

**KALAMAZOO VALLEY COMMUNITY COLLEGE**

# **DENTAL HYGIENE**

**RISK MANAGEMENT HANDBOOK**

Prepared by Dental Hygiene Department, August 2016. Revised  
2017, 2018, 2020, 2022.

## DHY Risk Management Handbook

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## **INFECTION / HAZARD CONTROL**

It is the responsibility of all healthcare providers to practice and enforce infection control procedures to ensure a safe environment for both the Patient and the healthcare provider. The objective is to prevent transmission of HIV, HBV, and other blood borne pathogens. Every Patient should be considered potentially infective and the strictest infection control procedures will be practiced, monitored and evaluated.

There will be an annual review of infection control policies and procedures for all DHY employees, including the custodial staff for the environmental surfaces. If there is a new employee or new task/procedure is added a review will occur

### **I. Prevention of Transmission of Blood borne Pathogens**

#### **A. Role of the Patient in assessment and protection**

1. Complete a comprehensive medical/dental history at the initial appointment and updated each recare visit (including general physical evaluation and two BP recordings)
2. Patients may rinse with an antimicrobial prior to intraoral procedures
3. Protective eyewear (provided for the Patient) will be worn for all intraoral procedures except for radiographic exposures.

#### **B. Role of Student and Employees**

1. Immunization must follow KVCC's Immunization/Diagnostic form
2. Annual review of infection/hazard control policy
3. Inform appropriate personnel if exposure occurs from a needle stick or sharps injury

### **II. Hand Hygiene**

#### **A. Nails must be clean and short.**

**B. If hands are visibly dirty or contaminated with blood or other potentially infectious material must wash with either non-antimicrobial or antimicrobial soap with water.**

**C. If hands are not visibly soiled, an alcohol-based hand rub can also be used. Follow the manufacturer's instructions.**

**D. Hand washing basically occurs when entering the operatory and leaving the operatory. Hands must be washed...**

1. When hands are visibly soiled.
2. After barehanded touching of inanimate objects likely to be contaminated by blood, saliva, or respiratory secretions.
3. Before and after treating each patient.
4. Before donning gloves.
5. Immediately after removing gloves.

**E. Hand cream is available to use after washing hands to minimize contact dermatitis**

### **III. Personal Protection Equipment(PPE)**

**A. Masks - Level 2 (medium fluid resistance) and Level 3 (high fluid resistance) will be available. Including a level 3 with face shield**

1. Worn for all intraoral (when aerosol is present) procedures
  - a. Change for each patient
  - b. Change if it becomes moist
  - c. Face shields may be worn over the mask
  - d. Level 2 mask (medium fluid resistance) will be used for non-aerosol producing visits
  - e. Level 3 mask (high fluid resistance) will be used for power-scaling appointments
  - f. Level 3 mask (high fluid resistance) with face shield to completely protect eye area.
2. Level 2 (medium fluid resistance) Worn for all cleaning/disinfecting (housekeeping) procedures

#### **B. Eyewear**

1. Worn for all intraoral (when aerosol is present) and laboratory procedures
  - a. Cover the entire eye orbit

- b. Have side extensions
      - c. Be cleaned and disinfected between Patients
    - 2. Worn for all cleaning/disinfecting procedures.
    - 3. Face-shield may be worn in place of goggles or eyeglasses. Still need to wear mask if using face-shields.
  - C. Protective Clothing
    - 1. Impermeable gown is worn for all intraoral procedures
    - 2. Change gown if visibly dirty
  - D. Examination gloves
    - 1. Worn for all intraoral procedures and when working with contaminated objects in the laboratory such as study impressions
      - a. Cover the sleeve of the gown or lab coat
      - b. Change if discolored, torn, or sticky
      - c. Changed for long appointment procedures (longer than 60 minutes)
      - d. Remove by pulling first glove inside out and into the second glove as it is pulled off inside out (dispose immediately)
    - 2. Are to be worn ONLY for direct patient care. Are not to be worn any other areas except for direct patient care e.g. not in the...receptionist area, waiting room, locker room, classroom, or even walking around the clinic.
  - E. Utility gloves
    - 1. Puncture and chemical resistant utility gloves.
    - 2. Worn for all cleaning and disinfection of instruments, dental units or equipment, and environmental surfaces.
- IV. Respiratory Hygiene/Cough Etiquette
  - A. Patients who are experiencing respiratory issues have masks and facial tissues available in the waiting room for their use.
  - B. A poster is posted containing appropriate cough etiquette information in the waiting room and in the clinic.
- V. Sharps Safety
  - A. Sharps Disposal (located at each operatory)
  - B. Discard sharps (e.g. needles, irrigation tips, broken glass, etc.) in “sharps box” located at the operatory
  - C. Anesthetic containers are disposed of in the “sharps box”
  - D. If an exposure occurs a DHY employee must be informed, paperwork filled out, and public safety informed.
    - 1. “Injury Report” notebook is located on the shelving unit next to the exit to the receptionist area.
    - 2. Move student and Patient into the small conference room off the clinic.
    - 3. Call public safety and inform them of what has occurred. They will come down to the clinic and meet with the student and Patient filling out their own paper work
    - 4. Fill out form completely; do not leave any area blank, use N/A if appropriate. The form is copied and the copy give to the public safety employee. The original is filed in the front office area.
    - 5. Give the Patient the “GIVE TO PATIENT” form that has the information to go to Bronson ER for a free blood draw, there is no cost to them. They will need to give the form to a hospital employee.
    - 6. Give the student the “GIVE TO STUDENT” form for them to take with when going to have blood tested. There is a cost to the student; they are responsible for the cost to have their blood tested.
- VI. Sterilization and Disinfection of Patient-Care Items and Devices
  - A. Utilize an appropriate disinfectant (with tuberculocidal claims) for surface cleaning and disinfecting prior to appointment and following the appointment on all Clinical Contact Surfaces

1. Wipe down and clean hard, non-porous environmental dental surfaces, in one step; keep surfaces wet for 5 minutes.
  - a. Cabinets and drawer pulls
  - b. Hose ends
  - c. Couplings
  - d. Saliva ejector tip (the end that holds the disposable ejector)
  - e. Lamp switches
  - f. Patient chair and control buttons
  - g. Operator stool including up/down handle
  - h. Air/water syringe handle
  - i. Pens and pencils
  - j. Hand piece and supports
  - k. Surrounding countertops
  - l. Keyboards at Units 1 -14
  - m. DO NOT use liquid disinfectant on the suction support mechanism
  - n. Suction supports are to be covered with an impermeable (use the headrest cover size)

#### B. Surface barriers

1. Cover equipment and objects being touched during the intraoral procedure that cannot be easily disinfected
  - a. low volume suction hose
  - b. high volume suction hose (if planning on using)
  - c. high and low volume suction arm holder (suction support)
  - d. pens/pencils
  - e. charts
  - f. headrest
  - g. digital sensors
2. Cover Patient's chest region with a disposable bib

#### C. Instrument Sterilization; students' contaminated instruments

1. Containment, decontamination, and packaging is in the dispensary area
2. Must be handled with utility gloved hands
3. Leave instruments in cassettes
4. Spray with enzymatic cleaner until sterilization preparation can be done (not necessary if instruments can be placed in the ultrasonic cleaner immediately following appointment)
5. Place cassette of instruments in the ultrasonic cleaner for 5 to 10 minutes (5 minutes for small load; 10 minutes for large load) (may take up to 15 minutes check the day's ultrasonic monitor strip)
6. Rinse and check for visible debris by rotating instruments while in their cassette
7. If visible contamination is still present, remove debris with a long handled scrub brush or end of another instrument
8. Re-inspect, if clean then proceed; if not, repeat steps 5-8 until visibly clean
9. Dry cassette or loose instruments as best as can prior to wrapping
10. Place a steam sterilization integrators monitor inside the cassette (the cassette is considered a barrier)
11. Loose instruments need to be wrapped without a paper monitor (bags already have one)
12. Bag/wrap hinged instruments, e.g. scissors, in an open and unlocked position
13. Wrap and label the cassette or loose instruments in paper wraps
  - a. Label should include: Student #, autoclave used: T = top, M = middle, or B = bottom (autoclaved used will be documented by individual loading the autoclaves), and load number (time placed in autoclave).
    - 1) Done by student...
      - i. Student #
    - 2) Done by dispensary student or staff...

- i. Autoclave used
  - ii. Time placed in autoclave (closest 15 minute)
14. Place in storage bin for contaminated instruments next to the sterilizers

D. Loading the autoclave

1. Use of flame resistant gloves are available for use when operating the autoclaves
2. Place all containers so that the opening allows steam to enter, and air condensate to drain from the container.
3. Sterilization can be compromised if an item is excessively wrapped.
4. Pouches should be loosely packed, hand pieces and instruments must be single height loaded (not piled or stacked), to permit proper steam flow and penetration to the items
5. Pouches should be placed with paper side down and labeled according to which autoclave (T, M, or B) was used and time placed in autoclave
6. Items should be arranged to permit free circulation of the steam, loaded tray must slide into chamber opening without scraping
7. Instruments must not touch one another
8. Make sure there is adequate level of distilled water in the tubing
9. Choose "Pouches" as the program for autoclaving the instruments

E. After sterilization

1. Keep instruments wrapped and stored in locked mailbox
2. Open after your Patient has arrived and dump on pre-set tray
3. Cover with patient's clean bib
4. Arrange them after you are gloved just prior to intraoral procedures

F. KVCC Clinic's Contaminated Autoclavable Instruments excluding power scalers and motors

1. Follow VI. c. 1-14
2. Wrap, insert steam sterilization integrators monitor if instruments are in a cassette, tape, and label or place loose instruments in paper wraps
  - a. Label should include: KVCC, type of instrument, autoclave used: T = top, M = middle, or B = bottom, and time (autoclaved used and time will be documented by individual loading the autoclaves)
3. Place in storage bin for contaminated instruments next to the sterilizers
4. Following sterilization, these are stored in their designated drawer or cabinet

G. KVCC Clinic's Contaminated Power Scalers and Motors

1. Rinse and use long handle brush to clean any visible debris
2. For Motor only: spray 1 squirt of lubricant into larger hole of the motor
3. Pat dry
4. Insert steam sterilization integrators monitor in the power scalers cassette, wrap, tape, and label the pouch
  - a. Label should include: KVCC, unit # for the power scaler, autoclave used: T = top, M = middle, or B = bottom, and time (autoclaved used and time will be documented by individual loading the autoclaves)
5. Place in storage bin for contaminated instruments next to the sterilizers
6. Following sterilization, these are stored in their designated drawer or cabinet

H. KVCC Clinic's Contaminated Non-autoclavable Instruments and disposable impression trays that were used to check size only

1. Containment, decontamination, and packaging is in the dispensary area
2. Handled with utility gloved hands
3. Ultrasonic clean for 5-10 minutes (if needed, may take 15 minutes)
4. Rinse and check for visible debris
5. Pat dry; place in room temperature sterilizing solution
6. Follow manufacturer time requirements for sterilization

- a. Sporaox has a 6 hour time
- 7. Remove, rinse, and dry (duty of first dispensary person each day)
- 8. Following sterilization procedure, store in designated drawer or cabinet
- 9. Note: Room temperature sterilizers take 6-10 hours of uninterrupted exposure for sterilization to occur. Less time or the addition of items during this time results in an incomplete sterilization process. Disinfection is not acceptable for items placed in the Patients' oral cavity when sterilization is possible.

I. Monitoring

- 1. Autoclaves
  - a. Weekly checks with an ampule containing microorganisms
  - b. Daily check with heat sensitive tape and steam sterilization intergrators
- 2. Room temperature liquid sterilizer
  - a. Change as manufacturer recommends (every twenty-eight days currently)

- J. When preparing items for sterilization, it is not necessary to date the storage bag. If instruments puncture through storage containers, they are contaminated and must be reprocessed, event related.

VII. Environmental Infection Control

A. Clinical Contact Surfaces

- 1. Discard disposable items in trash containers including:
  - a. Propy angles, cups, and brushes
  - b. Saliva ejectors
  - c. Gauze
  - d. Bib
  - e. Gloves
  - f. Barrier wraps and covers
  - g. Impression trays and alginate
  - h. Any other disposable items placed intraorally
- 2. Injection syringes and needles
  - a. Discard sharps (e.g. needles, irrigation tips, broken glass, etc.) in "sharps box" located at each operatory

B. Housekeeping surfaces

- 1. Floors are cleaned with an EPA-registered hospital disinfectant/detergent
  - a. Mops are cleaned after use and allowed to dry prior to being used again
  - b. Or disposable mop heads are used

C. Blood Spills

- 1. Do not touch the spilled blood
- 2. Contact the Facility Services Office, X4204 and the Safety Coordinator at X4228 (Human Resources). After 5 pm contact security X4575. They will arrange clean-up using proper equipment and procedures.

VIII. Dental Unit Waterlines and water quality

A. Flush all water lines following the manufacturers' recommendations (at the beginning and end of each **Patient**)

- 1. If the antimicrobial bottles are used; empty the antimicrobial bottles, rinse thoroughly, and set upside down to dry
- 2. Use automatic equipment process to flush the power scaler and air polisher/motor hoses
- 3. Flush the water syringe for 1 minute with clear water

- B. The high and low volume evacuation tubing must be flushed with the commercial cleansing liquid at the end of each day.

- C. Prevent back flow from low-volume saliva ejectors into patient's mouth
  - 1. Patients closing lips around the tip of the ejector creates a partial vacuum
  - 2. This partial vacuum could be a potential source of cross-contamination
  
- D. Boiled water advisory alert
  - 1. In the event that public officials have issued a boiled water advisory follow the CDC guidelines for dental clinic procedures during a boiled water advisory.
  - 2. Do not use public water even when boiled for any dental procedure using power scalers, air polishers, hand pieces, and air/water syringes through the dental unit.
  - 3. Use of Sterile water or distilled water only for the unit water lines and dental procedures until boiled water advisory ends.
  - 4. Patients should rinse with bottled or distilled water until the boil-water advisory has been cancelled.
  - 5. During these advisory periods, tap water should not be used to dilute germicides or for hand hygiene unless water has reached a rolling boil for more than 1 minute and allowed to cool before use.
  - 6. Hand hygiene during boiled water advisory
    - a. For hand hygiene, antimicrobial products that do not require water (e.g., alcohol-based hand rubs) can be used until the boil-water notice is cancelled.
    - b. If hands are visibly contaminated, bottled water and soap should be used for hand washing; if bottled water is not immediately available, an antiseptic towelette should be used.
  - 7. Cancellation of boiled water advisory
    - a. When the advisory is cancelled, the local water utility should provide guidance for flushing of waterlines to reduce residual microbial contamination.
    - b. All incoming waterlines from the public water system inside the dental office (e.g., faucets, waterlines, and dental equipment) should be flushed.
    - c. No consensus exists regarding the optimal duration for flushing procedures after cancellation of the advisory; recommendations range from 1 to 5 minutes.
    - d. After the incoming public water system lines are flushed, dental unit waterlines should be disinfected according to the manufacturer's instructions.
    - e. Test water lines in clinic with test strips for evaluation of flushing unit lines.
    - f. Document the test strip results.



## Protocol for Steam Autoclave Biological Indicator (BI) Failure

In the event of a positive result for spore growth in any autoclave, the following should be completed:

1. Inform the supervisor (Program Director) and front desk manager. 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.
2. Mark the autoclave as “Out of Order” to prevent it from being used further.
3. 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, number of items, and types of items run in each load.
4. Attempt to make a list of items that were not able to be retrieved and reprocessed (those that were already used on patients)
5. Investigate the problem. Review cycle parameters and chemical indicator results in the record book.
6. 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 put back into service. If the result of the second test is positive for growth (another failed test), the sterilized should remain out of service until it is inspected and repaired by a trained individual.
7. Consult with the local public health department to determine if patient notification is necessary
8. Keep records of the failed test(s) and any maintenance that was performed on the sterilizer.

### References:

Centers for Disease Control and Prevention. (2008). Sterilizing Practices: Guideline for Disinfection and Sterilization in Healthcare Facilities. <https://www.cdc.gov/infectioncontrol/guidelines/disinfection/sterilization/sterilizing-practices.html>

Galloro, Giulia. (2018). What to do when your sterilization quality assurance monitoring fails? College of Dental Hygienists of Ontario. <https://www.cdho.org/docs/default-source/pdfs/reference/guidelines/sterilizer-monitoring-pcd.pdf>

## Post COVID Best Practices – FALL 2021 - *VIRTUAL WAITING ROOM*

### Obtaining a DHY Appointment:

- Patients will be asked additional series of questions regarding their health. Front desk will use the “DENTAL HYGIENE PATIENT SCHEDULING SCREENING FORM – FALL 2021” when schedule patients.

### *Virtual Waiting room Needs –*

Master Clinician

4 students: 2 screeners, 1 x-ray, & 1 dispensary (the partner will remain in the clinic and prepare for the day)

Student PPE in the hallway is level 1 mask with Face shield

2 Touchless thermometers

2 clipboards and pens

Patients Scheduling Screening forms (to reassess questions and record temperature)

2 Clinic schedules with Patient Names and assigned Operatory numbers

Hand sanitizer

Box of masks

Regular entrance on Tower Drive, door #13.

- Patients will be contacted, up to 72 hours, prior to DHY appointment to...
  1. Confirm the appointment – remind door will be opened 20 minutes prior to appointment time.
  2. To reassess the response on the screening form,
  3. Inform patients of entrance protocol
    - Temperature taken
    - Reassessment of screening questions (for a third time)
    - Wear a face covering (mask will be provided onsite if they do not have one).
    - Entrance through regular door and to stand on a blue dot in the hallway
- Patients enter the building through door 13 – normal DHY entrance.
- Patients will stand on a blue dot in the hallway waiting for student to assist with entrance.
- Student will take patients temperature on the wrists and record temp on Screening form.
- Student will ask and record patient responses on Screening form.
  1. If a response is positive and/or temperature is 100° or above, appointment will be cancelled. Patient will have to call, at a later time to reschedule for a later date.
  2. If responses remain negative and temperature is below 100°, appointment will continue.
- Patient will keep face covering on and asked to use hand sanitizer.
- Patient will be given Screening form.
- Student will escort patient into the DHY CLINIC, through the DHY waiting room and directly to the student operatory.
- If Patient arrives early to appointment, they may wait in the waiting room.

- 
- If patient has any “essential individual” accompanying them, the individual will be asked the same mandatory screening questions, temperature taken, and required to don a mask, use hand sanitizer.
  - Essential individuals include
    - Translators
    - Parents
    - Guardians
    - Support individuals
  - The Essential individual will be encouraged to remain in car, but if necessary remain in the waiting room observing social distancing protocol.
  - Patients under the age of 18 or who have a legal guardian for informed consent
    - Obtain informed consent from the Essential Individual prior to starting appointment.
    - At that time, have signature on the “informed consent form” – found in the patient’s paper chart.

- At completion of treatment, mentor (if mentor is NOT available then the master clinician) will retrieve the essential individual so the student clinician may give the essential individual detailed appointment information at the operatory.

**Post COVID Best Practices – FALL 2021 – Protocol for Front desk / waiting room**

**Entrance into the DHY area**

- Signage on Door of DHY waiting room (front door).
  - “Clinic not open for walk-ins, please call 488-4338 for appointments.”
- Back door will remain locked at all times.
- Requiring all individuals to enter and exit through the “front door.”
- Complete self – screening at home prior to entering the building.

**During work day**

- Wear level 2 or 3 surgical mask and face shield if walking into the clinic during aerosol production.
- Disinfect surfaces that are repeatedly touched by employees and patients such as counters, pens, phones, keyboards, etc.
- Minimize sharing computers and phones.
- Bathrooms disinfected every 30 minutes during clinic by student assigned to Dispensary.
  - Door knobs & lock
  - Handicap rail
  - Sink fixtures
  - Toilet fixture and seat
  - Coat hook and baby changer at end of day

**Patients checking out at end of appointment**

The floor will have four (4) marking six (6) feet apart going into the clinic. Following social distancing guidelines, maximum of four (4) people in line may wait to checkout at the completion of their appointment. Students will need to pay attention to the checkout line; patients will remain at the students operatory until there is a spot in line available.

Front desk will follow college protocol with face coverings when interacting and helping patients’ checkout from their Dental Hygiene appointment.

- Credit card payment preferable
- Schedule needed appointments
- Remind patients to call if they fall ill within the next 2 days; ask if student gave them the card with date and phone number.

**Kalamazoo Valley Community College**  
**Dental Hygiene Clinic**  
**TELEPHONE (269) 488-4338**

If you start to show symptoms or are diagnosed  
with COVID-19 by \_\_\_\_\_,

Please call the dental hygiene clinic.

**Disinfection Recommendations –**

1. OPTIM 33TB wipes

**Post COVID Best Practices – FALL 2021 – Protocol for clinic / lab area for:**

- *Students*
- *RDH & DDS*

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**Disinfection Recommendations –**

2. *OPTIM 33TB* wipes

## **INFECTION / HAZARD CONTROL IN THE LAB/CLASS**

- I. Disinfection of study model impressions (prior to pouring)
  - A. Soak impression in disinfectant solution for manufacturer recommended time
  - B. Rinse and use compressed air to dry impression
  - C. With gloved hands, pour up with stone or plaster
  - D. Removal of impression from cast is done with gloved hands
  - E. Discard disposable tray and impression material immediately in waste can
  - F. Trim model (wearing gloves, protective eyewear, and mask)
  
- II. Mercury hygiene rules
  - A. Work in a well-ventilated room
  - B. Wear mask, eyewear, and gloves
  - C. Store mercury in unbreakable, tightly sealed container
  - D. Keep amalgam scrap in a tightly sealed container
  - E. Handle amalgam without direct contact
  - F. Use water stream and suction when removing or finishing amalgam restorations
  - G. Avoid heating mercury, amalgam, or mercury containing solutions
  - H. Mercury spills
    1. Do not touch the spilled mercury
    2. Contact the Facility Services Office X4204 and Public Safety X4575
  
- III. Radiation
  - A. Monitoring (EFE Dental Assisting Students only)
    1. Students are monitored using film dosimeter badges
    2. Badges are stored in a designated place in the clinic and are not to be removed from the clinic
    3. Radiographic equipment is evaluated every five years by the State of Michigan (Certification is displayed on the wall in the radiography area)
  - B. Protective Equipment
    1. Lead aprons must be used during exposure to radiation
      - a. Keep in the radiography operatories
      - b. Remain hanging when not in use
      - c. Universal barriers (PPE) described in the Infection Control Protocol
  
- IV. Bunsen Burners
  - A. Butane and burners are stored in the fire cabinet in lab
  - B. Keep hair tied back
  - C. Avoid rapid movements around the burner and with hot objects
  - D. Return burner and butane to fire cabinet for storage
  
- V. Eyewash station located in the clinic (x-ray area and the trimming lab)
  
- VI. Fire extinguisher located in the lab, clinic, and hallway outside of the client waiting room.
  
- VII. Emergency and First Aid Equipment
  - A. Located in the clinic (labeled)
    1. First aid kit
    2. Portable oxygen tank
    3. Barrier for use during CPR
    4. Back board for use during CPR
    5. Blanket
    6. Phone; dial 4911 for campus assistance; dial 9911 for outside emergency personnel, (details for emergencies are described in the Emergency Protocol)

- B. Emergency Response Guide (KVCC's Department of Public Safety) has specific information pertaining to the following events. See their reference guide
1. Emergency Lockdown
  2. Active Shooting Incident
  3. Evacuation Means
  4. Bomb Threat
  5. Fire & Explosion
  6. Hazardous Material incident
  7. Medical Emergency
  8. Crime in Progress
  9. Elevator Failure
  10. Severe Weather
  11. Crisis Response Team (CRT)



# Cleaning Guide for Waterproof Computer Keyboards and Mice

## FAQ: What are the suggested cleaning instructions for waterproof computer keyboards and mice?

If you know how to wash your hands with soap and water, washing your keyboard and mouse can be just as easy – as long as they are waterproof. Keyboards and mice are the dirtiest surfaces you and your colleagues touch and share all day – if you wash your hands, shouldn't you wash your keyboard and mouse too?

[WetKeys Washable Keyboards \(www.WetKeys.com\)](http://www.WetKeys.com) offers many brands of waterproof and washable computer accessories to assist in equipment protection, disease prevention and health compliance. Please refer to the specific product manufacturer's information for details on how best to clean a particular item. Always observe the proper use instructions for all cleaning fluids and wear the appropriate protective clothing, rubber gloves or safety glasses as necessary.

### Topics:

- General Washing Instructions – *Spray-Wipe-Spray Method*
- Wash Procedure for Healthcare Facilities – *Sanitizing Dip Method*
- Cleaners and Disinfectants to Use
- Dishwasher Machine Washing (if applicable)
- Healthcare Environments
- Food Safety
- Cautions



### Cautions:

*Known material incompatibilities exist between certain plastics, silicones and their solvent counterparts. Silicone lubricants must be immediately washed off of silicone-rubber keyboards or permanent damage will occur and void your product warranty. If in doubt, contact*

[WetKeys Customer Service \(customerservice@wetkeys.com\)](mailto:customerservice@wetkeys.com)

*Remember, even though a WetKeys keyboard and mouse are among the most durable computer products made, they still contain delicate and sensitive electronics and switches inside that can be damaged through inappropriate handling.*

*These Cleaning Instructions are SUGGESTIONS ONLY and are provided to guide appropriate cleaning methods for typical use. WetKeys Washable Keyboards does not*

*warrant or assume responsibility for damages resulting from the application of these cleaning instructions. No cleaning procedures can absolutely guarantee sterility or effectiveness of removing biohazards or chemical residues. IF YOU HAVE ANY QUESTIONS, please contact WetKeys Washable Keyboards or your local health department before following these cleaning instructions.*



## General Washing Instructions

### Spray-Wipe-Spray Method

1. If your computer or tablet does not support "hot-swapping" a USB keyboard or mouse, log out and turn OFF the POWER to your computer or tablet.
2. To avoid accidental keystrokes, entering or deleting important data, DISCONNECT the product from your computer or tablet by:
  - a. Removing the keyboard or mouse USB plug from the computer or tablet (If you are using a USB - PS/2 adapter, please remove it completely before cleaning.)
  - b. Turning off the keyboard or mouse if equipped with an ON/OFF or "cleaning mode" switch
3. Before you wash a CORDED product, be sure that the USB Plug (connector) is kept safely away from the sink and remains dry. DO NOT place the USB or PS/2 connector into liquid. Battery powered WIRELESS products can be washed with batteries inside.
4. Clean the surface of the item by wiping, gently brushing, dipping it or by following the "spray-wipe-spray" protocol outlined by the CDC<sup>1</sup>. For the spray-wipe-spray method, spray the product and cord heavily with disinfecting spray, wipe away dirt and organic solids with a cloth then spray the product completely again with disinfecting spray allowing the disinfectant

to remain on the product for at least 90 seconds to continue killing remaining bacteria.

5. Either wipe with dry cloth or shake gently and allow to air dry. Never hang a keyboard or mouse by its cord or damage to the cable and watertight seal can occur.
6. Once the product and USB connector are completely dry, reconnect to computer or tablet.
7. Turn ON the computer.

Resources: <sup>(1)</sup>[Centers for Disease Control and Prevention's \(CDC\) Infection Control Guidelines for Dental Healthcare Settings \(December 2003\)](#)



**NOTE: DO NOT "SOAK" Units or damage may result. Use only cloth towels, sponges or soft bristle brushes. DO NOT USE ANY BUFFING PADS, SCRUBBING PADS OR OTHER ABRASIVE CLEANSERS WHICH MAY DAMAGE THE FINISH OR COVER AND SEALS.**



## Wash Procedure for Healthcare Facilities

### Sanitizing Dip Method

1. Follow the instructions above to power OFF and disconnect the keyboard or mouse from a computer or tablet.
2. A washbasin should be filled with an approved anti-bacterial / cleaning solution suitable for sterilizing in a healthcare environment.
3. Sterilize by completely immersing and shaking keyboard and mouse in the sterilizing solution. Actively agitate it around so that the liquid reaches every recess on all surfaces.
4. The process of agitated immersion should require no more than 30 seconds to be effective. DO NOT "SOAK" units for several minutes or longer. Soaking is unnecessary and may void your product warranty.
5. On a drain board, allow the disinfectant to remain on the product for at least 90 seconds to continue killing remaining bacteria.
6. Shake gently to drain excess liquid and wipe dry with a clean cloth.



7. Once the product and USB connector are completely dry, reconnect to computer or tablet.
8. Turn ON the computer.



**NOTE: In order to maintain medical-grade sanitary conditions, your keyboard and mouse should be washed and sanitized prior to initial use. It is also important to wash a keyboard and mouse on a regularly scheduled interval appropriate for your use environment. Always follow your facility's infection prevention and hygiene protocols under the supervision of your governing body, local health department or Centers for Disease Control.**

## Cleaning Fluids & Disinfectants:

Most common or commercially available cleaning fluids and disinfectants can be safely used, including:

- **Chlorine based** (max 10% solution) - e.g. Clorox®, Nolvasan®, etc.
- **Formaldehyde based** - e.g. Formaldehyde Solution 37%, etc.
- **Glutaraldehydebased** - e.g. Wavicide-01®, Aldacide® 200, etc.
- **Phenol based** - e.g. Lysol® I.C., Magnaclean Bactericide, Tek-Trol® Disinfectant, etc.
- **Alcohol based** - e.g. CaviClide®, Isopropyl Alcohol, Medicide™ (POL-0.3), etc.
- **Oxidizing** - Hydrogen Peroxide 3% Solution, Vikron® S, etc.
- **Quaternary Ammonium** – Roccal®-D, Bacto-Sep®, Ascend®, SaniZene® etc.
- **Soap and warm water**



**DO NOT USE** any Petroleum based solvents (e.g., Gasoline, Mineral Spirits, Turpentine, etc.), Acetone or cleaning solution containing in excess of 10% bleach. Product damage voiding warranty will result.

## Dishwasher Machine Washing (select Seal Shield™ & iKey Products ONLY)

Some Seal Shield™ and iKey waterproof keyboards and mice are designed to be washed in a dishwasher using standard automatic dishwasher detergent.

1. Unplug keyboard or mouse from Quick-Connect™ cable, EZ-2-Connect cable or computer USB port.
2. Plug keyboard or mouse USB connector into the included Seal Cap™ or protective USB cap to insure a tight connection to prevent water intrusion.
3. Place keyboard or mouse on top rack of dishwasher keeping cords wrapped and safely away from all moving parts and door gaskets.
4. Wash in dishwasher using dishwasher detergent and standard wash cycle – NEVER “High-Temp” or “Sanitize”. Disable “Heated Drying.”
5. Remove from dishwasher. Shake dry. Wipe away excess surface moisture.
6. Remove the protective cap from USB connector. Be sure to shake and wipe all excess moisture from USB connector.
7. Once the product and USB connector are completely dry, reconnect to computer or tablet.
8. Turn ON the computer.



## Application-specific Suggestions

### Healthcare Environments:

Your facility's infection control procedures always take precedence over any of the above procedures. Consult your local health department, industry governing body or the [Centers for Disease Control \(www.cdc.gov\)](http://www.cdc.gov) for more information on proper medical hygiene.

### Food Safety:

Local Health codes or industry protocols must be followed. Contact the [National Sanitation Foundation \(www.nsf.org\)](http://www.nsf.org) for additional recommendations. Any governing body with jurisdiction over sanitation and sterilization requirements for your industry or geographic location must be followed over any of the above procedures.



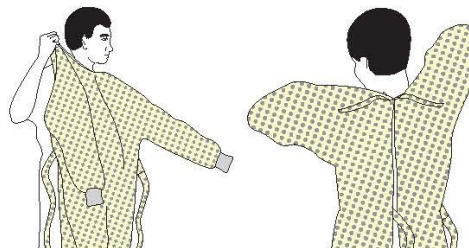


## SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

### 1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



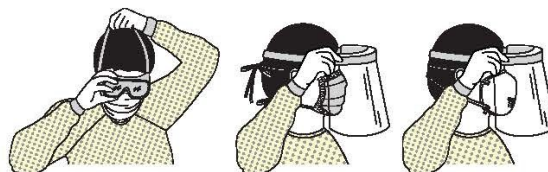
### 2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



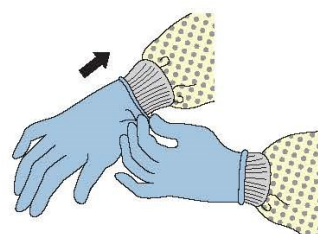
### 3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



### 4. GLOVES

- Extend to cover wrist of isolation gown



## USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

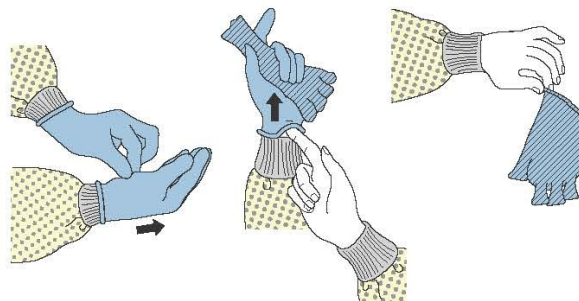


# HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

## 1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



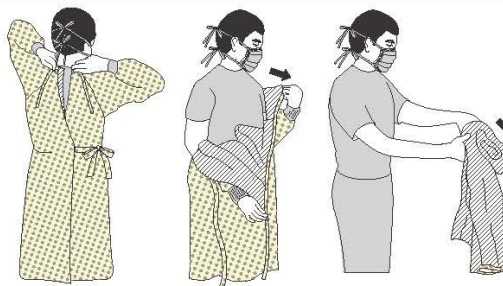
## 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



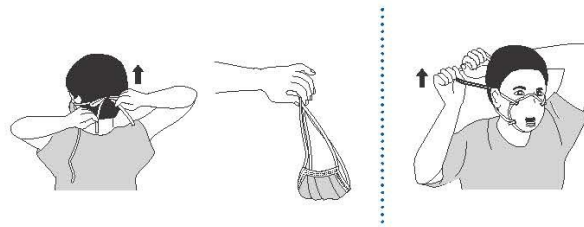
## 3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

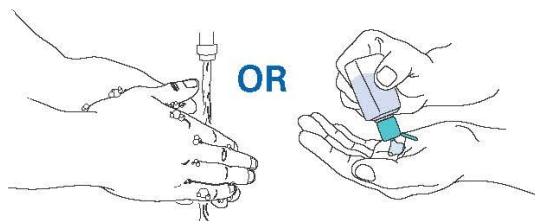


## 4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



## 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE**



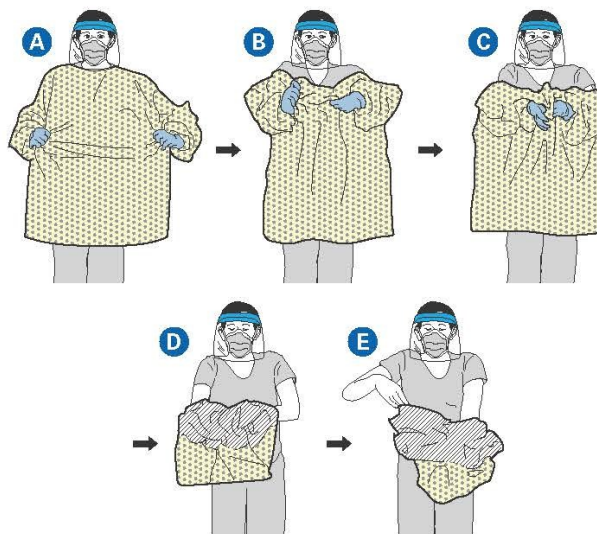


## HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

### 1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



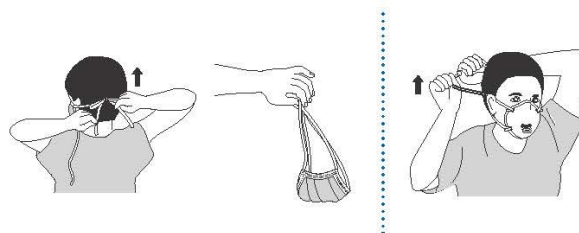
### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

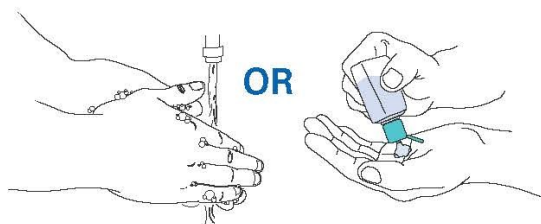


### 3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



### 4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS  
BECOME CONTAMINATED AND IMMEDIATELY AFTER  
REMOVING ALL PPE**

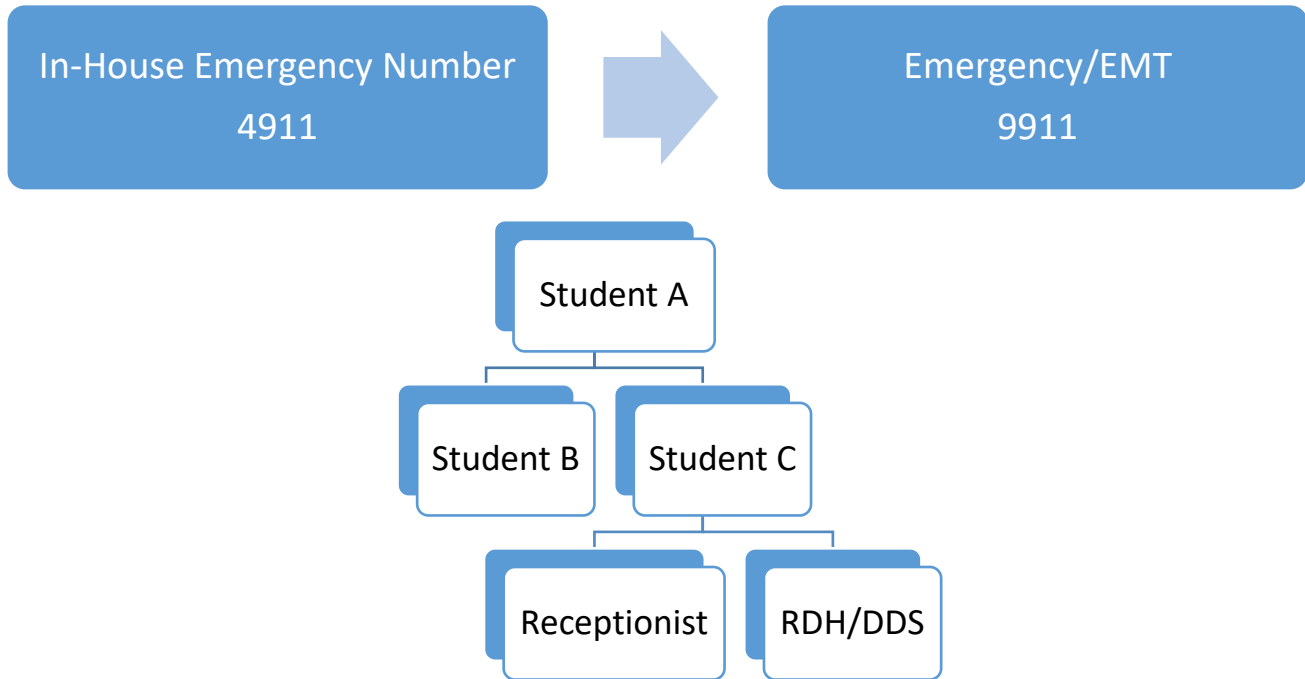


## INJURY / INCIDENT EVENT PROTOCOL

If an individual is injured on college property within the Dental Hygiene area a DENTAL HYGIENE CLINIC INJURY EVENT form will be completed by a College employee immediately after the event occurs.

- I. Known contaminated instrument stick or needle stick.
  - a. Bring both student and patient/client into conference room.
  - b. Contact KVCC Public Safety (488-4575) and let them know the nature of the call.
  - c. Fill out information on the DENTAL HYGIENE CLINIC INJURY EVENT form.
  - d. Give the patient the ‘GIVE TO CLIENT’ information sheet that contains Bronson ER contact information. The blood test is free to the patient, KVCC will pay the invoice.
  - e. Give the student the ‘GIVE TO STUDENT’ information sheet that contains Bronson ER information. Although, the student may choose to use any Hospital’s Emergency Room for blood testing since they are responsible for payment.
- II. Unknown contaminated Instrument Stick or Needle stick.
  - a. Bring student into conference room.
  - b. Contact KVCC Public Safety (488-4575) and let them know the nature of the call.
  - c. Fill out information on the DENTAL HYGIENE CLINIC INJURY EVENT form.
  - d. Give the student the ‘GIVE TO STUDENT’ information sheet that contains Bronson ER information. Although, the student may choose to use any Hospital’s Emergency Room for blood testing since they are responsible for payment.
- III. Other types of injury that requires notifying Public Safety for risk management purposes.
  - a. Medical emergencies including syncope, sterile instrument or needle sticks, and falls.
  - b. Contact KVCC Public Safety (488-4575) and let them know the nature of the call.
  - c. Fill out information on the DENTAL HYGIENE CLINIC INJURY EVENT form.
- IV. Minor site rotations at off campus affiliated sites.
  - a. Follow their sites protocol; obtain copy of the incident report.
    - i. Contact KVCC Public Safety (488-4757) as soon as possible during business hours.
    - ii. Give KVCC Public Safety a copy of the incident report.
  - b. If no site protocol for injury / incident follow KVCC’s protocol.
    - i. Contact Dental Hygiene Program Director (488-4719 or 488-4528) to complete DENTAL HYGIENE CLINIC INJURY EVENT form.
    - ii. Contact KVCC Public Safety (488-4757).

# EMERGENCY CARE FLOWCHART



## STUDENT A

Directs team members; students B & C  
 Positions the patient and stays with him or her  
 Performs “CABs” of cardiopulmonary resuscitation  
 Takes command and appears calm  
 States instructions directly and clearly  
 Requests acknowledgment from team members that instructions are understood  
 Fosters open exchange among team members  
 Concentrates on what is right for the patient, not who is right.

## STUDENT B

Brings the emergency kit  
 Brings oxygen tank and attaches appropriate delivery system  
 Brings Automated External Defibrillator  
 Assists with the CABs of CPR

## STUDENT C

Informs RDH and/or DDS on the floor  
 Collects the following information and informs the RECEPTIONIST

- Patient’s age and gender
- Preliminary diagnosis (e.g., a possible stroke)
- Symptoms and vital signs (e.g., whether the patient is conscious and his or her blood pressure reading)
- Details about any emergency TX the patient is receiving (e.g., BLS, oxygen, and/or medication)

Assists with the CABs of CPR

## DDS/RDH

Prepares drugs for administration  
 Assists with the CABs of CPR, including monitoring vital signs  
 Keeps chronological order of events; includes filling out “RECORD OF EMERGENCY”

## RECEPTIONIST

Telephones emergency medical service and gives the collected information

- Patient’s age and gender
- Preliminary diagnosis (e.g., a possible stroke)
- Symptoms and vital signs (e.g., whether the patient is conscious and his or her blood pressure reading, pulse, & respiration)
- Details about any emergency TX the patient is receiving (e.g., BLS, oxygen, and/or medication)
- The clinic’s phone number (488-4528) and address (6767 West O Avenue, Kazoo), and entrance number (#13 is the front door/nearest reception area, and #10 is the back door/nearest student entrance into clinic area)

Meets paramedics at building entrance or sends another student or staff member.

Inform Emergency Contact of emergency  
 Assists with the CABs of CPR

## BOMB THREAT RECORD + CHECKLIST

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Time Caller Hung Up: \_\_\_\_\_

Phone Number Where Call/Threat Was Received: \_\_\_\_\_

### QUESTIONS TO ASK?

Where is the bomb located? (Building, Floor, Room, etc.) \_\_\_\_\_

When will it go off? \_\_\_\_\_

What does it look like? \_\_\_\_\_

What kind of bomb is it? \_\_\_\_\_

What will make it explode? \_\_\_\_\_

Who placed the bomb? \_\_\_\_\_

What is your name? \_\_\_\_\_

Why was the bomb placed? \_\_\_\_\_

### EXACT WORDS OF THREAT

\_\_\_\_\_  
 \_\_\_\_\_

### INFORMATION ABOUT THE CALLER

Where is caller located? \_\_\_\_\_

Male  Female

Accent: \_\_\_\_\_

Is voice familiar? If so, who does it sound like? \_\_\_\_\_

Background Noise:  Street Noises  Airport Noises  Office Noises  PA System  Clear  
 Static  Conversation  Music  Motor  Other

Caller's Voice:  Angry  Calm  Coughing  Crying  Deep Breathing  
 Disguised  Excited  Laughter  Lisp  Loud  
 Nasal  Normal  Rapid  Raspy  Slow  
 Slurred  Soft  Stutter  Other

Threat Language:  Incoherent  Message Read  Taped  Irrational  Profane  
 Well-Spoken  Other

### PERSON TAKING CALL

Name \_\_\_\_\_ Phone \_\_\_\_\_ Agency \_\_\_\_\_



# EMERGENCY RESPONSE

## REFERENCE GUIDE

Department of Public Safety™  
**KalamazooVALLEY™**  
 community college





# Reference Guide

## EMERGENCY RESPONSE GUIDELINES

EMERGENCY LOCKDOWN	ACTIVE SHOOTING INCIDENT	BOMB THREAT	HAZARDOUS MATERIAL INCIDENT	MEDICAL EMERGENCY	ELEVATOR FAILURE	SEVERE WEATHER
<p>A hostile intruder and violent attack situations have emerged as serious threats. In these situations, a lockdown of facilities may be necessary to protect the campus population.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Immediately notify Kalamazoo Valley Public Safety by picking up a red (interior) or blue (exterior) phone.</li> <li><input type="checkbox"/> Notify persons in the area of an Emergency Lockdown situation</li> <li><input type="checkbox"/> Direct people to a safe and secure area in close proximity to their current location.</li> <li><input type="checkbox"/> Secure doors to work areas and/or classrooms in assigned areas of responsibility.</li> <li><input type="checkbox"/> Follow all directions from Public Safety Command Personnel. This is a serious situation; following direction quickly is important.</li> <li><input type="checkbox"/> Maintain lockdown status until notified by appropriate Public Safety authority that the emergency condition no longer exists.</li> <li><input type="checkbox"/> Inspect work area for damage from the violence as necessary as conditions permit.</li> <li><input type="checkbox"/> Coordinate with Public Safety start up procedures as necessary.</li> </ul>	<p>Active Shooting Incident check list:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Report your specific location, building name, and office room number to Public Safety 488.4575 by picking up a red (interior) or blue (exterior) phone.</li> <li><input type="checkbox"/> Number of people at your specific location, injuries numbers, and types of injuries to Public Safety 488.4575</li> <li><input type="checkbox"/> Assaultants - location, number of suspects, race, gender, clothing description, physical features, type of weapons (long gun or hand gun), backpack, shooter's identity if known.</li> <li><input type="checkbox"/> Lock and barricade doors, turn off lights, close blinds, block windows, and turn off radios and computer monitors.</li> <li><input type="checkbox"/> Keep occupants calm, quiet, and out of sight.</li> <li><input type="checkbox"/> Keep yourself out of sight, and take adequate cover protection (behind walls, desks, filing cabinets).</li> <li><input type="checkbox"/> Silence all cell phones.</li> <li><input type="checkbox"/> Do not leave any secured or unsecured areas unless directed by Public Safety. Public Safety will lead all evacuation.</li> <li><input type="checkbox"/> All rescue attempts will be coordinated by Public Safety.</li> <li><input type="checkbox"/> Public Safety will notify everyone when the incident is over and coordinate all evacuation, medical care, and follow up investigations.</li> </ul>	<p>If you receive a bomb threat follow the checklist:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> If you receive a bomb threat, remain calm. Keep the person talking as long as possible.</li> <li><input type="checkbox"/> Get as much information as possible. Ask specific questions as indicated on the bomb threat checklist.</li> <li><input type="checkbox"/> Do not hang up the phone. Use another phone to call Public Safety 488.4575 by picking up a red (interior) or blue (exterior) phone.</li> <li><input type="checkbox"/> Do not use cell phones or two way radios as these may set off bombs.</li> <li><input type="checkbox"/> Public Safety will determine if an evacuation will be conducted.</li> <li><input type="checkbox"/> Under no circumstances should an untrained faculty or staff member attempt to locate or move a suspicious device or package.</li> </ul> <p><b>FIRE + EXPLOSION</b></p> <p>If you discover a fire or explosion follow the checklist:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pull the nearest fire Alarm. Move towards nearest exit.</li> <li><input type="checkbox"/> Call Public Safety 488.4575 if possible by picking up a red (interior) or blue (exterior) phone.</li> <li><input type="checkbox"/> Secure your area, lock fire files, and close windows and doors.</li> <li><input type="checkbox"/> Evacuate the building at the nearest exit, and take all personal belongings. Exit the building and go past the light poles with the green stripes or 100' away from the building.</li> <li><input type="checkbox"/> Wait for "All Clear" signal over the Emergency Response Team.</li> </ul>	<p>If you discover a Hazardous Material incident follow the checklist:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Any spill of hazardous substance shall be reported to Public Safety 488.4575, by picking up a red (interior) or blue (exterior) phone.</li> <li><input type="checkbox"/> Public Safety will notify the proper agency for follow up.</li> <li><input type="checkbox"/> Notify persons of the protective actions they are to take.</li> <li><input type="checkbox"/> Check work areas to ensure that everyone has received instructions.</li> <li><input type="checkbox"/> Ensure that non duplicated vital records located within the unit are preserved.</li> <li><input type="checkbox"/> Coordinate unit shut down procedures as necessary.</li> <li><input type="checkbox"/> If protective sheltering is recommended by Public Safety, direct personnel to close all windows and doors and to remain indoors until it is safe to go outside.</li> <li><input type="checkbox"/> If evacuation is recommended, direct persons to the nearest exit and safety away from the building past the green striped light poles.</li> <li><input type="checkbox"/> When reporting be as specific as possible about the nature of the material.             <ul style="list-style-type: none"> <li><input type="checkbox"/> How much spilled.</li> <li><input type="checkbox"/> If there are injuries, how many.</li> <li><input type="checkbox"/> Location of incident and injuries.</li> </ul> </li> <li><input type="checkbox"/> After Public Safety gives the order, coordinate unit start up procedures as necessary.</li> </ul>	<p>If you discover a medical emergency follow the check list:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Call Public Safety 488.4575 to respond and assist with the medical problem.</li> <li><input type="checkbox"/> Call 9911 from any college phone if it is potentially life threatening or by picking up a red (interior) or blue (exterior) phone.</li> <li><input type="checkbox"/> Do not move the person unless he or she is in danger.</li> <li><input type="checkbox"/> Render first aid if qualified.</li> <li><input type="checkbox"/> Wear protective gloves and avoid contact with potentially infectious bodily fluids.</li> <li><input type="checkbox"/> If you are exposed to bodily fluids, notify Public Safety personnel.</li> </ul> <p><b>CRIME IN PROGRESS</b></p> <p>If you discover a crime in progress, follow the checklist:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Do not attempt to apprehend or interfere with a crime in progress except in self defense.</li> <li><input type="checkbox"/> Be a good witness, and try to get a detailed description of the suspect.</li> <li><input type="checkbox"/> If a vehicle is used, try to get a detailed description of the vehicle.</li> <li><input type="checkbox"/> Call Public Safety as soon as possible with all the information 488.4575 by picking up a red (interior) or blue (exterior) phone.</li> <li><input type="checkbox"/> Render first aid if qualified to any injured victims.</li> <li><input type="checkbox"/> Remain on the scene until contact is made with a Public Safety officer.</li> <li><input type="checkbox"/> If you are notified of an emergency, cooperate with Public Safety and evacuate as requested.</li> </ul>	<p>If you become trapped or hear of someone trapped in an elevator follow the check list:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> If you become trapped in an elevator, use the emergency phone to communicate to Public Safety Department, if you have cell phone call Public Safety 488.4575</li> <li><input type="checkbox"/> When you contact Public Safety, advise them the name of the building, location within the building, where the elevator car is stopped, and if a medical emergency exists.</li> <li><input type="checkbox"/> If the phone in the elevator does not work, push the alarm button until you hear help is on the way.</li> <li><input type="checkbox"/> Remain calm, and try to calm others.</li> <li><input type="checkbox"/> DO NOT attempt to exit the car unless directed to and assisted by Public Safety personnel.</li> <li><input type="checkbox"/> DO NOT try to force open the elevator door.</li> <li><input type="checkbox"/> DO NOT try to exit the elevator through the service hatch.</li> <li><input type="checkbox"/> Elevators have mechanical safety brakes that will operate in all situations even during power failures.</li> </ul>	<p>If you are notified serious weather is approaching, follow the checklist:</p> <p><b>TORNADO WARNING</b> Public Safety will issue notification if a severe weather/tornado warning is issued by the National Weather Service for the immediate area.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Secure area, lock fire files, secure doors.</li> <li><input type="checkbox"/> Go directly to designated emergency shelter location; take personal belongings. All shelters are marked on evacuation maps and yellow signs below room number.</li> <li><input type="checkbox"/> Area leaders and Public Safety will assist in directing all students and visitors to nearest emergency shelters.</li> <li><input type="checkbox"/> Public Safety will activate the emergency alarm giving weather instructions to all occupants in the building.</li> <li><input type="checkbox"/> If major power outage occurs, stay calm. Remain in shelter area until further instructions from Public Safety.</li> <li><input type="checkbox"/> Wait in shelter area for "All Clear" signal over the Emergency Alarm System.</li> <li><input type="checkbox"/> <b>SEVERE WINTER WEATHER</b> Notify personnel of their early dismissal due to the weather conditions.</li> <li><input type="checkbox"/> Check work areas to ensure everyone has evacuated.</li> <li><input type="checkbox"/> Public Safety will maintain traffic and access control as necessary.</li> </ul>
<p><b>EVACUATION MEANS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Immediately exit the building with your personal belongings, close doors, evacuate in groups, with your group provide assistance for those with physical disabilities, and do not use elevators.</li> <li><input type="checkbox"/> Leave in a safe, orderly manner and move away from the building at least 100' or behind light poles in parking lots with green stripes on them.</li> <li><input type="checkbox"/> Do not go back into the building for any reason until the order has been given to return.</li> <li><input type="checkbox"/> Call Public Safety 488.4575 by picking up a red (interior) or blue (exterior) phone.</li> </ul>		<p><b>CRISIS RESPONSE TEAM / CRT</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> This team can be activated when needed for in house crisis response.</li> <li><input type="checkbox"/> Following a sudden tragedy or loss of life, follow the CRT checklist.</li> <li><input type="checkbox"/> Consult and coordinate all interventions following tragedy.</li> <li><input type="checkbox"/> Assist in the ID of at risk students or other individuals.</li> <li><input type="checkbox"/> Provide assessment and crisis intervention.</li> <li><input type="checkbox"/> Provide post event evaluation.</li> <li><input type="checkbox"/> Call outside resources as needed.</li> <li><input type="checkbox"/> Prepare communication about incident.</li> <li><input type="checkbox"/> Site Administrator will be student relations coordinator and head of the CRT Team.</li> <li><input type="checkbox"/> Arrange for group and one on one intervention.</li> <li><input type="checkbox"/> Provide small group or individual meetings for concerned parents and family and members of other students or affected individuals.</li> <li><input type="checkbox"/> Evaluate the program effectiveness 2 weeks after the crisis and revise as needed.</li> </ul>				



## **Policy for the Control and Use of Ionizing Radiation Kalamazoo Valley Community College Dental Hygiene Clinic**

This policy has been developed to establish a consistent standard concerning the use of ionizing radiation within the Dental Hygiene Clinic. The primary goal of this policy is to assure the safe effective use of ionizing radiation and to minimize as much as possible any potential risk from adverse biological effects to clients, students, faculty, and staff.

### **General Safety Guidelines**

1. Deliberate exposure of an individual to dental diagnostic radiographic procedures for training or demonstration purposes shall not be permitted unless there is a documented diagnostic need for the exposure by a member of the KVCC Dental Hygiene Faculty.
2. The student, faculty, or client shall not hold the film in place during the exposure. The use of film holding devices, bite tabs, or other methods are appropriate to position the film or sensor during exposure.
3. The operator must stand behind the leaded wall of the x-ray operatory in the dental hygiene clinic and directly observe the client during each exposure. The client will be the only person in the operatory during x-ray exposure.
4. The BID must never be hand held during the exposure. If equipment is not stable, report the problem to clinic receptionist and move to another operatory.
5. Only shielded open end BIDs will be used in order to minimize scattered radiation.
6. Only sensors or film with ANSI (ASA) speed group ratings of "F" or faster shall be used.
7. Each dental x-ray machine should contain filtration of 2.5 mm of aluminum equivalent with 70 kVp.
8. Leaded aprons with a thyroid collar will be used on all x-ray clients of KVCC as an additional precaution to prevent unnecessary scatter radiation exposure to the body of the client.
9. The DHY "Infection/Hazard Control Protocol" must be strictly adhered to in the radiography area.
10. Periodic radiation protection surveys and inspections will be made by a service person. All recommendations concerning collimation, filtration (HVL), beam alignment, roentgen output, radiation leakage, etc., will be implemented.
11. Prescribed exposure technique will be followed; appropriate exposure settings are on the control panels. After exposing one image, verify acceptable density, and exposure modifications may be made. For Petite Adults or clients with edentulous areas, decrease settings up to .06 seconds. For large adults, increase settings up to .06 seconds. Faculty members must authorize any increased exposure more than .06 seconds. Exposure variations must be noted in the client's chart.
12. Monitoring of Operator Exposure. Three room monitors are housed in various locations close to the operatories. Records of quarterly, yearly and total cumulative exposure received by these individuals and areas are recorded and kept on file.

**s**

## Radiographic Selection Criteria

13. The Selection Criteria document that was developed by the Center for Devices and Radiological Health will serve as a guideline when assigning radiographs for the clients of KVCC's Dental Hygiene Clinic. This document, "Selection Criteria Guidelines", is attached and a chart is posted on the wall by the x-ray operatories.
14. The assignment of radiographs is made after completely reviewing the client's medical and dental health histories and completing a preliminary oral examination.
15. These guidelines must be subject to clinical judgment and may not apply to every client. If the instructor assigns radiographic exposures which contradict the "Selection Criteria Guidelines", the rationale must be recorded in the narrative within the client's folder and initialed by the assigning instructor.
16. Radiographs will be assigned to those individuals that fall within the guidelines that are pregnant or have undergone head and neck radiation therapy (this is also noted within the guidelines). A pregnant client may arbitrarily decline for psychological reasons.
17. Clients with moderate to severe attachment loss will require vertical bitewings.
18. A record of radiation history of every client of KVCC will be monitored and kept within the client's folder.
19. Retakes will be assigned after the radiographic series has been critiqued in accordance to the General Characteristics of a Quality Dental Radiograph guidelines.
20. A retake will only be assigned when an area of diagnostic interest cannot be ascertained on another radiographic image.
21. On all retakes assigned, students are encouraged to have an instructor observe them.
22. The maximum number of permissible retakes performed 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
  - The 3rd retake of an individual image

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.

## Quality Assurance Program

23. Quality Assurance Program is designed to produce radiographs of consistently high quality and minimal patient exposure.
- a. Projection Technique
    - (1) Before dental hygiene students take FMXs on a clinic client, they have had 22.5 hours of didactic instruction in dental radiography plus 36 hours of laboratory instruction in taking FMXs on a mannequin.
    - (2) There will be direct supervision of all students during their first FMX of a client.
    - (3) All images are reviewed for errors by students and department faculty. Retakes will be taken by the client's last appointment. Students who must retake the maximum or a retake of a retake will be directly supervised and instructed by faculty.
    - (4) The amount and type of radiographs taken for each client are recorded in the Treatment Progress Record of the client's chart.
    - (5) Film/sensor holders and/or alignment devices will be used to aid students in the correct alignment of the x-ray BID, film/sensor and area of interest.
  - b. Evaluation of X-ray Machine Performance
    - (1) As images are evaluated in each clinic, extreme deviations with density will be noted. A test film will be taken on a mannequin and if the error is an x-ray machine performance problem instead of human error, the machine is "closed down" until the unit has been calibrated by the dental x-ray maintenance personnel.
    - (2) All x-ray machines are tested. The tests contain components required to carry out the following procedures.
      - (a) Determination of operating peak kilovoltage (kVp) and half-value layer (HVL).
      - (b) Determination of exposure timer accuracy.
      - (c) Check of mA calibration, reciprocity failure test.
      - (d) Verification of focal spot size.
      - (e) Measure radiation output.
    - (3) Radiographic instructor shall assure KVCC x-ray procedures are in compliance with regulations of the Michigan State Department of Health and requirements of the Center for Devices and Radiological Health, FDA.

## Guidelines for Prescribing Dental Radiographs

**The recommendations in this chart are subject to clinical judgment** and may not apply to every patient. They are to be used by dentists only after reviewing the patient's health history and completing a clinical examination. Because every precaution should be taken to minimize radiation exposure, protective thyroid collars and aprons should be used whenever possible. This practice is strongly recommended for children, women of child-bearing age, and pregnant women.

Type of Encounter	Patient Age and Dental Development Stage				
	Child with Primary Dentition (prior to eruption of first permanent tooth)	Child with Transitional Dentition (after eruption of first permanent tooth)	Adolescent with Permanent Dentition (prior to eruption of third molars)	Adult, Dentate or Partially Edentulous	Adult, Edentulous
<b>New patient*</b> being evaluated for dental diseases and dental development	Individualized radiographic exam consisting of selected periapical/occlusal views and /or posterior bitewings if proximal surfaces cannot be visualized or probed. Patients without evidence of disease with open proximal contacts may not require a radiographic exam at this time.	Individualized radiographic exam consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images.	Individualized radiographic exam consisting of posterior bitewings with panoramic exam or posterior bitewings and selected periapical images. A full mouth intraoral radiographic exam is preferred when the patient has clinical evidence of generalized dental disease or a history of extensive dental treatment.		Individualized radiographic exam, based on clinical signs and symptoms.
<b>Recall patient*</b> with clinical caries or at increased risk for caries**	Posterior bitewing exam at 6-12 month intervals if proximal surfaces cannot be examined visually or with a probe			Posterior bitewing exam 6-18 month intervals	Not applicable

Type of Encounter	Patient Age and Dental Development Stage				
	Child with Primary Dentition (prior to eruption of first permanent tooth)	Child with Transitional Dentition (after eruption of first permanent tooth)	Adolescent with Permanent Dentition (prior to eruption of third molars)	Adult, Dentate or Partially Edentulous	Adult, Edentulous
<b>Recall patient*</b> with no clinical caries and not at increased risk for caries**	Posterior bitewing exam at 12-24 month intervals if proximal surfaces cannot be examined visually or with a probe		Posterior bitewing exam at 18-36 month intervals	Posterior bitewing exam at 24-36 month intervals	Not applicable
<b>Recall patient*</b> with periodontal disease	Clinical judgment as to the need for and type of radiographic images for the evaluation of periodontal disease. Imaging may consist of, but is not limited to, selected bitewing and/or periapical images of areas where periodontal disease (other than nonspecific gingivitis) can be identified clinically.				Not applicable
<b>Patient</b> for monitoring of growth and development	Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of dentofacial growth and development		Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of dentofacial growth and development. Panoramic or periapical exam to assess developing third molars	Usually not indicated	
<b>Patient</b> with other circumstances including, but not limited to, proposed or existing implants, pathology, restorative / endodontic needs, treated periodontal disease and caries remineralization	Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring in these circumstances.				

**\*Clinical situations for which radiographs may be indicated include but are not limited to:**

**A. Positive Historical Findings**

1. Previous periodontal or endodontic treatment
2. History of pain or trauma
3. Familial history of dental anomalies
4. Postoperative evaluation of healing
5. Remineralization monitoring
6. Presence of implants or evaluation for implant placement

**B. Positive Clinical Signs/Symptoms**

1. Clinical evidence of periodontal disease
2. Large or deep restorations
3. Deep carious lesions
4. Malposed or clinically impacted teeth
5. Swelling
6. Evidence of dental/facial trauma
7. Mobility of teeth
8. Sinus tract ("fistula")
9. Clinically suspected sinus pathology
10. Growth abnormalities
11. Oral involvement in known or suspected systemic disease
12. Positive neurologic findings in the head and neck
13. Evidence of foreign objects
14. Pain and/or dysfunction of the temporomandibular joint
15. Facial asymmetry
16. Abutment teeth for fixed or removable partial prosthesis
17. Unexplained bleeding
18. Unexplained sensitivity of teeth
19. Unusual eruption, spacing or migration of teeth
20. Unusual tooth morphology, calcification or color
21. Unexplained absence of teeth
22. Clinical erosion

**\*\*Factors increasing risk for caries may include but are not limited to:**

1. High level of caries experience or demineralization
2. History of recurrent caries
3. High titers of cariogenic bacteria
4. Existing restoration(s) of poor quality
5. Poor oral hygiene
6. Inadequate fluoride exposure
7. Prolonged nursing (bottle or breast)
8. Frequent high sucrose content in diet
9. Poor family dental health
10. Developmental or acquired enamel defects
11. Developmental or acquired disability
12. Xerostomia
13. Genetic abnormality of teeth
14. Many multisurface restorations
15. Chemo/radiation therapy
16. Eating disorders
17. Drug/alcohol abuse
18. Irregular dental care.



## CMOP 4010

### Communicable Diseases

The Institution is committed to ensuring uniform standards for the prevention and control of communicable diseases, for providing communicable disease education, for reporting hazardous communicable diseases to the extent required by law and for providing reasonable accommodation for persons who are unable to participate in the regular education program as a consequence of a communicable disease. The Office of Public Safety shall coordinate the promulgation of the procedures that cover communicable diseases and ensure they are incorporated into communications, as appropriate.

Cross Reference: Communicable Diseases Policy Implementation Procedures

**As part of your educational process, you are provided with an occupational exposure training program regarding OSHA/MIOSHA Bloodborne Pathogens Standard.**

#### **INFECTION CONTROL**

1. The most current CDC Guidelines and Universal/Standard precautions shall be the basis of infection control procedures practiced and taught in our dental hygiene courses. These precautions and procedures shall be taught to our students before their entry into the clinical environment. Appropriate procedures and precautions shall be followed by our students, faculty, and staff at all times in our courses, labs, clinics, clinical assignments and programs whether on -campus or at off - campus clinical locations.
2. The inclusion of infection control procedures and Universal/Standard Precautions in a course shall be documented in the course syllabus and/or class assignment schedule. Failure of any student to learn and follow such guidelines and precautions may result in that student's dismissal from the program.
3. We acknowledge that any patient treated in one of our clinics or clinical rotations may be infective with a communicable disease. We shall, therefore, follow and require students, faculty, and staff to follow Universal/Standard Precautions when treating all patients.
4. When a patient in one of our clinics or clinical assignments has been diagnosed as having a communicable disease, we shall treat that patient to the best of our ability in the normal routine of our clinic or clinical assignment. Such treatment shall require that protective guidelines, Universal/Standard Precautions, and Board policies concerning communicable diseases be strictly followed.
5. Health professions' faculty and staff members, including full-time and part-time faculty and staff members, shall render care to all patients in accordance with the ethical standards of the professions and applicable Board policies.
6. Students in our program shall treat all patients in our clinics or clinical assignments in accordance with the ethical standards of the profession and applicable Board policies. A student refusing to treat any patient may be excluded from the program.
7. Health care faculty, staff, and students shall maintain strict confidentiality of patient information.
8. These guidelines shall be explained to our dental hygiene students in the normal course of the discussion of ethics and professional responsibilities within the pre-clinical course work.

Kalamazoo Valley Community College  
**IMMUNIZATION / DIAGNOSTIC FORM**  
*(To be completed by the Examining Provider)*

Name: \_\_\_\_\_  
Last First Middle

Valley ID #: **V00** \_\_\_\_\_ Program: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Address: \_\_\_\_\_

**Immunizations**

Documentation of adequate immunity to Rubeola, Mumps, Rubella, Tetanus/Diphtheria/Pertussis, Chicken Pox, and Hepatitis B is required. This documentation must be verified. Acceptance into the program may be denied on the basis of incomplete immunizations, information or findings.

**1. RUBEOLA (Hard Measles):** Full immunity to Rubeola must be demonstrated. **Check appropriate box and specify date.**

- A.  Had Rubeola that is confirmed by physician's office record \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Unacceptable for Spectrum Health) Month Day Year
- B.  **Attach** lab report documenting adequate immunity.  
 Specify date of titer or screen \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year
- C.  Immunized **twice** with measles vaccine.  
 Date of second immunization \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

**2. MUMPS:** Full immunity to mumps must be demonstrated. **Check the appropriate box and specify date.**

- A.  Had mumps confirmed by a record \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year
- B.  **Attach** lab report documenting adequate immunity.  
 Specify date of titer or screen \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year
- C.  Immunized **twice** with mumps vaccine.  
 Date of second immunization \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

**3. MMR\* (Measles/Mumps/Rubella):** **NOTE:** this will only fulfill the requirements for #1 (Rubeola) and #2 (Mumps).

- Immunized (**twice as a child or once as an adult**) with MMR vaccine.  
 Date of second childhood immunization or single immunization as an adult \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

**4. RUBELLA (German Measles) TITER:** PLEASE NOTE that an adequate serum titer (blood test) is the **ONLY** acceptable documentation of Rubella immunity **EVEN IF YOUR MMR SERIES IS COMPLETE**. If the titer result is negative or borderline, you must receive an additional Rubella vaccination.

- Attach lab report documenting adequate immune titer.**  
 Specify date of titer \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

**\*The TB test (#9 on this form) may be given on the same day as live virus vaccines (Chicken Pox and MMR).  
 Otherwise, the TB skin test should be delayed for 30 days after receiving either of these vaccines.**

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Name \_\_\_\_\_

5. **CHICKEN POX:** Full immunity to Chicken Pox must be demonstrated. **Check appropriate box and specify date.**

- A.  Had Chicken Pox confirmed by record \_\_\_\_\_ / /  
Month Day Year
- B.  **Attach** lab report documenting adequate immune titer.  
Specify date of titer \_\_\_\_\_ / /  
Month Day Year
- C.  Immunized twice with chicken pox vaccine .....First \_\_\_\_\_ / / Second \_\_\_\_\_ / /  
Month Day Year Month Day Year

6. **TETANUS/DIPHTHERIA/PERTUSSIS:** Full immunity to Tetanus/Diphtheria/Pertussis must be demonstrated. **One Tdap immunization (as an adult) MUST be administered followed by a Td booster every 10 years.**

- A.  Tetanus/Diphtheria/Pertussis immunization has been administered. (One time dose as an adult)  
Indicate date of immunization \_\_\_\_\_ / /  
Month Day Year
- B.  Tetanus/Diphtheria/ immunization has been administered within ten years of Tdap.  
Indicate date of immunization \_\_\_\_\_ / /  
Month Day Year

7. **HEPATITIS B:** All Health Careers Students are required to demonstrate immunity to Hepatitis B in one of three ways: **Check appropriate box and specify date(s).**

- A.  **Attach** lab report documenting adequate immune titer. Specify date of titer \_\_\_\_\_ / /  
Month Day Year
- B.  Has begun the series of three immunizations .....First \_\_\_\_\_ / /  
(Attach documentation) Month Day Year  
Second \_\_\_\_\_ / / Third \_\_\_\_\_ / /  
Month Day Year Month Day Year
- C.  Has completed the series of at least three immunizations on \_\_\_\_\_ / /  
(Attach documentation) Month Day Year

8. **INFLUENZA VACCINE (Sept.-Oct.):** All Health Careers Students are required to receive an **annual** flu vaccination.

- Indicate date of last immunization \_\_\_\_\_ / /  
Month Day Year

**ADDITIONAL DIAGNOSTIC STUDY**

9. **TUBERCULOSIS:** **Check appropriate box and specify date.** Absence of active Tuberculosis is required and may be documented in either one of two ways:

- A.  PPD (Mantoux) test within the past year and must be renewed **annually** thereafter (Tine or monovac not acceptable)  
Date read and test result \_\_\_\_\_ / / Result:  Positive  
Month Day Year  Negative
- B.  If PPD is positive, evidence of a Chest X-Ray is required within the past three years.  
Date and finding \_\_\_\_\_ / / Result:  Positive  
Month Day Year  Negative

**Provider completed, conducted, reviewed and/or verified all sections of the immunization form.**

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Provider's Name  
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\_\_\_\_\_  
Provider's Office Phone

## Student Well Check

I am documenting the following signs or symptoms that I am experiencing for that day.

YES	NO	Signs & Symptoms
		Fever or feeling feverish/chills My temperature is: _____
		Cough
		Sore throat
		Runny or stuffy nose
		Muscle or body aches
		Headaches
		Fatigue (tiredness)
		Vomiting and diarrhea

If **YES** on one or more signs or symptoms and/or elevated temperature I will be not be on the clinic floor today; to protect the clients, other students, and staff from spreading the flu.

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Student Signature

Teachable moment to know when to stay away due to illness