Fellows*

*Subscriptions to dental education community and policy newsletters*

*Online access to MedEd PORTAL and the esteemed ADEA Journal of Dental Education*

## PROGRAM RELATED INFORMATION

### **Communication:**

The dental hygiene department is committed to having several mechanisms to provide the student the opportunity to give feedback related to courses, faculty, staff, and the entire dental hygiene program. You are encouraged to discuss concerns or give input to lead instructors of your courses in a timely fashion to allow for resolutions or necessary changes. Course related feedback is best if given directly to the lead instructor. Program and clinical related feedback could be discussed in your clinical small group sessions, with your lead instructor or the department chair.

### **Student Responsibilities:**

Any information about a specific client is confidential. You may share this information only with an instructor or classmate(s) in an appropriate setting.

You will represent yourself as a KVCC dental hygiene student only when performing in that capacity. Acting in any unethical manner may result in failure of the course.

Attitude involves behaviors, including professional, social and personal, that reflect how you interact with others. In addition to competence in basic dental hygiene skills, what makes you professional as a dental hygienist is how you interact with people. Behaviors which are disruptive, disrespectful, or otherwise deemed inappropriate in the classroom, lab, or clinic will result in point reductions, dismissal from the classroom, lab, or clinic, and may result in course failure.

Academic dishonesty will be treated seriously. At a minimum it will result in loss of credit for the assignment. The obvious maximum penalty is 0.0 for the course. Cheating is defined as using notes or markings, signals, or wandering eyes to obtain answers from a private source not permitted during exam time or from another person in class. Submitting papers which are not the student's original work (plagiarism), also constitutes cheating. The stringency of this policy regarding student responsibilities is understandable when read in the context of an educational program preparing individuals for a health career where the safety and well-being of the public are largely dependent upon the knowledge and ethical behavior of the student-practitioner. Cheating precludes the instructional faculty's ability to declare prospective graduates to be competent, reliable, and ethical.

### **Laboratory and Clinical Competence:**

You are expected to master the procedures outlined in your clinical courses to either laboratory or clinical competence. Laboratory competence means you will become proficient in performing the procedure during laboratory simulations. Clinical competence means you will become proficient in performing the procedure on clients. A fellow student may be a client. There are only a few procedures that you may solely demonstrate laboratory competence prior to graduation. *For these few procedures, students/graduates may need to consult with a dentist or dental hygienist for assistance when first performing these procedures intra-orally.*

The procedures listed below are required to laboratory competency only. However, enrichment credit (points) may be earned for demonstrating these procedures to clinical competence. This may be accomplished in our clinic or a private dental office. If completed in a dental office, the dentist must sign an affiliation agreement with us prior to your performing the procedure intra-orally. The dentist will be your supervisor.

- Dental dam placement
- Periodontal dressing
- Overhang removal
- Amalgam polishing
- Suture removal
- Placement of temporary sedative dressing
- Removal of temporary sedative dressing
- Laboratory competence solely required for graduation. You may need to consult with a dentist or dental

hygienist for assistance when first performing these procedures intra-orally.

All other procedures in your clinical courses are required to clinical competence.

### **Program Progression:**

You progress through the dental hygiene program in a sequential pattern. First semester course work must be successfully complete before progressing to the second semester. A 2.0 grade is required in all science, health career, and dental hygiene courses. You have only one opportunity to re-enter the first semester of the dental hygiene program should you stop out, withdraw, or fail. To re-enter the first semester courses, you will need to be readmitted to the dental hygiene program by completing the application packet required of potential candidates. You will be required to retake the dental hygiene courses listed in the first semester.

If you stop out, withdraw, or fail later semesters, you will need to be reinstated to the dental hygiene program by contacting the Program Director and filling out appropriate paperwork. Should you stop out, withdraw, or fail more than one time, you will not be reinstated.

### **Program Completion and Graduation Information:**

You are responsible for obtaining a petition for graduation. Forms may be obtained online @kvcc.edu and must be filed with the Vice President for Student and Instructional Services. This petition must be filed one semester prior to program completion.

You will be asked to evaluate the dental hygiene program as a student, and later as graduates. Your thoughtful feedback is essential for the dental hygiene program to evaluate and modify the dental hygiene curriculum.

### **National Board and Regional Board Examinations and Licensure:**

When you are in your last semester of dental hygiene course work, you will receive information regarding the applications for testing and licensure. You may submit the licensure application prior to completion of your program to the Board of Dentistry. Fees must accompany the application along with a copy of your CPR certification.

In addition, prior to completion, you should request an official transcript be sent to the State of Michigan if you desire a license in Michigan. When completing this request, mark the box on the form where it states "after degree is posted". Not marking the appropriate box will generate sending an official transcript without your degree status delaying the licensure process.

### **Job References and Recommendations:**

Information regarding employment opportunities, resume writing, etc., are available through Student Success Center. As you begin your final semester, you should contact them for assistance with job placement. Occasionally, they have information regarding job openings for dental assisting while you are a student. Some employers need part-time assistants and work around student schedules.

### **Employer Survey:**

An employer Survey is provided to your employer for completion. This information is critical for the dental hygiene department to evaluate and modify curriculum. Names of employees are not requested. You will be asked to give permission for this survey. The survey is conducted through KVCC's Research Department. Results are summarized by them and given to the appropriate administrators and department chair.

### **Informal Student Appeal Process:**

As described in the KVCC Student Handbook, this informal process does not take the place of the formal Student Appeal Process. It is an attempt to resolve concerns for all involved in a constructive and timely manner. The informal process is as follows:

1. Discuss your concerns with the instructor or staff member directly. If you are uncomfortable with this or feel that the problem is not resolved, see the lead instructor or the dental hygiene department chair.
2. If the problem is not resolved with the lead instructor, discuss it with the dental hygiene department chair.

3. If the problem is not resolved to your satisfaction, you will be referred to the Dean of Health and Public Services.
4. If the problem is not resolved to your satisfaction with the Dean, you may initiate the formal Student Appeal Process with the Student Relations Coordinator. This process is described in the [KVCC Student Handbook](#).

**Health Status:**

As a student at KVCC, you are not an employee of any of the affiliated agencies where you are assigned as a student clinician, nor are you an employee of KVCC. Therefore, you are responsible for any injury or illness you may incur. It is recommended that you have your own health insurance.

**Transportation/Housing:**

You are expected to maintain reliable transportation throughout the dental hygiene program. You are responsible to arrange your own transportation to and from all agency sites.

Should the college be closed due to inclement weather, scheduled off-campus community clinic rotations will not meet. In the event of such a cancellation, it may be necessary for you to make up that clinical assignment at a later date. Notification of College closure may be obtained by calling KVCC's Inclement Weather number, 269-488-4750 or through radio, TV coverage, text message, or [www.kvcc.edu](http://www.kvcc.edu) after 6:00 a.m.

Housing is not available through KVCC. Information regarding housing is available at the Student Services Information desk.

**Liability Insurance:**

Student liability insurance is provided by the College.

**Locker Room:**

You will be assigned a locker for storing your clinic attire, books, coat, etc. The lockers accommodate one or two students. They have assigned padlocks for security reasons. We strongly recommend locking your belongings in your locker and not leaving items out in the locker room.

**Dental Hygiene Clinic:**

The dental hygiene clinic is located in room 1280/90. We have guidelines that need to be followed when you are in the clinic area for common courtesy and the safety and well-being of everyone.

In addition to the clinic attire protocol and Infection and Hazard Control Protocol, you will need to:

1. Adhere to the no food or drink policy in the clinic.
2. Prepare your operatory at least fifteen minutes prior to your appointment time.
3. Remain in the clinical area while waiting for clients. The receptionist via the computer scheduling program will notify you of your client's arrival.
4. Avoid congregating near the receptionist's desk which inhibits traffic flow.
5. Request help from the clinicians, or receptionist with equipment malfunctions.
6. Call the receptionist if you cannot attend your assigned clinic time. (Should an absence or tardiness occur, you are responsible for making up the time during another clinic session.)

## PATIENT INFORMATION

Dental Hygiene

Texas Township Campus

6767 West O Avenue

Kalamazoo, MI 49003-4070

Phone: 269-488-4338 Fax: 269-488-4720 Email: dental@kvcc.edu

Welcome to KVCC Dental Hygiene clinic. The following information will help you to understand the clinic and what treatment students can provide to you. Becoming a patient is a commitment to the students who must complete patient requirements in order to graduate; failing to come to appointments will jeopardize the student's grade.

### SCREENING PROCESS

New or patients that have not had treatment in over two (2) years will go through the screening process. This is a 30 minute evaluation appointment to determine if your treatment needs can be met at the clinic and which level to assign your care.

If you are accepted as a patient and do not have current radiographic images of your teeth you will be scheduled for dental radiographic images. If you have current images at your dental office the images can be mailed (or emailed) to KVCC DHY clinic.

### APPOINTMENTS

After the initial 30 minute screening appointment, the appointments are 3 hours in length allowing students to collect information, determine your needs and develop a treatment plan. Since this is a teaching program the students must be checked at specific points of your treatment. Depending on the difficulty of your case the student may need multiple appointments to complete treatment; the cleaning process may not be started during the initial 3 hour appointment. The students have specific requirements to demonstrate competency in dental hygiene and count on you, the patient, to be prompt for appointments.

Patients that take medications must be prepared to provide a list of their medications prior to treatment. Diabetics' need to know their A1C and fasting glucose readings to all appointments.

If you must cancel an appointment a minimum of 24 hours is preferable so that the appointment can be filled with another patient. If an appointment is missed or over 30 minutes late for more than **TWO** appointments, you will not be contacted for more appointments. You may be placed on a cancellation list and called when there are available appointments. **It is within the prerogative of the KVCC Dental Hygiene Program to dismiss, or suspend a patient from the KVCC Dental Hygiene Clinic after two missed appointment.**

### MINORS

A parent or guardian **MUST ACCOMPANY** minor aged children and should remain in the waiting room for each appointment. A parent or guardian must sign consent forms for patients younger than 18.

### DIAGNOSIS

The Clinic's supervising dentists' responsibilities are numerous with respect to the student and their learning. Charting of your teeth and dental radiographic images is only part of what is needed to diagnose. If you need further dental or medical services a referral will be made. A referral form will be completed by a student and reviewed by the dentist and/or dental hygienist faculty member and sent to a licensed health care provider. *Preventative dental hygiene therapy at KVCC's Dental Hygiene Program does not replace the need for annual dental exams by your dentist*

## **PATIENT RECORDS**

Radiographic images and a referral letter will be sent to your dentist if you have signed the disclosure form. Please allow up to two (2) weeks for processing. Dental records, radiographs (x-rays), photographs, videos, models, and other diagnostic aids relating to a patient's condition will remain confidential and the property of Kalamazoo Valley Community College. You may request a copy of our Health Information Portability and Accountability Act (HIPAA) outlining our policies on confidentiality of your health and dental information.

## **EMERGENCY CARE**

Patients that require emergency treatment within the scope of dental hygiene care will be met. If follow-up care is advised it is the responsibility of the patient to make those arrangements. For dental emergencies referrals to your general dentist or clinic of your choice will be made.

## **INFORMED CONSENT**

Students will acquire your informed consent after collecting all of their assessment data and prior to patient education and starting treatment. The informed consent consists of your dental hygiene/oral health condition, identifying goals used to improve your oral health, recommending oral hygiene aids, identifying what treatment will be performed, the cost of treatment and your time commitment. It will also include consequences if recommendations are not followed and any consequences of the treatment itself.

Student assignment is based on the level of care needed. The student expects you to be on time and to keep your appointments. Patients who arrive late to their appointments may not receive completed treatment that day and require additional appointments. Our goal for our students is to provide the experience needed to become competent dental hygienist in the delivery of the highest standard of care. We reserve the right to discontinue or refuse treatment to patients whose needs or scope of care would negatively impact our students' ability to provide the standard of care. If you are advised that your treatment needs are best served by private practice or has a negative impact on the student experience, then the Kalamazoo Valley Community College Dental Hygiene Clinic reserves the right to halt or deny treatment. In such a case, you would be informed by the program director, clinic supervising dentist, or lead clinical instructor. In addition, you have the right to refuse all or part of your dental hygiene care.

Dental Hygiene students can perform the following to clinical competence –

|                        |                                 |                                |
|------------------------|---------------------------------|--------------------------------|
| Medical/Dental History | Smoking Cessation               | Tooth Whitening Procedures     |
| Vital Signs            | Behavior Modification           | Athletic Mouth Guards          |
| Radiographs (x-rays)   | Care of Dental Restorations     | Prophylaxis (health dentition) |
| Extra/Intra Oral Exams | Care of Dental Prosthesis       | Nitrous Oxide Sedation         |
| Periodontal Charting   | Pit and Fissure Sealants        | Local Anesthesia               |
| Dental Charting        | Tooth Desensitizing Application | Periodontal Debridement        |
| Oral Health Education  | Local Antimicrobial Placement   | Tooth Polishing                |
| Nutritional Advising   | Study Models                    | Fluoride Applications          |

**IF YOU ARE NOT ABLE TO MAKE THIS COMMITMENT, PLEASE INFORM US.**



## TREATMENT CONSENT

Dental Hygiene

Texas Township Campus

6767 West O Avenue

Kalamazoo, MI 49003-4070

Phone: 269-488-4338 Fax: 269-488-4720 Email: dental@kvcc.edu

I have read and understood the information on the *Patient Information* document and *The Patient Bill of Rights and Responsibility*. I understand the hazards and possible consequence involved in dental hygiene care in the KVCC Clinic. I hereby consent to such treatment and agree to hold Kalamazoo Valley Community College, its agents, employees, and students, free and harmless from any claims, demands or suits for damages from any injury or complications which may result from this treatment.

I authorize the Kalamazoo Valley Community College Dental Hygiene Program to perform whatever preventative dental hygiene procedures and treatments necessary for me as a patient, or for my dependent child, who is a patient. (This also applies to any person who has legal guardianship over another person.)

I authorize the college staff to use materials, including visual aids, pertaining to this case, for educational purposes. I do hereby understand that KVCC Dental Hygiene Clinic may take photographs and videos for any given procedure at any time to be used for teaching purposes only. (Your dental hygiene appointment may be monitored.)

I understand that no warranty or guarantee has been made to me as a result of cure of dental disease. I am aware that these preventative dental hygiene services performed in the clinic DO NOT TAKE THE PLACE of regular comprehensive dental exams with a dentist and that I should have regular check-up examinations by a licensed dentist outside of being treated by the KVCC Dental Hygiene Clinic

After reading the following documents: Patient Information, Treatment Consent, Patient Bill of Rights and Responsibilities and HIPAA Information please initial that you understand each document.

Initial \_\_\_\_\_ I have read and understood Patient Information document

Initial \_\_\_\_\_ I have read and understood Patient Bill of Rights and Responsibilities

Initial \_\_\_\_\_ I have read and understood Treatment Consent document

Initial \_\_\_\_\_ I have read and understood HIPAA document

Initial \_\_\_\_\_ I have read and understood Authorization for Release of Dental Information form

Initial \_\_\_\_\_ I consent for photographs/videos

Please print your name, sign and date this document indicating your commitment to the student's learning experience. As stated in Patient Bill of Rights and Responsibility, I intend to keep all appointments and call at least 24 hours in advance if I need to cancel my appointment so the dental hygiene student can secure another patient.

\_\_\_\_\_  
Printed Name of Patient/Date

\_\_\_\_\_  
Signature of Patient (Parent or Guardian of a Minor Child or Legal Guardian of Other Individual)

\_\_\_\_\_  
Verified by: (Student or Faculty) / Date  
Dental Clinic Personnel Only Sign Here

## Patient Bill of Rights and Responsibilities

AS A COMPREHENSIVE DENTAL HYGIENE CARE PATIENT, YOU HAVE THE RIGHT TO:

1. Have care that meets the “standard of care” provided by a student dental hygienist under the supervision of an attending instructor every time you receive dental hygiene treatment.
2. Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation, source of payment, or a history of communicable disease. A decision to isolate or exclude the patient shall be made only in accordance with CMOP 4010. (Available upon request).
3. Receive continuity and completion of treatment following a comprehensive and properly sequenced treatment plan (within the constraints of an academic calendar).
4. Request complete and current information about your oral health condition including treatment.
5. Give informed consent regarding all dental hygiene treatment planned for you, including recommended treatment, alternate treatment, options to refuse treatment and the risks of no treatment.
6. Be informed of the scope of treatment along with the expected cost of treatment.
7. Expect all people involved in your care to use appropriate infection control methods.
8. Referral to your dentist of choice for continuity and completion of dental treatment at the completion of your dental hygiene care.
9. Discuss issues involving your account.
10. Obtain a copy of your dental hygiene record for which the clinic can charge a reasonable fee.
11. To know students are taught to lab competency on the following procedures: suture removal, perio pak placement, overhang removal, amalgam polish, removal of temporary sedative dressings and dental dam placement.

YOUR RESPONSIBILITIES AS A PARTNER IN YOUR ORAL HEALTHCARE ARE TO:

1. Give honest and complete answers to appropriate questions regarding your health by reporting changes in health status, and by providing complete and accurate medical/dental history.
2. Be considerate of, cooperative with, and respectful to your assigned dental hygiene student, attending instructors, and staff. Inappropriate behaviors such as rudeness, harassment of any kind, misconduct, and lack of cooperation will not be tolerated.
3. Be prompt for appointments and stay for the entire appointment time. We expect 24-hour notice of cancellation.
4. Keep all scheduled appointments. Missing more than 2 appointments will start the patient dismissal process.
5. Pay for services at the time of treatment for treatment rendered.
6. Follow through on mutually agreed treatment, referrals, and home care instructions in order to maintain personal oral health.

I have read and understand my rights and responsibilities as a patient at Kalamazoo Valley Community College Dental Hygiene Department.

---

Print Name Date

---

Signature Date

## **HIPAA INFORMATION**

Dental Hygiene

Texas Township Campus

6767 West O Avenue

Kalamazoo, MI 49003-4070

Phone: 269-488-4338 Fax: 269-488-4720 Email: [dental@kvcc.edu](mailto:dental@kvcc.edu)

This Notice of Privacy Practices is being provided to you as required by the Health Insurance Portability and Accountability Act (HIPAA)

### **Background**

The information is to inform you, the patient, how the KVCC Dental Hygiene Department uses and discloses your “protected health information.” You have rights to your privacy and to understand how to control your personal health information. It is important that your health information is suitably protected while allowing for high quality health care. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) with the most recent Privacy and Security Rule of 2013 requires all health care records and other individually identifiable health information used or disclosed to us in any form, whether electronically, on paper, or orally, be kept confidential. This federal law gives you rights to understand and control the flow of your health information.

### **How HIPAA Impacts your Care**

You will need to provide some data (such as DOB, address, or last date of treatment) prior to any KVCC dental hygiene student or employee answering questions related to your records, appointment scheduling, or even an appointment. This allows us, to properly identify you as the patient. Unfortunately, KVCC will not be able to release patient information on a family member, or a friend without the proper approval from the patient themselves.

The most common reason why we use or **disclose your health information** is for treatment, payment or health care operations. Examples of how we use or disclose information for treatment purposes are: setting up an appointment for you; examining your teeth; prescribing medications; referring you to another doctor or clinic for other health care or services; or getting copies of your health information from another professional that you may have seen before us. Examples of how we use or disclose your health information for payment purposes are: sources of payment (check or credit card); preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through the college’s pay station). “**Health care operations**” mean those administrative and managerial functions that we have to do in order to run our office. Examples of how we use or disclose your health information for health care operations are: financial or billing audits; internal quality assurance; personnel decisions; defense of legal matters; business planning; and outside storage of our records.

We routinely use your health information inside our office for these purposes without any special permission. If we need to disclose your health information outside of our office for these reasons, we usually will not ask you for special written permission.

### **USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION**

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at our office at all. Such uses or disclosures are:

- when a state or federal law mandates that certain health information be reported for a specific purpose;
- for public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the federal Food and Drug Administration regarding drugs or medical devices;
- disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence;
- disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;
- disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else;

- disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations;
- uses or disclosures for health related research;
- uses and disclosures to prevent a serious threat to health or safety;
- disclosures of de-identified information;
- disclosures relating to worker's compensation programs;
- disclosures of a "limited data set" for research, public health, or health care operations;
- incidental disclosures that are an unavoidable by-product of permitted uses or disclosures;
- disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information;

Unless you object, we will also share relevant information about your care with your family or friends who are helping you with your dental care.

### **APPOINTMENT REMINDERS**

We may call, email, or write to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call, email or write to notify you of other treatments or services available at our clinic that might help you. Unless you tell us otherwise we will leave you a reminder message on your home answering machine or with someone who answers your phone if you are not home.

### **OTHER USES AND DISCLOSURES**

We will not make any other uses or disclosures of your health information unless you sign a written "authorization form." The content of an "authorization form" is determined by federal law. Sometimes, we may initiate the authorization process if the use or disclosure is our idea. Sometimes, you may initiate the process if it's your idea for us to send your information to someone else. Typically, in this situation you will give us a properly completed authorization form, or you can use one of ours. If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the use or disclosure. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing. Send it to the Dental Hygiene Clinic Receptionist address at the beginning of this Notice.

### **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

The law gives you many rights regarding your health information; including:

- restricting our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to the Dental Hygiene Clinic Receptionist address at the beginning of this Notice.
- communicating with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or by using email to your personal email address. We will accommodate these requests if they are reasonable, there may be an additional cost to you. If you want to ask for confidential communications, send a written request to the Dental Hygiene Clinic Receptionist address at the beginning of this Notice.
- obtaining photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your health information within 30 days of asking us. You may have to pay for photocopies in advance. If you want to review or get photocopies of your health information, send a written request to the Dental Hygiene Clinic Receptionist address at the beginning of this Notice.
- amending your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons who we know got the wrong information, and others that you specify. If we do not agree, you can write a statement of your position, and we will include it with your health information along with any rebuttal statement that we may write. Once your statement of position and/or our rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By law, we can have one 30 day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your health information, send a written request,

including your reasons for the amendment, to the Dental Hygiene Clinic Receptionist address at the beginning of this Notice.

- a list of the disclosures that we have made of your health information within the past six years (or a shorter period if you want). By law, the list will not include: disclosures for purposes of treatment, payment or health care operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law we can have one 30 day extension of time if we notify you of the extension in writing. If you want a list, send a written request to the Dental Hygiene Clinic Receptionist address at the beginning of this Notice.
- additional paper copies of this Notice of Privacy Practices upon request. It does not matter whether you got one electronically or in paper form already. If you want additional paper copies, send a written request to the Dental Hygiene Clinic Receptionist address at the beginning of this Notice.
- informed of any “breach” of your personal health information and a follow-up notice to that breach. This would include any information that was shared which was not secured. We will notify you of this breach by mail (sent to the last address you have given us), or by email (if you have authorized in writing that you prefer email communications), or by phone (if authorized to do so). It is not anticipated that this would ever occur in the KVCC clinic, however processes are in effect for management of such issues by the HIPAA Privacy and Security Officers. We will also report the breach to the Secretary of the U.S. Department of Health and Human Services, and where required by law, to media outlets.

### **OUR NOTICE OF PRIVACY PRACTICES**

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this Notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our clinic, have copies available in our office, and post it on our website.

### **CONTACT INFORMATION**

Please contact the HIPAA Privacy Officer if you have any questions or complaints regarding your Privacy Rights at: Kim Grubka, Dental Hygiene Program Director. The HIPAA Security Officer, Anna Kring, Dental Hygiene Senior Office Specialist, will address any issues related to software updates, backup of computer data, email and other contact information requested by you the patient. These individuals may be reached at the dental hygiene program phone numbers listed on page one. You will not be penalized in any way or retaliated against for filing any complaint.

## Dental Radiography Procedures

1. TX plan signed for radiographs
2. Expose radiographs
3. Assess series for errors (write down error# in box) than assess for retakes
4. Move non-diagnosable images to non-diagnosable template
5. Follow protocol concerning supervision for retake
6. Retakes are taken in retake templates; then place diagnosable image into the correct template
7. Master RDH clinician evaluates for quality and final approval during that clinic
8. Student will document in the patient's EagleSoft chart number of radiographs exposed.
9. Chart series and have DDS evaluate and grade radiographic charting
10. Radiographic information page filled out and signed by DDS and student after patient has been informed of any abnormalities

- 
1. Patients are assigned dental radiographs according to our Policy for the Control and Use of Ionizing Radiation and prior to the radiation exposure an instructor must sign the treatment plan.
  2. The student will expose the entire series of radiographs that has been assigned and then evaluate for diagnostic quality according to the General Characteristics of a Quality Dental Radiograph on the x-ray technique evaluation form.
  3. After the student has assessed the diagnostic quality of the series, a dental professional on the clinic floor may also assess the radiographs for diagnostic quality and sign the x-ray technique evaluation form. Please refer to the "General Characteristics of a Quality Dental Radiograph" when evaluating for diagnostic quality.
  4. Non-diagnosable images need to be moved into a non-diagnosable template (prior to exposing any retakes).
  5. The maximum number of permissible retakes performed without supervision is:
    - 7 for an adult FMX or a retake of a retake
    - 4 for a child FMS or a retake of a retake
    - 3 for an adult BWX or a retake of a retake
    - 2 for a child BWX or a retake of a retake
    - Or a retake of a retake (2 retake images)

If more than the maximum retake allowance occurs, an instructor must be present when retaking the images and must identify on the evaluation form if the student's performance is satisfactory or needs remediation.

6. Retakes need to be taken in the retake templates, when you have a diagnostic retake put that image in the original template—either FMX or BWX.
7. The master RDH clinician for that clinic will evaluate the series for diagnostic quality and give final approval (this is part of KVCC's quality assurance). The student will document in the EagleSoft chart type of series and number of exposures (including retakes and accessory images)
8. The student will then chart the images in the computer software program. The DDS will evaluate the student's assessment of the radiographic images.

After the radiographs have been charted the patient will need to be informed by the student of any diagnostic findings. The student will then sign the radiographic information page.

# **KALAMAZOO VALLEY COMMUNITY COLLEGE**

## **GENERAL CHARACTERISTICS OF A QUALITY DENTAL RADIOGRAPH**

### **FILM CONTRAST, DENSITY, SHARPNESS, IDENTIFICATION**

Standard illumination permits differentiation between the various structures of the teeth, the periodontal ligament space, the lamina dura, the supporting bone and normal anatomic landmarks.

### **FILM COVERAGE**

All crowns and roots, as well as 2 to 3 mm beyond the root apices, are fully depicted together with interproximal alveolar crests, contact areas, and surrounding bone regions. (2mm = molar cusps have approximately 2 mm of enamel).

### **IMAGE DEFECTS**

Images of all teeth and other structures are shown in proper relative size and contour with minimal distortion without overlapping images where anatomically possible, and without partial images (cone cuts).

### **ANATOMICAL ACCURACY**

A radiograph is anatomical accurate when:

1. The labial and lingual cementoenamel junction of the anterior teeth are superimposed.
2. The buccal and lingual cusps of posterior teeth (especially the molars) are superimposed.
3. The contacts of the teeth are opened in at least one of the projections of a given area.
4. The buccal portion of the alveolar crest is superimposed over the lingual portion of the alveolar crest.
5. There is no superimposition of the zygoma over the roots of the maxillary molar teeth.

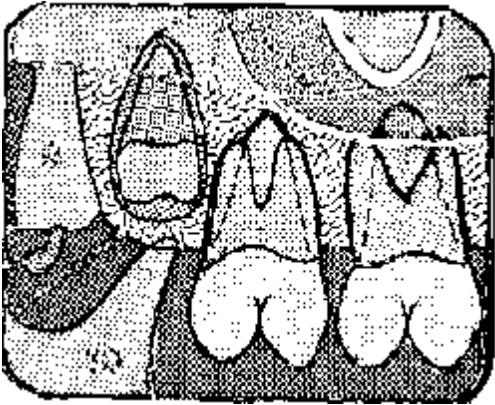
At Kalamazoo Valley Community College a full mouth radiographic survey (FMX) with Posterior Bitewings consists of twenty (21) images: twelve (12) size 2 images and eight (9) size 1 images.

Each specific region of the FMX should include the following:

## Maxillary Molar Region—Size 2 sensor

All crowns and roots of the maxillary molars including 2 to 3 mm beyond the apices are fully depicted together with the interproximal alveolar crests, contact areas and surrounding bone regions. No superimposition of the zygoma over the roots of the maxillary molar. In the maxillary molar projection the distal of the 3rd molar area must be seen regardless if the 3rd molars are present.

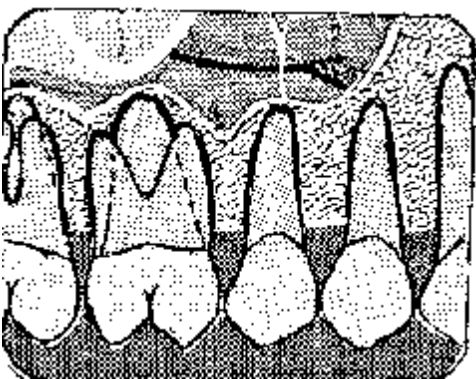
**Key interproximal space:** Contact between the 1st and 2nd molar should be open.



## Maxillary Premolar Region—Size 2 sensor

All the crowns and roots of the maxillary premolars, including 2 to 3 mm beyond the apices, are fully depicted together with interproximal alveolar crests, contact areas and surrounding bone. In the maxillary premolar projection the distal surface of the canine must be seen.

**Key interproximal space:** Contact between the 2nd premolar and 1st molar should be open.

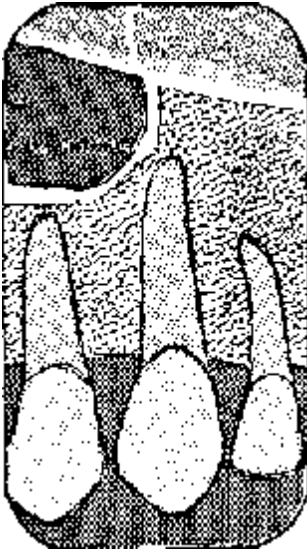




## Maxillary Canine Region—Size 1 sensor

The entire crown and root of the maxillary canine, including 2 to 3 mm beyond the apex is fully depicted. With the canine centered on the image both sides of the interproximal alveolar crest and the contact areas are viewed.

**Key interproximal space:** Contact between the canine and the lateral incisor should be open.



## Maxillary Lateral Incisor Region—Size 1 sensor

The entire crown and root of the maxillary lateral incisor, including 2 to 3 mm beyond the apex is fully depicted together with the interproximal alveolar crests between the adjacent maxillary central incisor and maxillary canine, the contact areas and the surrounding bone regions. The distal surface of the adjacent maxillary central incisor and the mesial surface of the maxillary canine should be seen on this projection.

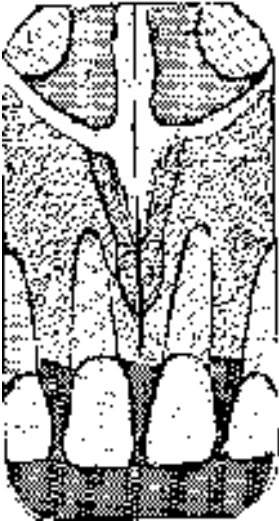
**Key interproximal space:** Contact between the lateral and central incisors should be open.



## Maxillary Central Incisor Region—Size 1 sensor

All crowns and roots, including 2 to 3 mm beyond the apices, of the maxillary central incisors are fully depicted together with interproximal alveolar crests, contact areas and surrounding bone regions.

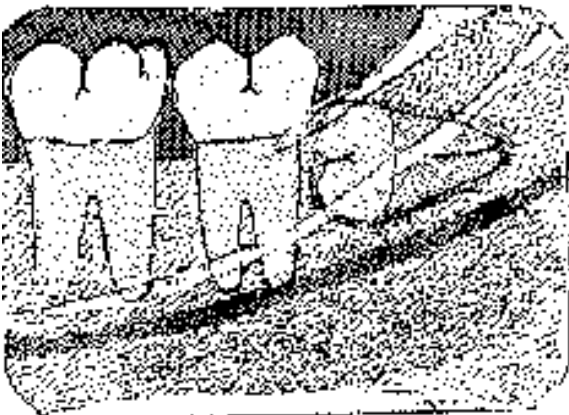
**Key interproximal space:** Contact between the central incisors should be open.



## Mandibular Molar Region—Size 2 sensor

All crowns and roots, including 2 to 3 mm beyond the apices are fully depicted together with the interproximal alveolar crests, contact areas and surrounding bone regions. In the mandibular molar projection the distal of the 3rd molar area must be seen regardless if the 3rd molars are present.

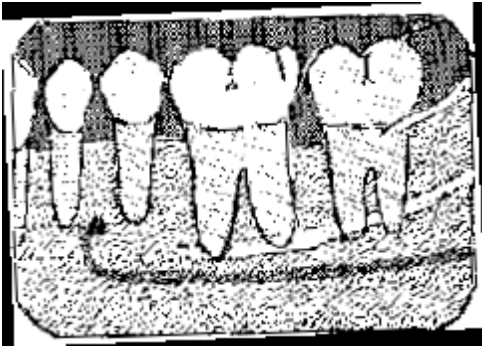
**Key interproximal space:** Contact between the 1st and 2nd molar should be open.



## Mandibular Premolar Region—Size 2 sensor

All the crowns of the mandibular premolars, including 2 to 3 mm beyond the apices, are fully depicted together with interproximal alveolar crests, contact areas and surrounding bone regions. The distal surface of the canine should be seen in this projection.

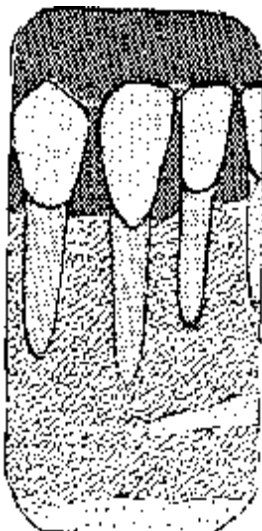
**Key interproximal space:** Contact between the 2nd premolar and 1st molar should be open.



## Mandibular Canine Region—Size 1 sensor

The entire crown and root of the mandibular canine, including 2 to 3 mm beyond the apex is fully depicted. With the canine centered on the image both sides of the interproximal alveolar crest and the contact areas are viewed.

**Key interproximal space:** Contact between the mesial surface of the canine and the distal surface of the lateral incisor should be open.



## Mandibular lateral and central Incisor Region—Size 1 sensor

All crowns and roots, including 2 to 3 mm beyond the apices of the central and lateral incisors are fully depicted together with interproximal alveolar crests, contact areas and surrounding bone regions. Make sure the contact point between the central and lateral is centered on the image.

**Key interproximal space:** Contact between the central and lateral incisors should be open.



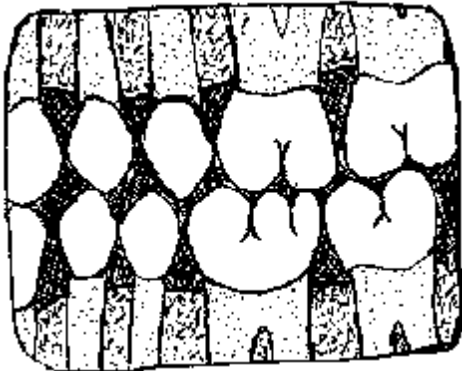
## Premolar Bitewing—Size 2 sensor\*

Use the same criteria for both horizontal and vertical bitewings.

All crowns of the maxillary and mandibular premolars are fully depicted together with the interproximal crests and contact areas. The distal surface of the mandibular canine is seen – the DEJ of the canine must be present. The images are without overlapping where anatomically possible.

**Key interproximal space:** Contact between the maxillary 2nd premolar and 1st molar should be open.

\*Vertical BWX are taken on clients that have a CAL of 5 mm or more. Clients with less than 5 mm of CAL—vertical BWX are discretionary.

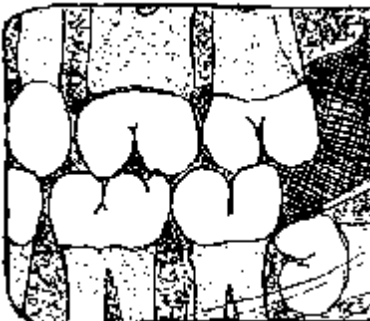


## Molar Bitewing—Size 2 sensor\*

Use the same criteria for both horizontal and vertical bitewings.

All crowns of the maxillary and mandibular molars are fully depicted together with the interproximal crests and contact areas. The image must be distal enough to include the last erupted tooth in the arch. The images are without overlapping where anatomically possible.

**Key interproximal space:** Contact between the maxillary 1st and 2nd molar should be open.



BWX on children the distal of the canine and the distal of the last erupted tooth in the in the oral cavity needs to be present in the image. This maybe accomplished with either a total of two or four images. Depending on the size of the child's mouth and sensor size—size 1 or size 2 always try to use the largest size sensor.

## Quality Assurance System

Begins with interview by the receptionists during appointment scheduling

- Data entry into computer
- Critical medical history questions
- Critical interpretation of patient wants/needs
- Finding needs of outside agency when referred
- Communicating appointment times, length of appointment including it may take multiple appointments, and a range of possible fee for service
- Forwarding information to assigned dental hygiene student via computer notes
- Forwarding information to DDS for prescription needs prior to appointments
- Clients 13 years of age or younger will be scheduled for an appointment with a hygiene student
- Clients 14 years of age or older will be scheduled a screening appointment to determine appropriate clinic level.
- Existing clients that have not been here for 2 years or more will be scheduled a screening appointment

Screening Appointment, The client will be:

- Seen by 2 students and the DDS
- Review of medical history
- cursory screening for obvious lesions and pathologies
- Classifying the client for appropriate clinic level looking at the following assessments: calculus deposits, PSR, BOP grade, number of teeth, complexity of dental chart, and treatment considerations
- Radiographs will be prescribed by the DDS if needed.

**During patient care: DHY student completes the Oral Exam using the items below, followed by a thorough evaluation by the clinical instructor. Agreed upon treatment is written and authorized by the clinical instructor.**

Use of data collection materials

- Consistent computer software program
- Supplemental paper forms e.g. nutritional assessment, tobacco cessation, caries risk factors

Use of the Dental Hygiene Care Plan

- Use of client care worksheet(s)
- Presumptive diagnosis page
- Intervention page
- Patient informed consent/refusal
- Agreed upon goals
- Agreed upon DHY services documented (treatment plan)
- Generation of assessment form data

Use of the Treatment Plan

- DHY services provided and evaluated by the clinical instructor
- Narrative section for documentation
- Computer note section for documentation
- Generation of assessment form data
- Patient satisfaction survey encouraged

Use of Clinical Instructor

- Will provide student evaluation for entire appointment
- Will review client's paper & electronic chart for completeness at end of clinic day

- Clients going through screening process will have a minimum of 4-5 individuals assessing/evaluating their oral health

#### Use of TalEval Grading System

- Instructors input evaluation information after student/client conduct
- Helps with student growth in clinic
- Helps with faculty calibration

#### Use of client surveys

- Feedback for our overall program/clinical improvement

## DHY Assessment Protocols

### Oral ID –

Oral ID used annually for patients with the following oral cancer risk factors –

- Tobacco, marijuana, or vaping use of any kind.
- Heavy alcohol use (8 drinks or more/week for women and 15 drinks or more/week for men).<sup>1</sup>
- Previous cancer diagnosis.
- Age 60 or older.

If a lesion is noted – patient returns in two weeks for another Oral ID assessment to see if lesion is still present. If lesion has not reduced in size or fluorescence referral to their general dentist. If no general dentist, refer to an Oral Surgeon. This documentation must include photos along with written documentation.

Written documentation noted in the “Head Tab” and treatment plan when the Oral ID is used. Photos must be included when lesions are noted.

### Tobacco Cessation –

Assessments completed on all patients that report the use of Tobacco / Marijuana on the medical history<sup>2</sup> After initial assessment, the contact record on the back of the form will identify next contact. Minimally the next contact (reassessment interval) should be either a six or 12-month interval.

### Caries Risk Assessment –

Initial Oral Exam use “Caries Risk Assessment & Treatment Options” form to determine low, moderate, or high risk. After initial risk is determined, use the following guide for reassessment intervals.

|               |   |  |
|---------------|---|--|
| Low risk      | = | caries risk assessment 12 month intervals    |
| Moderate risk | = | caries risk assessment 6 month intervals     |
| High risk     | = | caries risk assessment 3 – 6 month intervals |

If current patient does not have a “Caries Risk Assessment & Treatment Options” form in their care plan then a risk assessment needs to be performed.

Patients with moderate to high-risk caries; activate the caries mode on camera and take pictures of suspicious areas.

### Nutritional Assessment –

Patients with the following must have an annual nutritional assessment –

- Moderate caries risk
- High caries risk
- Periodontal disease DX

The care plan may indicate nutritional assessments needed prior to 12 months.

<sup>1</sup> <https://www.cdc.gov/alcohol/faqs.htm#heavyDrinking>

<sup>2</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2516340/>



16 STUDENTS

| STUDENTS | POSITION     | PLACE           |
|----------|--------------|-----------------|
| 2        | Screeners    | Opt 13 & 14     |
| 1        | x-ray        | Opt 15 - 17     |
| 1        | Dispensary   | Dispensary area |
| 12       | Patient care | Opt 1 – 12      |

17 STUDENTS

| STUDENTS | POSITION     | PLACE           |
|----------|--------------|-----------------|
| 2        | Screeners    | Opt 13 & 14     |
| 2        | x-ray        | Opt 15 - 17     |
| 1        | Dispensary   | Dispensary area |
| 12       | Patient care | Opt 1 – 12      |

18 STUDENTS

| STUDENTS | POSITION     | PLACE           |
|----------|--------------|-----------------|
| 2        | Screeners    | Opt 13          |
| 2        | Screeners    | Opt 14          |
| 1        | x-ray        | Opt 15 - 17     |
| 1        | Dispensary   | Dispensary area |
| 12       | Patient care | Opt 1 – 12      |

19 STUDENTS

| STUDENTS | POSITION     | PLACE           |
|----------|--------------|-----------------|
| 2        | Screeners    | Opt 13          |
| 2        | Screeners    | Opt 14          |
| 2        | x-ray        | Opt 15 - 17     |
| 1        | Dispensary   | Dispensary area |
| 12       | Patient care | Opt 1 – 12      |

20 STUDENTS

| STUDENTS | POSITION     | PLACE           |
|----------|--------------|-----------------|
| 2        | Screeners    | Opt 13          |
| 2        | Screeners    | Opt 14          |
| 2        | x-ray        | Opt 15 - 17     |
| 2        | Dispensary   | Dispensary area |
| 12       | Patient care | Opt 1 – 12      |

21 STUDENTS

| STUDENTS | POSITION     | PLACE           |
|----------|--------------|-----------------|
| 2        | Screeners    | Opt 13          |
| 2        | Screeners    | Opt 14          |
| 3        | x-ray        | Opt 15 - 17     |
| 2        | Dispensary   | Dispensary area |
| 12       | Patient care | Opt 1 – 12      |

## 22 STUDENTS

| <b>STUDENTS</b> | <b>POSITION</b> | <b>PLACE</b>    |
|-----------------|-----------------|-----------------|
| 2               | Screeners       | Opt 13          |
| 2               | Screeners       | Opt 14          |
| 3               | x-ray           | Opt 15 - 17     |
| 3               | Dispensary      | Dispensary area |
| 12              | Patient care    | Opt 1 – 12      |

## 23 STUDENTS

| <b>STUDENTS</b> | <b>POSITION</b>                | <b>PLACE</b>    |
|-----------------|--------------------------------|-----------------|
| 2               | Screeners                      | Opt 13          |
| 2               | Screeners                      | Opt 14          |
| 3               | x-ray                          | Opt 15 - 17     |
| 1               | Dispensary                     | Dispensary area |
| 3               | Dispensary/assigned to mentors |                 |
| 12              | Patient care                   | Opt 1 – 12      |

## 24 STUDENTS

| <b>STUDENTS</b> | <b>POSITION</b>                | <b>PLACE</b>    |
|-----------------|--------------------------------|-----------------|
| 2               | Screeners                      | Opt 13          |
| 2               | Screeners                      | Opt 14          |
| 3               | x-ray                          | Opt 15 - 17     |
| 2               | Dispensary                     | Dispensary area |
| 3               | Dispensary/assigned to mentors |                 |
| 12              | Patient care                   | Opt 1 – 12      |

## CLINICAL REQUIREMENTS FOR PATIENT CARE COMPETENCIES

The Dental Hygiene Student must show competency by completing the following clinical requirements during their 4 clinical semesters and earning a minimum grade of 80% or 2.0 for each semester.

### **Winter First Year Minimum Requirements:**

- 6 Oral Exams
- 1 Periodontal Charting
- 4 Risk Assessments
- 2 Outcome Assessments
- 1 Child (age 0 – 11) or Adolescent (age 12 – 17)\*
- 1 Adult (age 18 – 59)
- 3 Patients with a Health DX
- 2 Patients with a Gingivitis DX
- 2 Air Polishes
- 2 Cup Polishes
- 1 Pain Management – Root Desensitization
- 3 Fluoride applications
- 1 Full Mouth Series
- 2 Bitewing Series (Vertical or Horizontal)
- 2 Sealants
- 1 Assessment Tools for Measuring Competencies in Dental Hygiene

### **Summer First Year Minimum Requirements:**

- 4 Oral Exams
- 1 Periodontal Charting
- 4 Risk Assessments
- 2 Outcome Assessments
- 1 Child (age 0 – 11) or Adolescent (age 12 – 17)\*
- 1 Adult (age 18 – 59)
- 1 Patient with a Health DX
- 2 Patients with a Gingivitis DX
- 1 Patient with a Periodontitis DX with Slight or Moderate Attachment Loss
- 2 Air Polishes
- 2 Cup Polishes
- 3 Fluoride Applications
- 1 Full Mouth Series
- 2 Bitewing Series (Vertical or Horizontal)
- 2 Sealants
- 1 Assessment Tools for Measuring Competencies in Dental Hygiene

### **Fall Second Year Minimum Requirements:**

- 8 Oral Exams
- 2 Periodontal Chartings
- 6 Risk Assessments
- 4 Outcome Assessments
- 2 Perio Rechecks
- 1 Child (age 0 – 11) or Adolescent (age 12 – 17)\*
- 1 Geriatric (60 – or older)
- 1 Patient with a Health DX
- 1 Patient with a Gingivitis DX
- 2 Patients with a Periodontitis DX with Slight or Moderate Attachment Loss
- 1 Patient with a Periodontitis DX with Severe Attachment Loss
- 1 Patient with Moderate subgingival calculus
- 1 Patient with Heavy subgingival calculus

- 2 Patients Root Detoxify with Gracey Curettes
- 1 Patient Local Antimicrobial Placement
- 1 Pain Management – Root Desensitization
- 3 Air Polishes
- 3 Cup Polishes
- 4 Fluoride Applications
- 3 Full Mouth Series
- 2 Bitewing Series (Horizontal)
- 1 Bitewing Series (Vertical)
- 2 Sealants
- 1 Pain Management – Nitrous Oxide/Oxygen
- 24 Pain Management – Local Anesthesia
- 1 Assessment Tools for Measuring Competencies in Dental Hygiene

**Winter Second Year Minimum Requirements:**

- 8 Oral Exams
- 2 Periodontal Chartings
- 6 Risk Assessments
- 4 Outcome Assessments
- 2 Perio Rechecks
- 1 Child (age 0 – 11) or Adolescent (age 12 – 17)\*
- 1 Geriatric (60 – or older)
- 1 Patient with a Health DX
- 2 Patients with a Gingivitis DX
- 2 Patients with a Periodontitis DX with Slight or Moderate Attachment Loss
- 1 Patient with a Periodontitis DX with Severe Attachment Loss
- 2 Patients with Moderate subgingival calculus
- 1 Patient with Heavy subgingival calculus
- 2 Patients Root Detoxify with Gracey Curettes
- 1 Patient Local Antimicrobial Placement
- 1 Pain Management – Root Desensitization
- 3 Air Polishes
- 3 Cup Polishes
- 5 Fluoride Applications
- 3 Full Mouth Series
- 3 Bitewing Series (Horizontal or Vertical)
- 2 Sealants
- 5 Study Models
- 2 Pain Management – Nitrous Oxide/Oxygen
- 16 Pain Management – Local Anesthesia
- 1 Assessment Tools for Measuring Competencies in Dental Hygiene

\*By graduation must complete 3 children (age 0 – 11) and 1 adolescent (age 12 – 17) scales.

## INFORMATION ON PATIENT CARE

### ORAL EXAM CRITERIA

Full Oral Exams are completed on patients that:

1. Have never had an oral exam at KVCC
2. The last “Full Oral Exam” was completed within 11 months or more

Less than One Year Oral Exams are complete on patients that:

1. Have a Full Oral exam within the last 10 months
2. Patients with cognitive disabilities and/or impaired motor function may fall into this category for each visit.

Treatment Plans that have outstanding treatment; the treatment needs to be completed even if the oral exam was completed prior to three (3) months ago. If a patient falls within this category:

1. Review the medical history
2. Review oral cavity for lesions
3. Provide the treatment not completed in the treatment plan

Radiographic images are an important assessment item for the oral exam and dental hygiene diagnosis. If a patient needs radiographic images, the student will accompany the patient back into the radiography area and wait there while the patient has their images taken. The student will be able use the information and incorporate this radiographic information into the dental hygiene diagnosis and care plan.

### CLINIC INFORMATION for PATIENT ASSIGNMENTS

Patients are assessed for calculus classification (CC), Periodontal Skill Level (PSL), and ease of charting the dental chart (DC) during the screening process; the patients are then assigned to the appropriate clinic.

#### CC

|                  |   |   |
|------------------|---|---|
| <b>Class 0</b>   | Slight to no calculus                       | Primarily requires deplaquing & little to no scaling.   |
| <b>Class I</b>   | <b>Any amount of supragingival</b> calculus | Supragingival calculus extending only slightly below the free gingival margin. Granular, white & chalky in nature. Any location in the mouth                          |
| <b>Class II</b>  | <b>Moderate</b> calculus                    | Subgingival calculus that is clickable/“qualifying” involving <b>less than half the dentition</b> . Any location in the mouth.  |
| <b>Class III</b> | <b>Heavy</b> calculus                       | Subgingival calculus involving <b>more than half of the dentition</b> . Calculus is Clickable/ “Qualifying”, Ledges, Bands.   |
| <b>Class IV</b>  | <b>Heavy</b> calculus                       | Subgingival calculus involving <b>more than half of the dentition</b> . Clickable/ “Qualifying”, Ledges, Bands, and includes the <b>Tenacious</b> nature of calculus. |

Ease of calculus removal is assessed as well to determine which clinic the patient would be assigned.

|   |
|---|
| <b>DHY 129</b> – CC 0, I, or II; ease of removal up to minimal challenging factors          |
| <b>DHY 139</b> – CC 0, I, II, III, or IV; ease of removal up to minimal challenging factors |
| <b>DHY 249</b> – all CC’s and difficulty  |
| <b>DHY 259</b> – all CC’s and difficulty  |

#### PSL

A modified PSR is used along with the Grade of BOP to determine which clinic the patient would be assigned.

| PSL | PSR Code | Treatment Recommendations |
|-----|----------|---------------------------|
|-----|----------|---------------------------|

|            |                |   |
|------------|----------------|---|
| <b>0</b>   | <b>Code 0</b>  | Appropriate preventive care should be given as well as a review of daily plaque control habits  |
| <b>I</b>   | <b>Code 1</b>  | Individualized oral hygiene instruction should be reinforced with the patient. Appropriate therapy, including subgingival plaque removal should be performed.   |
| <b>II</b>  | <b>Code 2</b>  | Individualized oral hygiene instruction and appropriate therapy, including subgingival plaque removal, as well as the removal of calculus and the correction of plaque-retentive margins and restorations should be performed.  |
| <b>III</b> | <b>Code 3*</b> | A comprehensive periodontal examination and charting are necessary to determine an appropriate care plan. This examination and documentation should include the following: identification of probing depths, mobility, gingival recession, mucogingival problems, furcation involvement, and radiographs.   |
| <b>IV</b>  | <b>Code 4*</b> | A comprehensive periodontal examination and charting are necessary to determine an appropriate care plan. This examination and documentation should include the following: identification of probing depths, mobility, gingival recession, mucogingival problems, furcation involvement, and radiographs. It can be assumed that complex treatment is required. |

\* Limitation to this code is pseudo pockets & position of epithelial attachment

|  |
|--|
| <p><b>DHY 129</b> – PSR codes 0, 1, 2, 3, or 4 with BOP localized/generalized grade 1 or 2 or localized grade 3 or 4<br/> <b>DHY 139</b> – PSR codes 0, 1, 2, 3, or 4 with all grades of BOP<br/> <b>DHY 249</b> – PSR codes 0, 1, 2, 3, or 4 with all grades of BOP<br/> <b>DHY 259</b> – PSR codes 0, 1, 2, 3, or 4 with all grades of BOP</p> |
|--|

## DC

The DC is assessed to determine the ease or challenging factors associated with the charting of a patient’s dental chart.

|   |
|---|
| <p><b>DHY 129</b> – with increasing numbers of challenging factors student will need instructor guidance<br/> <b>DHY 139</b> – with increasing numbers of challenging factors student will need instructor guidance<br/> <b>DHY 249</b> – all DC’s and difficulty<br/> <b>DHY 259</b> – all DC’s and difficulty</p> |
|---|

If a patient is first documented as a CC III but after the scaling begins and it is determined that the calculus is tenacious the level needs to be changed to CC IV. This information needs to be updated in the comment section of the Perio tab in EagleSoft.

If a patient has heavy stain, and it is successfully removed, the student shall be awarded up to .5 extra credits for the stain removal.

## CRITERIA for SELECTING TEETH for SEALANT PLACEMENT<sup>1</sup>

Evidence-based clinical recommendations updated in 2016 include three (3) main recommendations.

1. Pits and Fissures of the occlusal surface of primary and permanent molars that have sound occlusal surface or non-cavitated carious lesion should be sealed. The quality of evidence is moderate to make this strong recommendation.
2. The use of pit and fissure sealants on the occlusal surface of sound or non-cavitated carious lesion on both primary and permanent molars compared to the use of fluoride varnish receives a conditional recommendation. The evidence for this recommendation is considered low-quality.
3. There evidence did not support any particular type of pit and fissure sealant material. The panel made a conditional recommendation for the sealant material using very low-quality of evidence.

## **INFECTION CONTROL for REMOVABLE APPLIANCES**

- I. Cleaning of removable partials/dentures and orthodontic appliances
  - a. Place in a zip-lock bag filled with tartar and stain removal solution (non-toxic)
  - b. Place in the smaller ultrasonic cleaner for 10 to 14 minutes
  - c. Remove appliance from solution in bag with gloved hands
    - i. Inspect for absence of accretions
    - ii. If accretions are still present place in ultrasonic for another 14 minutes
    - iii. If accretions are still present carefully remove with a hand scaling instrument
  - d. Discard solution and bag immediately
  - e. Rinse the appliance thoroughly under running water
  - f. Soak appliance in cup filled with an anti-microbial mouth rinse and return to patient
  
- II. Educate patients on daily care of removable oral appliance<sup>2</sup>
  - a. If appliance is broken, recommend visiting DDS and advise against the use of home repair kits
  - b. If adhesives are needed 3-4 pea size drops are to be applied to the oral mucosa side of the appliance.
  - c. Brush the appliance after each meal, at the minimal rinse under running water.
  - d. Check that oral appliance is properly fitted
  - e. Abrasive powders and pastes, including toothpaste, are not recommended for cleaning removable appliances.
  - f. Recommend a fresh denture immersion cleansers
  - g. Alkaline hypochlorite for full denture (appliance without metal parts)
    - i. 1 tablespoon (15 ml) Sodium hypochlorite (bleach)
    - ii. 1 teaspoon detergent (Calgon)
    - iii. 4 ounces water
    - iv. Soak no more than 10 minutes
    - v. Thoroughly rinse with water prior to positioning in mouth
  - h. Alkaline peroxide for partial denture (appliance has metal)
    - i. Hydrogen peroxide and sodium bicarbonate (baking soda)
      1. Soak for 15 minutes or overnight
    - ii. Commercially available cleanser
      1. Follow manufacture recommendations.
  - i. Remove oral appliance at night during rest
  - j. When brushing appliance use a soft denture brush with a nonabrasive cleanser
  - k. On removal of appliance rinse the oral cavity with warm water, antimicrobial mouth rinse, or saline solution.

## **DENTAL HYGIENE SERVICES for DHY STUDENTS**

The following services are at no cost to enrolled dental hygiene students:

1. Oral exam and prophylaxis
2. One (1) FMX
3. Two (2) sealants
4. One (1) whitening kit
5. One (1) whitening tray
6. One (1) athletic mouth guard
7. Pain management
8. Orofacial Myology

Treatment or services beyond the quantity identified will be charged at the clinic's standard price to the student providing the treatment.

## **DENTAL HYGIENE SERVICES by DHY STUDENTS**

Patient treatment must be completed by the assigned student; allowing students to provide complete patient care (not disconnected treatment this occurs when a patient is subdivided between students). Students will use their assigned patient's for completing their clinical manual "Assessment Tools for Measuring Competencies in Dental Hygiene."

Exceptions include:

1. If the patient request a different student.
2. If the assigned student is out sick and the patient could not be rescheduled.
3. Perio Recheck. Preferably the original student completes the perio recheck but there are times that another student will have to complete the final outcome assessment of the perio recheck. The student assigned to the Perio Recheck will remove any residual calculus, if present, and place any needed local antimicrobial treatment.

Radiographic imaging will be provided by the student assigned to the radiographic rotation. Exceptions include:

1. Immediate family members – grandparents, parents or siblings.
2. Spouse or significant other

## **CLINICAL BOARD PATIENT**

If the patient is a "patient of record" for KVCC regular clinical protocol for treatment of patients will be followed; including oral exam, diagnosis, treatment planning, and documentation. The student's assessments of the patient will be evaluated by the dental clinicians with the exception of the scale/polish procedure.

If a patient is NOT a patient of record, but rather an individual who has agreed to be a board patient and require dental radiographs for the exam. The minimal procedures required will be paperwork (Treatment Consent, HIPAA Information, Authorization for Release of Dental Information, and a KVCC Medical/Dental History forms) in order for the patient to have an electronic file.

<sup>1</sup> Write, J., T., DDS, MS (2016). Evidence-based clinical Practice guideline for use of pit-and -fissure sealants. 147(8). 672-682. Retrieved June 11, 2018.

<sup>2</sup> Darby, M., L., BSDH, MS. Walsh, M., M., RDH, MS, EdD. Dental Hygiene Theory and Practice 4<sup>th</sup> edition. Elsevier. St. Louis. 2015. 1012 & 1016.



**Prophylaxis need for Dental Treatment**

| <b>Table 1</b> | <b>CARDIAC CONDITIONS ASSOCIATED WITH THE HIGHEST RISK OF ADVERSE OUTCOME FROM ENDOCARDITIS FOR WHICH PROPHYLAXIS WITH DENTAL PROCEDURES IS REASONABLE</b>   |
|----------------|--|
|                | <p>Prosthetic cardiac valve or prosthetic material used for cardiac valve repair</p> <p>Previous infective endocarditis</p> <p>Congenital heart disease (CHG)*</p> <p style="padding-left: 20px;">Unrepaired cyanotic CHD, including palliative shunts and conduits</p> <p style="padding-left: 20px;">Completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or by catheter intervention, during the first six months after procedure<sup>†</sup></p> <p style="padding-left: 20px;">Repaired CHD with residual defects at the site or adjacent to the site of a prosthetic patch or prosthetic device (which inhibit endothelialization)</p> <p>Cardiac transplantation recipients who develop cardiac valvulopathy</p> |

\*Except for the conditions listed above, antibiotic prophylaxis is no longer recommended for any other form of CHD.

<sup>†</sup>Prophylaxis is reasonable because endothelialization of prosthetic material occurs within six months after the procedures.

Circulation. 2007; 116:1745. ©2007, American Heart Association, Inc.<sup>2</sup>

| <b>Table 2</b> | <b>DENTAL PROCEDURES FOR WHICH ENDOCARDITIS PROPHYLAXIS IS REASONABLE FOR PATIENTS IN TABLE 1</b>   |
|----------------|---|
|                | <p>All dental procedures that involve manipulation of gingival tissue or the periapical region of teeth or perforation of the oral mucosa*</p> <p>* The following procedures and events do not need prophylaxis: routine anesthetic injections through non-infected tissue, taking dental radiographs, placement of removable prosthodontic or orthodontic appliances, adjustment of orthodontic appliances, placement of orthodontic brackets, shedding of deciduous teeth, and bleeding from trauma to the lips or oral mucosa.</p> |

Circulation. 2007; 116:1745. Reprinted with permission ©2007, American Heart Association, Inc.<sup>2</sup>

| <b>Table 3 REGIMENS FOR A DENTAL PROCEDURE</b>                          |   |                                     |  |
|---|---|-------------------------------------|--|
| <b>Regimen: Single Dose 30 to 60 min Before Procedure</b>               |   |                                     |  |
| <b>Situation</b>  | <b>Agent</b>  | <b>Adults</b>                       | <b>Children</b>                            |
| Oral  | Amoxicillin   | 2 g                                 | 50 mg/kg                                   |
| Unable to take oral medication  | Ampicillin<br>OR<br>Cefazolin or ceftriaxone  | 2 g IM or IV<br><br>1 g IM or IV    | 50 mg/kg IM or IV<br><br>50 mg/kg IM or IV |
| Allergic to penicillins or ampicillin – oral                            | Cephalexin* <sup>†</sup><br>OR<br>Clindamycin<br>OR<br>Azithromycin or clarithromycin | 2 g<br><br>600 mg<br><br>500 mg     | 50 mg/kg<br><br>20 mg/kg<br><br>15 mg/kg   |
| Allergic to penicillin or ampicillin and unable to take oral medication | Cefazolin or ceftriaxone*<br>OR<br>Clindamycin  | 1 g IM or IV<br><br>600 mg IM or IV | 50 mg/kg IM or IV<br><br>20 mg/kg IM or IV |

IM indicates intramuscular; IV intravenous.

\* Or other first- or second-generation oral cephalosporin in equivalent adult or pediatric dosage.

<sup>†</sup> Cephalosporins should not be used in an individual with a history of anaphylaxis, angioedema, or urticarial with penicillins or ampicillin.

Circulation. 2007; 116:1745. ©2007, American Heart Association, Inc.<sup>2</sup>

**Table 4 AAOS/ADA PREVENTION OF ORTHOPAEDIC IMPLANT INFECTION  
CLINICAL PRACTICE GUIDELINE PROTOCOL RECOMMENDATIONS**

**Recommendation 1**

The practitioner might consider discontinuing the practice of routinely prescribing prophylactic antibiotics for patients with hip and knee prosthetic joint implants undergoing dental procedures.

**Grade of Recommendation: Limited**

A Limited recommendation means the quality of the supporting evidence that exists is unconvincing, or that well-conducted studies show little clear advantage to one approach versus another. Practitioners should be cautious in deciding whether to follow our recommendation classified as Limited, and should exercise judgment and be alert to emerging publications that report evidence. Patient preference should have a substantial influencing role.

**Recommendation 2**

We are unable to recommend for or against the use of topical oral antimicrobials in patients with prosthetic joint implants or other orthopaedic implants undergoing dental procedures.

**Grade of Recommendation: Inconclusive**

An Inconclusive recommendation means that there is a lack of compelling evidence resulting in an unclear balance between potential benefits and potential harm. Practitioners should feel little constraint in deciding whether to follow a recommendation labeled as Inconclusive and should exercise judgment and be alert to future publications that clarify existing evidence for determining balance of benefits versus potential harm. Patient preference should have an substantial influencing role.

**Recommendation 3**

In the absence of reliable evidence linking poor oral health to prosthetic joint infection, it is the opinion of the work group that patients with prosthetic joint implants or other orthopaedic implants maintain appropriate oral hygiene.

**Grade of Recommendation: Consensus**

A Consensus recommendation means that expert opinion supports the guideline recommendation even though there is no available evidence that meets inclusion criteria. Practitioners should be flexible in deciding whether to follow a recommendation classified as Consensus, although they may set boundaries on alternatives. Patient preference should have a substantial influencing role.

The American Academy of Orthopaedic Surgeons and the American Dental Association: *Prevention of Orthopaedic Implant Infection in Patients Undergoing Dental Procedures* Clinical Practice Guideline ©2012.

## Dental Hygiene Department Student Agreement

I, \_\_\_\_\_, understand that to achieve a minimum satisfactory grade in coursework and to be retained as a student in the Dental Hygiene Department, I must fulfill the following requirements:

1. Adhere to all program requirements in effect at the time of my entry into the program, or which become effective during my education in the program.
2. Adhere to the KVCC policies and procedures that are identified in the Student Handbook in addition to policies and procedures found in the DHY Student and Risk Management Handbook.
3. Spend a minimum of three hours of preparation time for every hour spent in a didactic class.
4. Establish professional rapport with faculty staff, colleagues, and clients.
5. Demonstrate courtesy, tact, and consideration for others.
6. Demonstrate care and concern for client welfare, providing total client care to all clients and adhering to the policy of Dental Client Rights.
7. Follow instructions.
8. Accept and apply constructive feedback.
9. Demonstrate appropriate personal hygiene and professional appearance.
10. Be prepared for each class as designated in each Class Assignment Schedule (CAS) and/or as the instructor indicates.
11. Be prepared for each clinical session by satisfactorily researching and assessing the client's needs and recording such information on the appropriate clinic forms.
12. Be present, prompt, and prepared for all assigned clinical sessions, small groups, special events, and classes.
13. Be responsible to call the dental hygiene office and course lead instructor when I am unable to be present at any class, lab, small group, special events. A reason for the absence must be given.
14. Take the initiative to consult my instructor concerning missed assignments and to make up all assignments as per objectives discussed.
15. Initiate a conference with the appropriate faculty, should my performance in any class assignment, quiz, or examination be unacceptable, failing, or borderline to failing.
16. Be responsible for reviewing material safety data sheets (MSDS) prior to using said materials.
17. Turn all required paperwork needed by the Program Director by the due date.
18. Successfully complete all portions of the curriculum, including enrichment clinics.
19. Follow the Dental Hygiene Professional Dress Code.
20. No Eating or Drinking in the clinic at all times.

I further understand that the following may result in probation or dismissal from the program:

1. Violations of the Principles of Ethics of the ADHA or the Dental Hygienist's Pledge (documents in the Dental Hygiene Student Handbook) and/or failure to demonstrate professional conduct.
2. Violation of KVCC student handbook policy on Student Rules, Regulations and Disciplinary Standards.
3. Violation of clinic laboratory policies related to client or operator safety and protection including appropriate testing, immunization and vaccinations.
4. Failure to reach minimum competency in clinical evaluations as determined by frequency of occurrence, seriousness of the infraction and major deficiencies in a given area of performance.
5. Failure to correctly handle medical/dental information of the patients; divulging or releasing name, medical/dental history, medical/dental condition, medical/dental treatment, or other information of any patient without the expressed written consent of the patient or the authorized patient representative.
6. Failure to maintain accurate and complete dental records of all clients under the student's care.
7. Earning one or more academic probation units or receiving a 0.0 in any dental hygiene course (see the Department's Academic Achievement and Misconduct Policy).
8. Failure to pass any criminal background check.
9. Failure to qualify for or participate in a required clinical rotation.

I understand that if I am placed on probation or dismissed from the program, I have an opportunity to meet with the course instructor and Program Director. Should I wish to appeal the decision of the department to place me on academic probation or dismiss me from the dental hygiene program, I may follow the college's appeal procedure. The accepted protocol is as follows:

1. Talk with the instructor and Program Director first.
2. If not satisfied talk with the Dean of Health and Public Service
3. If not satisfied talk with the Student Relation Coordinator and start the appeals process that is outlined in the KVCC student manual under the Student Appeal Process.

I understand that all dental hygiene courses have prerequisites that must be met before a student can progress in the program. Therefore, if I am dismissed from the program, I must withdraw from the program even though the appeal process may not be completed. Should the appeal decision fall in my favor, I understand I will be offered a position in the dental hygiene program with a revised curriculum plan. This position will begin immediately following the semester I was dismissed. However, it will take place in the following academic year; and I may be required to repeat or audit certain dental hygiene courses.

I have had an opportunity to read and discuss this document with a least one member of the dental hygiene faculty of KVCC, and I agree to adhere to all aspects of this Student Agreement.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Student Name (printed)

\_\_\_\_\_  
Date

**Note: This 2 page copy is to be signed and turned in to the DHY Program Director during the 1<sup>st</sup> semester as indicated in the DHY 119 Module 1 course material and 4<sup>th</sup> semester as indicated in DHY 249.**