

DENTAL HYGIENE

CLINIC HANDBOOK 2025

Kalamazoo**VALLEY**TM
community college

TABLE OF CONTENTS

- 1. Introduction 3
- 2. Disclaimers 4
- 3. Clinical Policies/Procedures 5-13
 - 3.1 New Patient Protocol 5
 - 3.2 Full Oral Exam 5
 - 3.3 Less Than One Year Oral Exam 5
 - 3.4 Recall Policy 6
 - 3.5 Referral Policy 6
 - 3.6 Medical Emergency Procedures 6
 - 3.7 Patient Review System 6
 - 3.8 Informed Consent Policy 6
 - 3.9 Chart Closing Procedures 6
 - 3.10 Locker Use 7
 - 3.11 Clinic Etiquette 7
- 4. Medical Clearance and Pre-Medication Protocol 7
 - 4.1 Antibiotic Prophylaxis Guidelines 7
 - 4.2 Blood Pressure Dismissal Policy 7
 - 4.3 Other Medical History Protocols 7
- 5. DHY Assessment Protocol 8
- 6. Dental Radiography Procedures 9
- 7. Infection/Hazard Control 9
 - 7.1 Prevention of Transmission of Bloodborne Pathogens 9
 - 7.2 Hand Hygiene 9-10
 - 7.3 Personal Protective Equipment (PPE) 10
 - 7.4 Sharps Safety 10
 - 7.5 Sterilization Procedures 10-11
 - 7.6 Clinical Hazards 11-12
 - 7.7 Emergency and First Aid Equipment 12
 - 7.8 KVCC Emergency Procedures 12
- 8. Injury/Incident Event Protocol 12
 - 8.1 Blood Spill 12
 - 8.2 Mercury Spill 12
 - 8.3 Needle Stick or Sharps Injury 13
 - 8.4 Autoclave Biological Indicator (BI) Failure 13

9. HIPAA Statement..... 14

10. Laboratory and Clinical Competence 14

11. Quality Assurance System.....14-15

11.1Data Collection Materials.....14-15

11.2 Clinical Instructors..... 15

11.3 TalEval Grading System..... 15

11.4 Patient Surveys 15

11.5 Chart Audits.....15-16

11.6 Program Outcome Tracking..... 16

11.7 Faculty Development and Collaboration 16

11.8 Student Competency Assessments 16

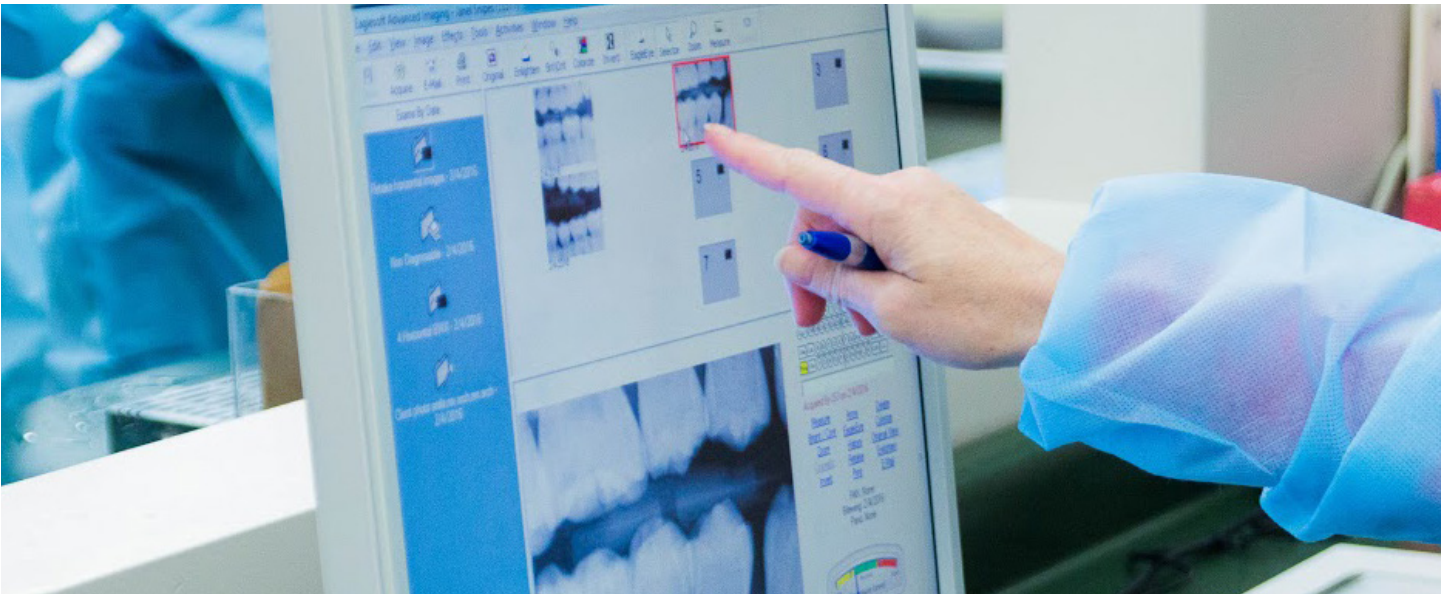
12. Remediation16-17

13. Appendix A..... 18

14. Clinic Handbook Acknowledgement Form 19

INTRODUCTION

Welcome to the Kalamazoo Valley Dental Hygiene Clinic. This handbook is designed to support students, faculty and staff in delivering high-quality, patient-centered care while upholding the standards and values of the Kalamazoo Valley Dental Hygiene Program. This handbook serves as a comprehensive guide for students, faculty and staff involved in clinical education and patient care within the Dental Hygiene Program. It outlines the policies, procedures and professional expectations that support the successful operation of our clinic and the delivery of high-quality, patient-centered care.





DISCLAIMER STATEMENTS

NON-DISCRIMINATION POLICY

It is the policy of Kalamazoo Valley Community College not to discriminate on the basis of race (including traits associated with race such as hair texture and protective hairstyles), religion, color, national origin/ethnicity, sex, sexual orientation, gender identity, gender expression, pregnancy, disability, genetic information, age, height, weight, familial status, veteran status, marital status, citizenship or any other status or characteristic protected by law, in its programs, services, employment or activities.

The Vice President for Campus Planning and Operations has been designated to handle inquiries regarding the non-discrimination statement.

DENTAL HYGIENE CLINIC POLICY STATEMENT

Kalamazoo Valley Community College's policies and the Dental Hygiene Program's academic apply to all students, faculty and staff. Clinical policies apply to all students, faculty, staff and patients.

All activities associated with the Dental Hygiene Clinic, including personnel and student policies, student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules and regulations.

DENTAL HYGIENE CLINIC HANDBOOK DISCLAIMER

This handbook is a supplement to the Kalamazoo Valley Community College's Student Handbook and Kalamazoo Valley Community College's Health Careers' Student Handbook. The Kalamazoo Valley Community College Student Handbook should be referenced as the first source of information.

If any provision or application of this handbook is found contrary to the law, such provision or application shall not be deemed valid and subsisting, except to the extent permitted by law, but all other provisions or applications shall continue in full- force effect.

Policies and procedures in this handbook are subject to change. If changes are made you will be notified in writing and be required to sign a form signifying that you received the new information.

Revised: June 3rd, 2025

CLINICAL POLICIES/PROCEDURES

1. New Patient Protocol

- a. Patients are pre-screened by the senior office specialist.
- b. Patients undergo screening procedures by students to determine which clinic they will be placed.

2. Full Oral Exam

- a. For all new patients and patients of record, every 11 months.
- b. Appointment Procedures
 - i. Record vital signs
 - ii. Complete a comprehensive review of medical history.
 - iii. Consult the designated clinical instructor before treatment when medically indicated.
 - iv. Gather all required assessment data
 - 1. Intra/Extraoral Examination
 - a. Abnormal findings and/or variants of normal are documented.
 - 2. Comprehensive Periodontal Assessment
 - a. Includes PC or PSR for qualifying patients
 - b. Occlusion is measured.
 - 3. Dental Charting
 - a. To be reviewed by the supervising dentist at any time during the appointment.
 - 4. Development of a presumptive dental hygiene diagnosis
 - v. Documentation Requirements
 - 1. Completed new individualized KVCC Care Plan
 - 2. CAMBRA assessment
 - 3. Nutritional Assessment (if necessary)
 - 4. Diabetes Risk Assessment
 - a. Glucose testing is performed if the patient qualifies and offers consent.
 - 5. Tobacco Use/Smoking Assessment (if necessary)
 - vi. After the student finishes all required paperwork/documentation, the designated clinical instructor will complete a comprehensive check of the Oral Exam.
 - vii. Students will make any necessary changes the clinical instructor recommends.
 - viii. Provide an informed consent case presentation, providing the presumptive dental hygiene diagnosis.
 - ix. Obtain written informed consent
 - x. Provide patient education and ensure distribution of the written patient's rights summary
 - xi. Complete required scaling and polishing procedures.
 - xii. The designated clinical instructor will check the scale/polish.
 - xiii. Fluoride is applied
 - xiv. Students are to check with their assigned clinical instructor before dismissing patients from the clinic.

3. Less Than One Year Oral Exam

- a. Completed on patients of record in between Full Oral Exam appointments.
- b. Appointment Procedures
 - i. Record vital signs
 - ii. Complete a comprehensive review of medical history
 - iii. Consult the designated clinical instructor before treatment when medically indicated.
 - iv. Gather all required assessment data
 - 1. Intra/Extraoral Examination
 - a. Abnormal findings and/or variants of normal are documented.
 - v. Periodontal Assessment
 - 1. Occlusion is not included
 - 2. PC and/or PSR are only included if used as a measurable index for associated goals.
 - vi. Dental Charting
 - 1. To be reviewed by the supervising dentist at any time during the appointment.
 - vii. Development of a presumptive dental hygiene diagnosis
 - viii. Documentation Requirements
 - 1. KVCC Care Plan from the most current Full Oral Exam
 - a. Measure all outcomes set in the Full Oral Exam

- b. Add any new goals with the current date attached
- c. Review recommended interventions
- d. In the comment section of the Care Plan, provide the new presumptive dental hygiene diagnosis, CC, PSL, BOP (if present), and any new recommendations or interventions assigned.
- ix. After the student finishes all required paperwork/documentation, the designated clinical instructor will complete a comprehensive check of the Oral Exam.
- x. Students will make any necessary changes the clinical instructor recommends.
- xi. Provide an informed consent case presentation, providing the presumptive dental hygiene diagnosis.
- xii. Obtain written informed consent
- xiii. Provide patient education
- xiv. Complete required scaling and polishing procedures
- xv. The designated clinical instructor will check the scale/polish.
- xvi. Fluoride is applied
- xvii. Students are to check with their assigned clinical instructor before dismissing patients from the clinic.

4. Patient Recall Policy

- a. For patients of record, based on the dental hygiene presumptive diagnosis.
 - i. Health Patients: 6 months
 - ii. Gingivitis Patients: 6 months
 - iii. Periodontitis Patients: 3-4 months

5. Referral Policy

- a. Every patient at the clinic must have a Dental Hygiene Clinic Referral Form completed by the student and reviewed by the clinical instructor. The KVCC Dental Hygiene Clinic is not considered a dental home; therefore, referral forms with appointment details are sent to the patient's primary dental provider or a copy is given to the patient to take home until they establish a dental home.
- b. Patients with uncontrollable or severe periodontitis may be referred to a periodontist. This decision is made at the discretion of the clinical instructors and supervising dentist.
- c. Patients presenting with abnormal pathology may be referred to an oral surgeon or their primary dental provider. The supervising dentist determines this referral.
- d. Patients with uncontrolled systemic conditions that affect dental hygiene treatment or require medical clearance may be referred to their medical doctor. This referral is made at the discretion of the clinical instructors and supervising dentist.

6. Medical Emergency Policy

- a. Contact KVCC public safety and EMS
- b. Refer to KVCC Dental Hygiene Clinic Medical Emergency Flow Chart

7. Patient Review Protocol

- a. At the end of every completed patient appointment, a survey card is offered to allow patients to voluntarily review their experience with the KVCC Dental Hygiene Clinic.

8. Informed Consent

- a. Informed consent can be legally obtained from the following individuals:
 - i. Patients who are legal adults, 18 years or older.
 - ii. Parents or legal guardians of patients 17 years or younger.
 - iii. Legal guardians of adult patients who cannot give consent due to medical reasons.

9. Chart Closing Procedures

- a. Students must give clinical instructors the required paperwork before cleaning the operatory after patient care is finished.
- b. Paperwork includes:
 - i. Completed clinical count sheet
 - 1. Can only be filled out if the Oral Exam is completed and checked by the instructor, and/or the patient is complete.
 - 2. If a patient is not complete, but the oral exam is completed, students receive Oral Exam counts only.
 - 3. If a patient is fully completed, students will receive patient, diagnosis, scale, polish, and/or fluoride counts.

- ii. TalEval grading form
- iii. Check-out form

10. Locker Use

- a. Locker Room
 - i. Students are assigned a locker with a classmate.
 - ii. Students are expected to keep their assigned locker clean and organized.
 - iii. Clinic shoes must be stored on top of the assigned locker.
 - iv. Students are expected to be respectful of others' belongings and space.
- b. Instrument Clinic Locker
 - i. Students are assigned personal instrument lockers located in the KVCC Dental Hygiene Clinic.
 - ii. Students are responsible for their locker keys. If the locker key is lost, the student must pay the replacement fee to the senior office specialist to receive a replacement.
 - iii. Students are expected to keep sterile instruments and necessary patient care materials in instrument lockers only.

11. Clinic Etiquette

- a. Eating and drinking in the clinic is prohibited.
- b. Gum chewing in the clinic is prohibited.
- c. Cell phones should be kept silenced in the locker room and are not allowed on the clinic floor, clinic operatory, or radiography area.

MEDICAL CLEARANCE AND PREMEDICATION GUIDELINES

12. Antibiotic Prophylaxis Protocol

- a. KVCC Dental Hygiene Clinic follows physician and surgeon recommendations for antibiotic prophylaxis for patients of record.
- b. Patients will be dismissed if they have not taken their prescribed premedication or the required amount necessary for antibiotic prophylaxis (see Appendix A).
- c. If there are concerns about whether premedication is necessary or not, the patient is to consult with their medical doctor and the dentist on the clinic floor.

13. Blood Pressure (BP) Dismissal Policy

- a. Normal BP (Less than 120/80)
 - i. No restrictions for treatment.
- b. Elevated BP (120-129/less than 80)
 - i. No restrictions for treatment, refer to the patients' primary care provider within one month.
- c. Hypertension
 - i. Stage 1 (130-139/80-89)
 - 1. No restrictions for treatment, refer to the patients' primary care provider within one month.
 - ii. Stage 2 (greater than or equal to 140/90)
 - 1. Avoid the use of vasoconstrictors; refer to the patients' primary care provider as soon as possible.
- d. Hypertensive Crisis (greater than or equal to 180/110)
 - i. Dismiss the patient and refer to the primary care provider/emergency room immediately.

14. Other Medical History Protocols

- a. Diabetic Patients
 - i. Students must record the most current A1C reading in the medical history.
 - ii. Refer to the Classification of Diabetes form for information on how values affect patient care.
- b. Patients on Blood Thinners
 - i. Patients who take any blood thinners that require INR value monitoring should have their current INR value recorded in their medical history by the student.
 - ii. All dental hygiene procedures are considered safe with INR values less than 4.

Chugani, V. (2004). *Management of dental patients on warfarin therapy in a primary care setting*. *Dental Update*, 31(7), 379–384. https://exodontia.info/wp-content/uploads/2021/07/Dental_Update_2004_Management_of_Dental_Patients_on_Warfarin_Therapy_in_a_Primary_Care_Setting.pdf

American Dental Association. (2022, September 28). *Oral anticoagulant and antiplatelet medications and dental procedures*. ADA Library & Archives. <https://www.ada.org/resources/ada-library/oral-health-topics/oral-anticoagulant-and-antiplatelet-medications-and-dental-procedures>

- c. Patients Undergoing Chemotherapy and/or Radiation Treatment
 - i. Any patient who is currently undergoing cancer treatment is required to have medical clearance by their oncologist/primary care provider prior to any dental hygiene services being provided.
 - ii. If patients white blood cell counts are being monitored, the value should be recorded in the patients' medical history by the student.
- d. Stroke and Heart Attack Dismissal Policy
 - i. Any patient who has had a heart attack (myocardial infarction), within the last month, will be dismissed from the KVCC Dental Hygiene Clinic.
 - ii. Any patient who has had a stroke (ischemic or hemorrhagic), within the last 6 months, will be dismissed from the KVCC Dental Hygiene Clinic.
 - iii. Medical clearance from the patient's medical provider is required to return for routine dental hygiene care.

Gupta, K., Kumar, S., Kukkamalla, M.A., et al. (2022). Dental management considerations for patients with cardiovascular disease—A narrative review. *Reviews in Cardiovascular Medicine*, 23(8), 1-15. <https://pmc.ncbi.nlm.nih.gov/articles/PMC11266964/>

DHY ASSESSMENTS PROTOCOL

15. Oral ID

- a. The Oral ID is a secondary assessment tool that could assist in identifying abnormal pathology.
- b. The Oral ID should be used annually for patients with the following oral cancer risk factors:
 - i. Tobacco, marijuana, or vaping use of any kind
 - ii. Heavy alcohol use
 - iii. Previous cancer diagnosis
 - iv. 60 years or older
- c. If a lesion is identified, the assigned clinical instructor and/or supervising dentist should be notified. A referral may be necessary.
- d. Written documentation should be added in the notes and narrative. Photos of the lesion are recommended.

16. Tobacco Use/Smoking Assessment

- a. If a patient reports to tobacco use, smoking, vaping, etc., an assessment form should be completed with the patient.
- b. This assessment form should be completed at every oral exam appointment.
- c. Patient education is required.

17. CAMBRA (Caries Risk Assessment)

- a. CAMBRA forms should be completed with every patient receiving dental hygiene treatment.
- b. Interval Schedule
 - i. Low risk: 12 month intervals
 - ii. Moderate risk: 6 month intervals
 - iii. High risk: 3-6 month intervals

18. Nutritional Assessment

- a. Any of the following criteria require a nutritional assessment to be completed on patient of the clinic:
 - i. Moderate caries risk
 - ii. High caries risk
 - iii. Gingivitis or periodontitis presumptive diagnosis.
- b. Nutritional assessments are to be completed at Full Oral Exam appointments only.

19. Diabetes Risk Assessment (DRA)

- a. DRA should be completed at every Full Oral Exam appointment.
- b. If a risk factor value of 5 or higher is recorded on the DRA, the student should offer glucose testing to the patient (consent required prior to glucose testing).
- c. If glucose testing is completed, the student should fill out the Diabetes Classification Form and provide education on what the glucose values mean.
- d. The DRA form is not necessary if the patient has a diabetes diagnosis. Only the Diabetes Classification Form will need to be completed on patients with a Diabetes diagnosis.

DENTAL RADIOGRAPHY PROCEDURES

20. Radiograph Exposure Schedule

- a. Refer to the KVCC Policy for the Control and Use of Ionizing Radiation.
- b. Refer to the KVCC Guidelines for Prescribing Dental Radiographs.
- c. Retake policy and maximum number of permissible retakes performed is:
 - i. 7 for adult FMX or retake of a retake
 - ii. 4 for child FMX or retake of a retake
 - iii. 3 for an adult BWX or a retake of a retake
 - iv. 2 for a child BWX or a retake of a retake
 - v. The 3rd retake of an individual image
 - vi. An instructor must be present when retaking the images and must identify if the students' performance is satisfactory or needs remediation, if more than the maximum retake allowance occurs.

21. Radiograph Refusal Policy

- a. When radiographs are recommended following ALARA, patients have a 36- month grace period from initial radiograph need, to acceptance of radiograph assessment. After 36 months, the patient is dismissed from the KVCC Dental Hygiene Clinic due to the inability to uphold the dentistry standard of care.

22. Radiograph Procedural Order

- a. Radiographs are recorded in the treatment plan and signed by a clinical instructor or dentist.
- b. Expose radiographs.
- c. Assess the series for errors, then assess for retakes.
- d. Move non-diagnosable images to the non-diagnosable template.
- e. A clinical instructor evaluates quality and final approval.
- f. The student who took the radiographs will document in the patient's digital chart the number of radiographs exposed.
- g. The student will have the dentist evaluate and diagnose abnormalities.
- h. The student who took the radiographs will document the Radiographic Information form the date, series, student number, abnormalities found by the dentist, obtain the dentist's signature, chart findings, and inform the patient of any abnormalities found.
- i. Any caries or abnormalities should be added to the patient's dental chart by the student treating the patient.

INFECTION/HAZARD CONTROL

Students and staff are responsible for practicing and enforcing infection control procedures to ensure a safe environment. The objective is to prevent transmission of all bloodborne pathogens. Every patient should be considered potentially infectious, and infection control procedures will be practiced, monitored, and evaluated.

There will be an annual review of universal precautions for all staff. If a new employee or new task/procedure is added, a review will occur.

23. Prevention of Transmission of Bloodborne Pathogens

- a. Role of the Patient in Assessment and Protection
 - i. Complete a comprehensive medical/dental history at the initial appointment and update each visit.
 - ii. Protective eyewear will be worn for all intraoral procedures except for radiographic exposures.
- b. Role of Student and Employees
 1. Immunization are required consistent with Kalamazoo Valley's Immunization/Diagnostic form and policy.
 2. Follow current CDC universal precaution guidelines.
 3. Annual review of infection/hazard control policies will be completed and acknowledged.
 4. Inform appropriate personnel if exposure occurs from a needle stick or sharps injury.

24. Hand Hygiene

- a. Nails must be kept clean and short.
- b. If hands are visibly dirty or contaminated with blood or other potentially infectious material, they must be washed with soap and water.
- c. If hands are not visibly soiled, alcohol-based hand rub may be used, following manufacturer's instructions.
- d. When hands must be washed:
 - i. When hands are visibly soiled.
 - ii. After touching any objects suspected to be contaminated by blood, saliva, or respiratory secretions without gloves.

- iii. Before and after treating each patient.
- iv. Before donning and after doffing gloves.
- e. Hand cream is available to use after washing hands to minimize risk of contact dermatitis.

25. Personal Protective Equipment (PPE) – Per CDC Guidelines

- a. Masks: – Level 1, Level 2, Level 3, KN95, and N95 respirators are available.
 - i. Masks are worn for all intraoral procedures and when aerosols are produced.
 - 1. Masks are required to be changed for each patient.
 - 2. Masks are required to be changed if they are soiled or moist.
 - 3. Face shields may be worn over masks.
 - 4. Level 3 and higher-level masks are required to be used for any aerosol-generating procedures.
- b. Eyewear
 - i. Worn for all intraoral laboratory and sterilization procedures.
 - a. Eyewear must cover the entire eye orbit.
 - b. Eyewear must have side extensions or shields.
 - c. Eyewear must be cleaned and disinfected between patients and/or at the end of every clinic day.
 - ii. Face shields may be worn in place of goggles or eyeglasses. If using a face shield, the student or faculty member must still wear a mask.
- c. Protective Clothing
 - i. Protective clothing is considered impermeable gowns provided by the college or approved lab jackets.
 - ii. Protective clothing must be worn for all intraoral procedures.
 - iii. Protective clothing must be changed if visibly soiled.
 - iv. Protective clothing must be removed when leaving the clinical area or when using the restroom.
- d. Examination Gloves
 - i. Gloves must be worn for all intraoral procedures and when working with contaminated objects in the laboratory.
 - 1. Gloves must cover the sleeve of the gown or lab coat.
 - 2. Gloves must be changed if visibly soiled, torn, cut, or punctured.
 - 3. Gloves must be removed using an aseptic technique.
 - ii. Gloves must be worn for direct patient care and cannot be worn outside of the operatory.
- e. Utility Gloves:
 - i. Utility gloves must be worn for all cleaning, disinfection, and sterilization procedures in the clinical or sterilization area.

26. Sharps Safety

- a. Sharps receptacles are present in every operatory and in the sterilization area.
- b. Sharps disposal containers are red, puncture resistant, and have a biohazard label.
- c. All sharp/hazardous materials, including needles, metal irrigation tips, or glass, must be disposed of in sharps receptacles.
- d. Sterilization and Disinfection Clinical Operatory Surfaces
 - i. Tuberculocidal intermediate-level disinfectant is used for cleaning and disinfecting on all appropriate clinical surfaces before and after use, following manufacturer directions.
 - ii. Equipment and objects being touched during the intraoral procedure that cannot be easily disinfected must be covered with appropriate impermeable barriers.

27. Clinical Area Floors

- a. Floors are cleaned with an EPA-registered hospital disinfectant/detergent. Mops are cleaned and dried before each use, or disposable mop heads are used.

28. Sterilization procedures:

- a. Instrument Processing
 - i. Students and faculty are required to follow universal precautions and PPE recommendations when processing or handling any contaminated instruments or equipment.
 - ii. Storage containers with locking mechanisms are used when transferring contaminated instruments, cassettes, or equipment to the sterilization area.
 - iii. All dental hygiene instruments and equipment must be disinfected and/or sterilized according to the manufacturer's directions and CDC guidelines.

- iv. Ultrasonic cleaners and heat autoclave sterilizers are used during instrument processing.
- v. Chemical, mechanical, and biological indicators are used to ensure sterilization techniques are adequate.
- b. Ultrasonic Cleaners
 - i. Two ultrasonic cleaners are available in the sterilization area.
 - ii. An enzymatic solution is used to break down bioburden on contaminated dental hygiene instruments.
 - iii. Ultrasonic cleaners are tested every working clinic day to ensure adequate removal of bioburden.
- c. Chemical Sterilization
 - i. Chemical sterilization is used for the sterilization/disinfection of all dental hygiene materials that cannot be processed through heat sterilization methods.
 - ii. Chemical sterilization solution is used and processed following manufacturer directions.
- d. Heat Sterilization
 - i. Three steam autoclaves are used in the clinic to sterilize dental hygiene instruments and equipment.
 - ii. Appropriately sized bags or wraps with chemical indicators are used to ensure instruments remain sterile after processing.
 - iii. Manufacturer directions for bag, wrap, or pouch use must be followed.
 - iv. Chemical indicators are placed inside cassettes or enclosed instruments to ensure temperature requirements are met.
 - v. Each item placed in the heat sterilizer must be labeled according to date, time, and which autoclave was used (Top, Middle, or Bottom).
 - vi. Each autoclave prints a report after every use, indicating the pressure, temperature, and time that is recorded by students or faculty as a form of mechanical indication.
 - vii. Biological indication is done weekly during each clinical semester via bacterial spores testing using the incubator located in the sterilization area, and appropriate documentation is recorded.
 - viii. Autoclaves must be appropriately loaded and unloaded following universal precautions.
- e. Dental Unit Waterlines/Water Quality
 - i. Dental units have bottle systems with reverse osmosis water utilized daily.
 - ii. Dental unit water lines are flushed at the beginning of each clinical day, in-between patients, and at the end of each clinical day, following CDC guidelines.
 - iii. Dental unit water lines are regularly maintained, tested, and treated to ensure water for clinical use meets the EPA standards for drinking water.
- f. Dental Unit Evacuation System
 - i. High and low-volume evacuation, and extraoral evacuation systems are used in the clinic.
 - ii. High and low evacuation systems are cleaned every clinic day with manufacturer-recommended disinfectant to reduce contaminants, according to CDC guidelines.
 - iii. Extraoral evacuation system filters are changed annually.
 - iv. Dental unit evacuation system traps are routinely changed.
 - v. Patients are advised not to create a full seal around the low or high-volume evacuation devices to reduce the risk of backflow and cross-contamination.

29. Clinical Hazards

- a. Boil Water Advisory
 - i. Unit Waterlines
 - 1. A boil water advisory does not affect dental unit water lines, as a reverse osmosis water system is used.
 - ii. Sterilization/Disinfectant Procedures
 - 1. Any dilutions of disinfectants or cleaning, tap water must not be used.
 - iii. Hand Hygiene
 - 1. Only bottled or reverse osmosis water should be used to perform proper hand hygiene during a boil water advisory.
 - 2. Antimicrobial products not requiring water (e.g., alcohol-based hand rubs) can be used.
 - iv. Extra Information
 - 1. Any tap water used needs to be boiled for one full minute and cooled prior to use.
 - 2. If any tap water is used in any dental unit, proper testing needs to be completed following the cancellation of the boil advisory to ensure that water lines meet the EPA standard for drinking water.

b. Mercury Exposure Risks

i. Clinical Procedure

1. Handling of any mercury-containing materials (e.g., amalgam) must be done in a properly ventilated room.
2. Students and faculty are required to wear proper PPE, including impermeable gowns, eye protection, masks, and gloves.
3. Mercury-containing materials must be stored in a tightly sealed, unbreakable container.
4. If polishing or adjusting amalgam restorations, the use of water and high-volume evacuation is required.
5. Avoid heating mercury, amalgam, or mercury-containing solutions.

c. Radiation Exposure Risk

i. Monitoring

1. Students under the age of 18 are monitored using dosimeter badges.
 - a. Badges are stored in a designated place in the clinic and may not to be removed.
2. Radiographic equipment is evaluated every five years by the State of Michigan.
3. Certification is displayed on the wall in the radiography area.

ii. Protection

1. Lead aprons are used during exposure to radiation.
2. Infection control procedures must be followed as outlined by CDC guidelines.

d. Fire Risk

i. Bunsen Burners

1. Bunsen burners are used for some laboratory procedures.
2. Bunsen burners and butane are kept in the laboratory in the fire cabinet.
3. Always exercise fire safety precautions.
4. Return burner and butane to the fire cabinet for storage.

ii. Fire extinguishers are in the lab, clinic, and hallway outside the waiting room.

iii. A fire blanket is located near the emergency and first aid equipment.

30. Emergency and First Aid Equipment

a. Located in the Clinic

i. First aid kit

ii. Emergency medical kit (contents labeled)

iii. Portable oxygen tank

1. Nasal canula
2. Non-rebreather mask
3. Bag-valve mask

iv. CPR barriers

v. Backboard for use during CPR

vi. Two eyewash stations are located in the clinic. They are located in the radiography area and the trimming room.

b. Located outside of the clinic:

i. An Automated External Defibrillator (AED) is in the hallway right outside of the dental hygiene clinic.

ii. Phone: dial 4911 for campus assistance; dial 9911 for outside emergency personnel, (details for emergencies are described in the Emergency Protocol)

c. Kalamazoo Valley's Public Safety's Emergency Procedures has specific information pertaining to the emergency events. https://www.kvcc.edu/services/safety/ps_emergency-procedures.htm

INJURY/INCIDENT EVENT PROTOCOL

31. Blood Spill

a. Do not touch spilled blood.

b. Contact the Facility Services Office, ext. 4540, and the Safety Coordinator at ext. 4228 (Human Resources).

After 5 pm, contact security at ext. 4575. They will arrange a clean-up using proper equipment and procedures.

32. Mercury Spills

a. Do not touch spilled mercury.

b. Contact the Facility Services Office ext. 4540 and Public Safety ext. 4575.

33. Needle Stick or Sharps Injury

- a. If an individual is injured on college property within the Dental Hygiene area, it is required to be reported immediately to a College employee who will complete a Dental Hygiene Clinic Injury Event form immediately.
- b. Known Contaminated Instrument or Needle Stick Protocol:
 - i. Bring both student and patient/patient into a conference room.
 - ii. Contact Kalamazoo Valley Public Safety (488-4575) and let them know the nature of the call.
 - iii. Fill out information on the Dental Hygiene Clinic Injury Event form.
 - iv. Give the patient the "Give to Patient" information sheet that contains Bronson emergency room (ER) contact information.
 1. The blood test is free to the patient; Kalamazoo Valley will pay the invoice.
 - v. Give the student the "Give to Student" information sheet that contains Bronson ER information.
 1. Students may choose to use any hospital ER and are responsible for any costs associated with testing/treatment.
- c. Unknown Contaminated Instrument or Needle Stick Protocol:
 - i. Bring the student into the conference room.
 - ii. Contact Kalamazoo Valley Public Safety (488-4575) and let them know the nature of the call.
 - iii. Fill out information on the Dental Hygiene Clinic Injury Event form.
 - iv. Give the student the "Give to Student" information sheet that contains Bronson ER information.
 1. Students may choose to use any hospital ER and are responsible for any costs associated with testing/treatment.
- d. Other Types of Injury That Require Notifying Public Safety:
 - i. Medical emergencies, including but not limited to syncope, sterile instrument/needle sticks, or falls.
 - ii. Contact Kalamazoo Valley Public Safety (488-4575) and let them know the nature of the call.
 - iii. Fill out information on the Dental Hygiene Clinic Injury Event form.
- e. Minor Site Rotations at Off-Campus Affiliated Sites.
 - i. Follow the Site's protocol and obtain a copy of the incident report.
 1. Contact Kalamazoo Valley Public Safety (488-4575) as soon as possible during business hours.
 2. Give Kalamazoo Valley Public Safety a copy of the incident report.
 3. If there is no site protocol for injury/incident, follow Kalamazoo Valley's protocol.
 4. Contact the Dental Hygiene Program Director (direct: 488-4374 or clinic: 488-4338) to complete the Dental Hygiene Clinic Injury Event form.
 5. Contact Kalamazoo Valley Public Safety (488-4575).

34. Autoclave Biological Indicator (BI) Failure

- a. In the event of a positive result for spore growth in any autoclave, use the following procedure:
 - i. Inform the clinical instructor, Program Director, and Senior Office Specialist. Report which autoclave, the time and date the failure was realized, and how many loads have been run between the time the spore test was initially run and the failure was recognized.
 - ii. Mark the autoclave as "out of order" to prevent it from being used further.
 - iii. Attempt to retrieve and reprocess all items that had been run between the time the spore test was initially run and the failure was recognized. Use the autoclave monitoring record book to determine the number of loads and the number of items run in each load.
 - iv. Attempt to make a list of items that were not able to be retrieved or reprocessed.
 - v. Investigate the problem. Review cycle parameters and chemical indicator results in the record book.
 - vi. Retest the autoclave with a second BI test. While awaiting the test results, the sterilizer should remain out of service. If the result of the second test is negative for growth, the sterilizer may be returned to service. If the result of the second test is positive for growth (another failed test), the sterilizer should remain out of service until it is inspected and repaired by a trained individual.
 - vii. Consult with the local public health department to determine if patient notification is necessary.
 - viii. Keep records of the failed test(s) and any maintenance performed on the sterilizer.

HIPAA STATEMENT

The KVCC Dental Hygiene Clinic is committed to protecting the privacy and confidentiality of all patient health information in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). All students, faculty, and staff are required to maintain strict confidentiality regarding patient records, personal health information (PHI), and any identifying data encountered during clinical experiences.

Patient information must only be accessed or shared for educational and clinical purposes as necessary for treatment, with appropriate supervision and authorization. Disclosure of PHI outside of permitted uses is prohibited. Unauthorized disclosure of PHI may result in disciplinary action in the discretion of KVCC.

When students are obtaining health information from outside institutions, the student and the clinical instructor treating the patient are responsible for gathering PHI, including, but not limited to medical clearance, radiographs from other facilities, medication confirmation, verification of medical conditions that could impact dental hygiene treatment, confirmation of antibiotic premedication need, and any other necessary information.

All individuals involved in patient care are expected to uphold the highest ethical standards in maintaining patient privacy and to complete required HIPAA training annually.

U.S. Department of Health and Human Services. (2024, September 10). Health Insurance Portability and Accountability Act of 1996. CMS. <https://www.hhs.gov/hipaa/index.html> cms.gov

LABORATORY AND CLINICAL COMPETENCE

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

The procedures listed below are required laboratory competencies only:

- a. Dental dam placement
- b. Periodontal dressing
- c. Overhang removal
- d. Amalgam polishing
- e. Suture removal
- f. Soft tissue curettage
- g. Silver Diamine Fluoride
- h. Micro-abrasion
- i. Retraction cord placement
- j. Placement and removal of temporary restorative materials
- k. Root detoxification

Laboratory competence is required for graduation. When performing these procedures intra-orally for the first time, you may need to consult with a dentist or dental hygienist for assistance. All other procedures in your clinical courses are required for clinical competence.

QUALITY ASSURANCE SYSTEM

35. Use of Data Collection Materials

- a. Purpose
 - i. The use of data collection materials in the KVCC Dental Hygiene Clinic allows all patients to be treated at the highest standard of care.
- b. Procedures
 - i. Use of consistent computer software programs
 - ii. Supplemental risk assessment forms (e.g., nutritional assessment, tobacco cessation, caries risk factors)

- iii. Use of KVCC Dental Hygiene Care Plan
- iv. Use of KVCC Treatment Plan

36. Use of Clinical Instructors

- a. Purpose
 - i. KVCC clinical mentors are licensed registered dental hygienists with many years of experience. The utilization of mentors with a 1:5 student ratio ensures a robust learning experience, and an ethical standard of care is always utilized by the clinic and all students.
- b. Procedures
 - i. Provide student evaluation for the entirety of all appointments, including:
 - 1. Presumptive dental hygiene diagnosis
 - 2. Calculus, plaque, and stain removal
 - 3. Standard of care is delivered at the highest standard for every patient
 - 4. Will review patient paper and electronic records for completeness
 - 5. Monitor and remediate student clinical performance when necessary
 - 6. Will complete all clinical competency evaluations

37. Use of TalEval Grading System

- a. Purpose
 - i. Every student in the clinic receives a TalEval grade for patient care provided
 - ii. Grading Criteria:
 - 1. Medical/Dental History
 - 2. Extra/Intraoral Assessment
 - 3. Occlusal Assessment
 - 4. Periodontal Assessment
 - 5. Radiographic Assessment
 - 6. Hard Tissue Assessment
 - 7. Deposit Assessment
 - 8. Assessments and Outcomes
 - 9. Dental Hygiene Diagnosis (Presumptive Diagnosis)
 - 10. Treatment Planning
 - 11. Preventive and Supportive Treatment
 - 12. Pain Control
 - 13. Instrumentation
 - 14. Deposit Removal
 - 15. Quality Assurance
 - 16. Ethics and Professionalism

38. Use of Patient Surveys

- a. Purpose
 - i. Patient surveys allow the KVCC Dental Hygiene Clinic to receive constructive feedback on experience from both students and faculty. The purpose of patient survey collection is to identify areas of improvement and also recognize students and faculty who provide quality care.
- b. Procedures
 - i. At the end of every visit a paper card is given to patients to fill out a Likert Scale rating of experience and provide additional comments.

39. Chart Audits

- a. Purpose
 - i. Chart audits are conducted to ensure the quality, safety, and effectiveness of patient services provided within the KVCC Dental Hygiene Clinic. These audits support continuous improvement and compliance with accreditation and regulatory standards.
- b. Procedures
 - i. Completed every clinical semester
 - ii. Charts are selected at random
 - iii. Students complete the initial audit following the Chart Audit Form.
 - iv. Clinical mentors working in the clinic at the time of the audit check the students' audit form.
 - v. Charts with any discrepancies are then given to the mentor who was supervising at the time the mistake in charting was made

- vi. The mentor will then collaborate with the student to rectify any charting discrepancies
- vii. Completed audit forms are then given to the Program Director for final review/approval

40. Program Outcome Tracking

- a. Purpose
 - i. Data is collected to continually assess the effectiveness and quality of didactic and clinical education procedures.
- b. Procedures
 - i. The Program Director holds data for the following student performance outcomes:
 - 1. Graduation rates
 - 2. Licensure exam pass rates
 - 3. NBDHE subject reports (including standard deviation for national average)
 - 4. Job placement statistics
 - ii. Data is analyzed, discussed at advisory board meetings, and necessary adjustments to the curriculum are made.

41. Faculty Development and Collaboration

- a. Purpose
 - i. Faculty development and collaboration are essential to maintaining a high-quality dental hygiene program. The promotion of faculty development and collaboration fosters a collaborative environment that enhances teaching effectiveness and student learning outcomes.
- b. Procedures
 - i. Faculty members attend regular department meetings to address program goals, changes, and/or concerns. The meetings act as a form of collaboration, so all members of the team are familiar with current clinical procedures and expectations.
 - ii. Faculty are required to partake in educational methodology continuing education to enhance the quality of education.
 - iii. A collaboration binder is kept on the clinic floor where the lead clinician writes down areas necessary for collaboration at the next department meeting.
 - iv. Faculty are required to complete 36 hours of continuing education credits every 3-year application cycle.
 - v. Any emergent concerns are to be directly brought to the program director.

42. Student Competency Assessments

- a. Purpose
 - i. Assessing student competency is vital to routinely monitor the performance of students and maintain clinical competence and patient safety.
- b. Procedures
 - i. In the Preclinical Course (DHY 119), students must complete all lab activities to prepare for working on patients of the public.
 - ii. Lab manuals hold competency forms required with a passing score for graduation.
 - iii. In every clinic (DHY 129, DHY 139, DHY 249, and DHY 259), students partake in a mock OSCE Clinical Exam to prepare students for licensure and identify areas of improvement in instrumentation/preparedness.

REMEDIATION PROCEDURES

43. Remediation Policy

- a. Purpose
 - i. Remediation is intended to help students improve areas where they do not yet meet established program standards. This process reinforces learning, ensures patient safety, and guarantees all students meet graduation and program competencies prior to graduation.
- b. Remediation may be used in the College's discretion. Below are some common criteria for Remediation:
 - i. Clinical performance is below the standard of care
 - ii. Incomplete or incorrect patient care procedures
 - iii. Breaches in infection control
 - iv. Breaches in HIPAA compliance
 - v. Deficiencies in time management
 - vi. Deficiencies in professionalism

- vii. Deficiencies in communication
- viii. Repeated or missed competencies
- ix. Failed lab or clinical evaluations
- x. Critical error marks on the TalEval grading system
- c. Remediation Process
 - i. Identify Deficiency
 - 1. The clinical instructor may need to pull a student from the clinic floor, if patient safety is a concern.
 - 2. The clinical instructor will document and notify the course instructor and the program director.
 - ii. Initial Conference
 - 1. The student meets with the clinical and/or course instructor, and the program director to review the deficiency and discuss the remediation plan.
 - 2. A written plan is developed and signed by all parties.
 - iii. Remediation Plan may include
 - 1. Additional lab or clinic sessions
 - 2. One-on-one mentoring or tutoring
 - 3. Assigned readings, videos, case studies, or written assignments
 - 4. Competency re-assessments
 - 5. Professionalism plan
 - iv. Timeline
 - 1. Remediation must be completed within the agreed-upon time frame. Failure to complete remediation within this period may result in course failure and dismissal from the program.
 - v. Evaluation
 - 1. When remediation activities are complete, the student will be re-evaluated. Satisfactory performance is required for successful remediation.
 - vi. Documentation
 - 1. All remediation activities, assessments, and communications will be documented and retained by the program director.
 - vii. Appeal Process
 - 1. If the student disagrees with the remediation outcome, they may follow the established Academic Appeal process outlined in the Health Careers Handbook.

44. Academic and Disciplinary Complaints

- a. To the extent that there is an Academic Complaint which is not covered within the Remediation Procedures above, the Academic Appeal process outlined in the Health Careers Handbook will be used to resolve the complaint.
- b. To the extent that there is a Disciplinary Complaint, the process outlined in the Student Code of Conduct found in the Student Handbook, will be used to resolve the complaint.
https://www.kvcc.edu/services/students/pdf/KV_StudentHandbook.pdf

APPENDIX A

Antibiotic Regimens For A Dental Procedure Regimen: Single Dose 30 to 60 Minutes Before Procedure				KV
Situation	Agent	Adults	Children	
Oral	Amoxicillin	2 g	50 mg/kg	
Unable to take oral medication	Ampicillin OR Cefazolin or ceftriaxone	2 g IM or IV 1 g IM or IV	50 mg/kg IM or IV 50 mg/kg IM or IV	
Allergic to penicillin or ampicillin - oral	Cephalexin OR Azithromycin or clarithromycin OR Doxycycline	2g 500 mg 100 mg	50 mg/kg 15 mg/kg 45 kg, 2.2 mg/kg 45 kg, 100 mg	
Allergic to penicillin or ampicillin and unable to take oral medication	Cefazolin or ceftriaxone	1 g IM or IV	50 mg/kg IM or IV	

American Academy of Pediatric Dentistry. (2022). Antibiotic prophylaxis for dental patients at risk for infection. *The Reference Manual of Pediatric Dentistry*, 500-506. https://www.aapd.org/globalassets/media/policies_guidelines/bp_antibioticprophylaxis.pdf

DENTAL HYGIENE DEPARTMENT CLINIC HANDBOOK 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 Kalamazoo Valley policies and procedures that are identified in the Student Handbook, in addition to policies and procedures found in the Health Careers Student Handbook.
3. Establish professional rapport with faculty staff, colleagues, and patients.
4. Demonstrate care and concern for patient welfare, providing total patient care to all patients and adhering to the policy of Dental Patient Rights.
5. Follow the instructions.
6. Accept and apply constructive feedback.
7. Demonstrate appropriate personal hygiene and professional appearance.
8. Be prepared for each class as designated in each syllabus and/or as the instructor indicates.
9. Be present, prompt, and prepared for all assigned labs and clinical sessions
10. Let the dental hygiene office and course instructor know when unable to be present at any class, lab, or clinic via Kalamazoo Valley student email is preferred.
11. Initiate a conference with the appropriate faculty, should my performance be improvable.
12. Be responsible for reviewing material safety data sheets (MSDS) prior to using said materials.
13. Successfully complete all competencies and requirements, including enrichment clinics.
14. No chewing gum, eating or drinking in the clinic.

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

1. Violation of clinic laboratory policies related to patient or operator safety and protection including appropriate testing, and vaccinations.
2. 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.
3. Violation of HIPAA
4. Failure to maintain accurate and complete dental records of all patients under the student's care.
5. Earning one or more academic probation units or receiving a 0.0 in any dental hygiene clinical course (see the Reinstatement Procedure in the Health Careers Student Handbook).

I have had an opportunity to read and discuss this document with at least one member of the dental hygiene faculty of Kalamazoo Valley, 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 Dental Hygiene Program Director during the 1st semester as indicated in the Dental Hygiene 119 Module 1 course material and 4th semester as indicated in Dental Hygiene 249.

Kalamazoo**VALLEY**[™]
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**ARCADIA COMMONS
CAMPUS**
202 North Rose Street
269.373.7800

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LIVING CAMPUS**
418 East Walnut Street
269.548.3205

GROVES CAMPUS
7107 Elm Valley Drive
269.353.1253

**KALAMAZOO VALLEY
MUSEUM**
230 North Rose Street
269.373.7990

**TEXAS TOWNSHIP
CAMPUS**
6767 West O Avenue
269.488.4400

PO Box 4070 | Kalamazoo, MI | 49003-4070