DENTAL ASSISTING PROGRAM

STUDENT HANDBOOK

2019-2020

CODA
Commission on Dental Accreditation

The Hibbing Community College Dental Assisting Program is accredited by the Commission on Dental Accreditation (CODA)
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Hibbing Community College
Mission Statement

"Hibbing Community College provides life-changing education and opportunities in a dynamic learning environment."

Hibbing Community College
Vision Statement

"Hibbing Community College will be recognized for educational innovation and excellence and as a leader for economic development and community vitality."

Dental Assisting Program Mission

"To provide the dental assistant student with the basic theory needed to understand and assume the responsibilities of a dental assistant."

The Dental Assisting program at Hibbing Community College is a 9-month program serving a diverse dental community throughout the area. Our program meets the needs of the dental assisting student, offering didactic, laboratory, preclinical and clinical training which will prepare the student to successfully complete the DANB Certification and Minnesota Licensure examinations. This course will prepare the student for employment in various areas of dentistry.

The program is committed to student learning, documented by student learning assessment and program evaluation. This will assist the student in becoming a productive member of the dental team. The program promotes lifelong learning through participation in continuing education, community projects and attendance at local and state dental meetings.
PROGRAM FACTS

The Dental Assisting Program was established in 1968. This program is designed to meet the American Dental Association's Commission on Dental Accreditation Standards for Dental Assisting and the clinic skills and competencies as designated by the State Dental Practice Act of the Minnesota Board of Dentistry.

PROGRAM LENGTH
Two semesters – including internship
40 total credits (diploma)

Three semesters – extra internship
60 total credits (AAS)

PREREQUISITES
High School diploma or GED

FACULTY

Dawn Robillard, Program Director/Instructor
Office: 218-262-7233 or 800-224-4422 ext. 7233
E-mail: dawn.robillard@hibbing.edu
Office in Room: C143

Jolene Stevenson, Program Instructor
Office: 218-262-7242 or 800-224-4422 ext. 7242
E-mail: jolene.stevenson@hibbing.edu
Office in Room: C141
Admissions

Admissions Process for New Students

1. Apply to Hibbing Community College ($20.00 application fee)
2. Request high school and college transcripts to be sent to HCC
3. Complete and turn in immunization form
4. Apply for Financial Aid at fafsa.ed.gov our school code: 002355
6. Contact Dawn Robillard (DA Program Director/Instructor, regarding 8-hour office shadow) 218-262-7233 or dawn.robillard@hibbing.edu
7. Complete the Accuplacer Placement Test (If needed)
8. Meet with Terri Brandt (Dental Assisting Program's Advisor) 218-262-6775 to register for courses

CRIMINAL BACKGROUND CHECKS

An integral part of the Dental Assisting Program is the clinical practice portion. To provide this experience, the College contracts with local clinical facilities. Some facilities impose certain requirements on persons working at their facilities, including criminal background checks. A facility may check your criminal background and could use the results to refuse to accept you at its facility. If you refuse to cooperate in the criminal background check, the clinical facility will refuse to accept you. The Dental Assisting Program does not guarantee an alternative facility placement. If no alternative facility placement is available, you will be terminated from the Dental Assisting Program.

The Minnesota Board of Dentistry Criminal Background Checks

The Minnesota State Legislature passed into law on August 1, 2013, the requirement for all state health Regulatory Boards to require a Criminal Background Check (CBC) on initial applicants for licensure and applicants for reinstatement of license. The Minnesota Board of Dentistry will implement this process starting May 1, 2015. ALL applications received on or after May 1, 2015 will require a Criminal Background Check.
AUTHORIZATION FOR THE RELEASE OF STUDENT BACKGROUND STUDY INFORMATION

TO WHOM IT MAY CONCERN:

I ____________________________ hereby authorize
Hibbing Community College
1515 E. 25th Street
Hibbing, MN 55746
218-262-7200

To release information contained in its files (including but not limited to reports, records and letters or copies thereof) regarding a background study performed by the Department of Human Services, or a request to the Commissioner of Health for reconsideration of a disqualification, to determine my eligibility to participate in clinical placements to fulfill the requirements of the Dental Assisting program at Hibbing Community College. This information may be released to the following facilities:

All Hibbing Community College Clinical Facilities

I understand that the facility will review this information to assess whether I may be permitted to participate in a clinical placement in its Dental Assisting program.

I understand that I am not legally obligated to provide this information. If I do provide it, the data will be considered private data under state and federal law, and released only in accordance with those laws, or with my consent. I provide this information voluntarily and understand that I may revoke this consent at any time. A photocopy of this authorization may be used in the same manner and with the same effect as the original documents. This authorization expires one year from the date of my signature.

Dated: __________________________

(Name of student)  (Date of birth)

___________________________________________________________

(Street address)

___________________________________________________________

(City)  (State)  (Zip code)
Immunization Records
Admissions to Hibbing Community College requires students to complete and turn in immunization forms.

Conscientious Objectors to Immunizations
If a student is a conscientious objector to immunizations, documentation of this status must be provided to the Dental Assisting Director to be placed in the student's file. If a student does not have the required immunizations, a clinical site may refuse to accept the student at its facility. The dental assisting program does not guarantee an alternative facility placement, and if no alternative facility placement is available, the student cannot complete the clinical requirements of the program.

CPR Certification
Evidence of current CPR (also known as BLS or Basic Life Support) certification is required by November 15th. The American Heart Association's "Basic Life Support Healthcare Provider" or the American Red Cross' "CPR for the Professional Rescuer" meet CPR certification requirements. The Minnesota Board of Dentistry will only accept the above listed CPR requirements. The student is responsible for providing a copy of their current CPR certification to the Dental Assisting College Lab Assistant by the deadline and for keeping their certification current through August of the graduating year. If CPR certification is not current, the student will not be allowed to attend clinical until he/she provides evidence of current CPR certification.

Dental Clinic Observation
8 hours of Job Shadow is to be completed by October 4th of the current school year. The student is responsible for providing a copy of their Dental Clinic Observation to the Dental Assisting College Lab Assistant by the deadline. If Dental Clinic Observation is not completed by the deadline, the student will not be allowed to attend clinical until he/she provides evidence of completed Dental Clinic Observation.

Minnesota Driver's License
A valid Minnesota Driver's license must be held and remain current through August of the graduating year. The student is responsible for providing a copy of their Minnesota Driver's License to the Dental Assisting College Lab Assistant by October 4th. If a copy of a valid Minnesota Driver's License is not completed by the deadline, the student will not be allowed to attend the HCC Dental Assisting program until he/she provides evidence of a valid Minnesota Driver's License.

Liability Insurance
Dental Assisting liability insurance is required. The cost of this insurance is covered by course tuition.

Authorization for the Release of Student Information
Clinical agencies may require that the full names, birthdates, and/or social security numbers of students who will participate in clinical experiences at their facility be provided to them. Clinical agencies may review a student's file, including CPR certification, immunizations, and background study information and assess whether students will be permitted to participate in a clinical placement at their facility. If a student is not permitted to participate, HCC does not guarantee an alternative clinical placement. If no alternative clinical placement is available, the student is not able to complete clinical requirements of the program and is therefore not eligible to progress in the program.
Course Requirements
Dental Assisting courses must be successfully completed in sequence to be eligible to graduate and take the Minnesota Jurisprudence Exam, Dental Assisting National Board (DANB) exams and the Minnesota Dental Assistants Licensure Exam (LDA).

Evaluation is an important part of the Program. The course syllabus will identify the requirements for successful completion. These requirements will make up the grade for each course. Throughout the Dental Assisting Program the same criteria for completion will be used.

- Written Tests: Refer to individual course syllabus.
- Written Assignments: Refer to individual course syllabus.
- Procedure Checklists: Refer to individual course syllabus.
- Late Assignments: Refer to individual course syllabus.

For Infection Control, X-Ray I, Dental Anatomy, Dental Science, Dental Lab, Chairside I, X-Ray II, Dental Anatomy II, Chairside II, Office Management, Nutrition and Dental Health, Nitrous-Oxide Inhalation Sedation course points will be totaled throughout the semester and the letter grade will be based on a percentage of total points:

- 90-100%: A
- 80-89%: B
- 70-79%: C
- 60-69%: D

Expanded Duties I and II letter grades are based on weighted points. Refer to the course syllabus for each of these courses for more detailed information.

Students must achieve a minimum of a “C 70%” in all DAS classes
Students receiving an "I" – Incomplete in a course, must complete the course work within 10 days of the start of the next semester, unless other arrangements have been made. Due to course work not being completed on time, the grade awarded will be reduced.

Service Learning
Service learning links academic study to community service through structured reflection; it engages students in responsible and challenging community service; it provides structured opportunities for students to reflect critically on their experiences; and it emphasizes learning in areas such as communication, critical thinking and community involvement. The Dental Assisting Program believes service learning is valuable for two fundamental and interrelated reasons: (1) service as a form of practical experience enhances learning in all areas of a college’s curriculum; and (2) the experience of community reinforces moral and civic values inherent in serving others. Service learning hours are a mandatory curriculum requirement for the Dental Assisting Program.

Re-admission
Students who fail any Dental (DAS) courses during fall semester will be terminated from the program and will NOT be allowed to continue on for spring semester of that current school year. Students wishing to pursue a Dental Assisting profession can reapply for the following fall semester and will need to retake ALL Dental Assisting courses regardless if they had received a passing grade. The student must return within 1 academic school year.
Students may be re-admitted to the Dental Assisting program one (1) time within one (1) year of their last semester attended. Students who wish to be considered for re-admission to the dental assisting program must submit a written request to the Dental Assisting Program Director. Requests for re-admission must be received one month preceding the application deadline. The written request should provide evidence to support re-admission, including a written plan of action which identifies mechanisms that have been put in place or life circumstances that have changed to enhance the probability of success. The decision to re-admit a student to the Dental Assisting program is made by the Dental Assisting Program Director and Dental Assisting faculty. The student will be notified in writing of re-admission status. If re-admission is granted, it will be on a space-available basis. If the student is unsuccessful in a dental assisting course during fall semester after re-admission, the student is ineligible to progress in the program. After two attempts to complete the Dental Assisting Program without success, the student is ineligible for readmission to the Dental Assisting Program at HCC.

**Students who pass fall semester but decide not to continue in the program**

Students who pass all courses fall semester but choose not to continue in the program will be allowed to return the next fall semester. The courses that need to be retaken will be determined by the Dental Assisting Program Director and Dental Assisting faculty. The student must return within 1 academic school year.

**Students who pass fall and spring semester but decide not to go on into Dental Internship**

Students who pass all courses fall and spring semester but choose not to continue in Dental Internship will be allowed to return the next fall semester. The courses that need to be retaken will be determined by the Dental Assisting Program Director and Dental Assisting faculty. The student must return within 1 academic school year.

**Student Removal from the Dental Assisting Program**

Students enrolled in the Dental Assisting Program at Hibbing Community College (HCC) accept the moral and ethical responsibilities that have been credited to the profession of dentistry and are obligated to uphold and adhere to the professional Code of Ethics established by the American Dental Association. The Dental Assisting program at HCC has an obligation to graduate students who will provide safe, competent dental care and uphold the moral and ethical principles of the profession of dentistry. Therefore, students who fail to meet the moral, ethical, or professional behavioral standards of the Dental Assisting program are not eligible to progress in the dental assisting program. Students who do not meet academic or clinical standards and/or who violate the student Code of Conduct as described in the HCC Academic Catalog and the Dental Assisting Program Policies are also ineligible to progress in the Dental Assisting program. Behaviors that violate academic, moral, and ethical standards include, but are not limited to, behaviors described in the HCC Academic Catalog Student Code of Conduct as well as:

- unsafe behavior in a clinical setting;
- academic dishonesty (see examples outlined in college catalog);
- behaviors that violate the Student Code of Conduct (see examples outlined in the college catalog);
- transgression of professional boundaries;
- breaching of confidentiality/HIPAA (including any type of social media breach);
- physical abuse, verbal abuse, threats, harassment, coercion, and/or other conduct which threatens or endangers the health or safety of any person
- behavior unbecoming of the Dental Assisting Profession

*Note: The above violations include behaviors conducted either in person or via “smart” technology and/or social media.

**Academic Integrity Policy**
Academic integrity is one of the most important values in higher education and the dental assisting profession. This principle requires that each student's work represent his or her own personal efforts and that the student acknowledges the intellectual contributions of others. The foundation for this principle is student academic honesty. Hibbing Community College Dental Assisting students are expected to honor the requirements of the Academic Integrity Policy. The following are some examples of unacceptable academic practices that will be viewed as policy violations.

**Types of Academic Dishonesty**
- **Plagiarism**: Using the words and/or ideas of another author without proper acknowledgement so they appear to be your work. This includes quoting, paraphrasing, or copying of part or all of another’s work without acknowledging the source.
- **Cheating**: Using, or attempting to use, unauthorized materials in any academic exercise or having someone else do your required work: e.g. cheat sheets or copying from another’s paper, test, and/or homework
- **Fabrication**: Inventing or falsifying information: for instance, creating data for a required lab experiment that was not done or was done incorrectly.
- **Enabling Academic Dishonesty**: Assisting others in committing an act of academic dishonesty.
- **Deception or Misrepresentation**: Lying about or misrepresenting your academic work or academic records.
- **Multiple Submission**: Submitting work without an instructor’s permission as if it is new work, even though it has already been used in another class.

**Policy Implementation Notification**: In each class students will be notified about that class process regarding academic dishonesty. That notification is most often stated in the class syllabus and may contain definitions of academic dishonesty, required documentation style, a reference to the college’s Academic Integrity Policy and the Student Code of Conduct, and a statement of consequences in the class for any infraction.

**Due Process**: Students can expect fair treatment in academic matters, and the following steps will be followed in each situation:
1. Notification of the charge,
2. Presentation of the evidence supporting the charge,
3. An opportunity to respond,
4. Notification of the consequences,
5. Information about the appeal process.

**Consequences**: There is a range of options available to instructors and the director for dealing with cases of academic dishonesty. Consequences for a student in a particular class may include, but are not limited to, failing the course, having a course grade lowered, having an assignment grade lowered or stricken, completing an additional assignment or redoing it, receiving a warning, and/or having the charge dropped. Consequences for a student in a particular program may include removal from a program in addition but not limited to the above consequences.
**Documentation:** A written summary (letter) identifying the specific allegation of academic dishonesty, the consequences, and the documentation to support the charge will be provided to the student. Copies will be kept by the instructor or director and sent to the appropriate Academic Dean.

**Hibbing Community College Dental Assisting Department Social Media Policy**

Student dental assistants have a responsibility to understand the benefits and consequences of participating in social media. This includes both personal and professional social media use. A common myth with social media is that the communication or a post is private and accessible only to the intended recipient. Social Media is a public forum and any information posted in this media is considered public. Students should also be cautious of engaging in compromising behavior that may be photographed and tagged in another individual’s social media without permission of the student. Dental Assisting requires the highest level of ethics at all times and dental assisting students are expected to comply with the rules of the Dental Assisting Department and the ADA Code of Ethics in their social media use. Unprofessional behavior with social media that is reported to the Dental Assisting Program Director and/or the Dental Assisting faculty will be investigated. If a preponderance of evidence is found that the student is in violation with this policy, disciplinary action will be taken. This may include probation, removal from the program, reporting to a place of employment, clinical agency, and/or the Minnesota Board of Dentistry. Dental Assistants have an ethical obligation to report when others are engaging in unprofessional behavior. This could include reporting to an instructor, Dental Assisting Program director, employer, or Minnesota Board of Dentistry.

Students must ask for and receive permission prior to taping the instructor in classroom, lab, or office areas. Unless permission to tape has been asked for and received, taping is not allowed. Students may not take pictures in the classroom, lab or clinical setting unless permission has been given by the instructor.

Students who fail to adhere to the HCC Student Code of Conduct and the moral and ethical standards outlined in the handbook are ineligible to progress in the dental assisting program.

Students with concerns are encouraged to first discuss issues with faculty. If a student is unable to resolve issues to his/her satisfaction, the student is directed to the Grade Appeals and Student Grievance Policy and Procedures published in the HCC Academic Catalog.

**Attendance**

Part of your grade may consist of the instructors’ assessment of your performance and willingness to participate. Attendance is vital so as not to miss new information that is presented. It is very difficult to recapture the instruction that is missed, as vast amounts of materials are presented during each class. Missing a class can have a direct effect on overall student performance as well as, effect fellow classmates.

If a class is missed, it is the students' responsibility to get the missed materials. Instructors will NOT provide lecture notes. If laboratory and/or clinic time is missed the student may be required to make up the hours missed.
Students not in attendance on the day an assignment is due, will be expected to turn the assignment(s) in the next school day, if the course syllabus permits this.

Students not in attendance on the day a test(s) is given will have an automatic grade reduction of 10%. Refer to each course syllabus. Students will be expected to take the missed test(s) during the established test makeup time with the proctoring service on campus.

Clinical attendance may be excused for the following extenuating circumstances:
- Student injury, illness, or hospitalization – doctor’s statement required*
- Family member hospitalization – doctor’s statement required*
- A death in the family – documentation required*
- Court-ordered appearances – documentation required*
- Military service, call to active duty – documentation required*
- Religious observation – documentation required*

There are two types of absences:
**EXCUSED** - Attendance requirements are outlined in each course syllabus.
**UNEXCUSED** - is defined as "no call- no show." A reduction in a grade may occur due to this type of absence. Further attendance requirements are outlined in each course syllabus.

*Note: documentation for above excused absences must reflect date of absence
Any other unforeseen extenuating circumstances not listed above will be reviewed by faculty and the Dental Assisting Program Director on a case by case basis.

**Communication/Computer Requirements**
All students must have access to a computer, printer, and the Internet with greater than dial-up speed required in order to meet academic demands of the Dental Assisting program. For online exams and quizzes, it is strongly recommended that a student uses a computer with high-speed internet and a wired connection. It is the student's responsibility to assure internet connection meets D2L Brightspace requirements. Students are accountable for any technical difficulties that may occur during testing if D2L Brightspace requirements are not met. At a minimum, computers must be equipped with Windows XP or higher, Adobe Acrobat Reader, and Microsoft Office (Word, PowerPoint, Office). New D2L updates allow students to see Word docs and Adobe docs. Students will now have access to Office 365 also. Computers and printers are available for student use at the library and computer commons at both campuses. Students requiring assistance with computer-related issues should contact the Help Desk at extension 8200. (218.855.8200).

**Communication**
HCC e-mail is the official means of communication with students. All students are expected to check their HCC-mail and D2L Daylight frequently for official communication, including course updates, assignments and announcements from the dental assisting faculty.

**Star Alert Emergency Notification System**
Star Alert is an emergency notification system which a student can voluntarily register for. This alert system is designed to send an emergency alert via text messaging to the student registered cellular phone. For more information or to register for Star Alert, go to:
https://hibbingcommunitycollege.bbcportal.com
Local television and radio stations will carry official announcements of class cancellations and/or closing of HCC campus.

Class Cancellation and Campus Closing
If classes are cancelled, students do not have to come to school; they are excused. If campuses are closed, classes are also cancelled. If classes are running late, students are to come to school at the time indicated that the campus will open and courses will be in session. If it is a clinical date and classes are running late (2 hours or more), then clinical will be cancelled.

HCC Tobacco/Electric Cigarette Use Policy 5.8

5.8 Tobacco Free Policy and Procedure
PURPOSE:
Hibbing Community College has adopted a tobacco-free and electronic free cigarette-free (including cigarettes, cigars, pipes, smokeless tobacco, e-cigarettes, tobacco-products, and other tobacco or non-prescribed nicotine products) policy prohibits the use of all tobacco and electronic cigarette free products within college buildings and state-owned and leased vehicles.

Confidentiality/HIPAA
All students are required to sign a HIPAA (Health Insurance Portability and Accountability Act of 1996) form during clinical orientation. This document outlines the appropriate handling of confidential medical information. All students are required to strictly adhere to HIPAA guidelines. Patients have a legal right to confidentiality related to all aspects of their care, and professional dental assistants have a legal obligation to safeguard the patient's confidentiality. Students may not provide information about their patient(s) to any individual not directly involved with the patient's care, including other staff and classmates. Conversation related to patients is only allowed in the clinical area, clinical conference area, and the classroom for the purposes of furthering dental assisting education. Discussion related to patients or any clinical occurrences are prohibited in public places such as the cafeteria, lounge, or at home. Any materials or documents with identifying patient information contained on them may not be removed from the clinical setting and must be discarded in a confidential manner.
*Failure to adhere to HIPAA regulations may result in probation or program dismissal.

Student Supplies and Course Material Costs
The student is responsible for personal purchase of the following:
1. Combination lock – NOT a key lock
2. Safety glasses (bookstore)
3. #2 mechanical pencil or #2 pencil w/ eraser
4. Black pens
5. Highlighters
6. (1) 3 or 4 inch binder
7. (1) notebook
8. Typodont
9. Alginate (start with 1, buy additional at bookstore if needed)
10. Nametag
11. Uniforms/shoes
12. Scanner Pro App (3.99)

**Textbooks**
Textbooks must be the current edition. Textbooks can only be used if they are the current edition. Used workbooks are not allowed. Textbooks are sold in bundles in the bookstore (students save by buying in a bundle)

**Dental Assisting Examination Fees – NOT INCLUDED IN YOUR TUITION**
- Minnesota Ethics and Jurisprudence ($60.00)
- Minnesota Dental Assisting Licensure Examination ($70.00)
- Dental Assisting National Board Examination (DANB) – ($450)

**IMMUNIZATIONS:**
Required-Hepatitis series-fees vary for this.

**Dress Code**

DURING LECTURE AND CLASSROOM TIME, DRESS SHOULD BE IN AN APPROPRIATE MANNER AS TO NOT DISTRACT FROM STUDENT LEARNING.

**UNIFORMS** - need to be worn every day, unless the instructor says otherwise.
**Uniforms need to be laundered separately.**

- **Student uniform:** Solid lab coat and pants in the designated colors (no black as the instructors wear this color). Print scrub tops to match the lab coat and pants OR a solid scrub top that matches the lab coat and pants.
- **Lab coat** is to be worn over the student's clinical uniform. NO sweaters may be worn over the lab coat. (only white)
- Long sleeve crew neck T-shirts may be worn under the scrub top on lab days and if worn on patient clinical days, a lab coat must worn be over the long sleeve crew neck T-shirt. These long sleeve T-shirts need to be black or gray and without designs or texture on them.
- **Shoes** – plain black nursing shoes or black leather tennis shoes with minimal color- black crew socks.
- Pants must be hemmed to a length that rests on the shoes without extending past the back bottom of the shoe. Pants must never touch the floor.
- Pants must have a waist-raise high enough that NO undergarments are observable.
- Uniforms must be pressed and cleaned.
- **Student nametag** must be worn at all times when students are in uniform.
- No more than one ring may be worn.
- Only one small post earring may be worn in each earlobe. No hoop or dangle earrings.
- No bracelets. The only accepted bracelet is a medic alert.
- **Safety glasses** must be worn during all dental procedures during lab and clinical times.
- No visible body piercing (eyebrow, tongue, nose, dermal) or tattoos are allowed. A clear plug may be worn.
• If the student has a visible tattoo, it must be covered with clothing or some other means (band-aid, etc.)
• Tongue Studs are considered unacceptable and cannot be worn during clinical times.
• Hair must be short (not touching the shoulders) or pulled back.
• The student must be well-groomed and free from offensive odors. Male students must have neatly-groomed beards and sideburns.
• Odors may cause adverse physical responses from patients and classmates; therefore, smoking is NOT allowed while in uniform so that no odor of smoke is present on the uniform, and no fragrances maybe worn, including cologne, perfume, body lotion, scented hair spray, or after-shave lotion.
• Nails MUST be short and clean. Acrylic or false nails are NOT permitted for infection control and safety purposes.
• Students may NOT chew gum – all students should brush their teeth after lunch and mouthwash is available in the clinic area.

***If a student does not meet the dress code policy for 2 consecutive clinical lab times, the student will not be able to attend future clinical labs until the dress code policy is adhered to.

The student is expected to adhere to any additional dress code policies required by clinical agencies. Failure to comply with the uniform or dress code policy may result in dismissal from the clinical area.

For infection control purposes, lab coats are NOT to be worn out of the clinical/lab area. The student may bring a sweater or sweatshirt to wear OUTSIDE the clinical/lab area.

**Department Facilities**
1. Facilities and equipment must be maintained at a level of neatness and cleanliness appropriate for a health occupation.
2. Equipment will be used only with the permission of a dental assisting instructor. An instructor must be present during the use of most equipment.
3. Students from other departments will be allowed in the dental assisting department only for scheduled appointments and/or the approval of a dental assisting department instructor.
4. Clinical supplies and equipment is not for personal use.

**Cell Phone**
Cell phones are NOT to be used in any manner during or within the Dental Assisting class times. Cells may be used on your break times or during lunch in other areas and not in the classroom areas. **Cell phones need to be turned off during these times.**

Students who use their cell phones in any manner and are caught during these times will be asked to leave the classroom for the remainder of that class time. Classroom time should be respected just like employment time.

If repeated usage continues you will be subjected to further disciplinary action which may even result in the termination from the program.

During test times, cell phones will be placed out on the students' desk and turned face down.
Any texting during test times will be cause for termination from the program.

**INTERNSHIP INFORMATION:**
The internship consists of seven credits, equal to 336 hours. 312 hours are required on-the-job training and 24 hours are dedicated to seminars scheduled during the internship rotation.

Each student will be required to **complete two** different clinical rotations.

The major portion of the students' time in clinical assignments must be spent actually assisting with or actively participating in patient care.

The clinical facility must practice and utilize four handed dentistry concepts of dental auxiliary utilization.

The training supervisor must be an extension of the academic instructor that will ensure a quality learning environment, along with providing written progress performance evaluations that will be discussed with the student at a midway and exit conference.

The clinical facility must assure that the student will not replace a regular employee during his/her internship rotation.

A written agreement must be established between the institution and the clinical facility before an internship rotation starts and will be signed by all parties involved and a copy will be mailed to the clinical facility for their records.

Upon acceptance of an intern an agreement outlining the commitments of the institution, the training station and the students will be provided with the contract. This agreement will also stipulate the provisions for its termination. A copy providing this information is enclosed with this packet of information for your review and also will be included each time a student contracts an internship with the clinical facility.

Dental Assisting internships are not paid employment. Internship is part of the curriculum and job placement is not guaranteed.

Many students stay at home or with relatives and do not have to pay for the living expenses.

**Financial Information for Internship and Dental Review Course during Spring Semester**
Students will be expected to take 7 credits of Internship Course and it is recommended students take a 1 credit for the Dental Review Course in the spring.

**Transportation**
Classroom and clinical experiences are provided at a variety of settings around the region. Students are required to provide transportation to and from these settings.
Bloodborne Pathogens Exposure
Students participating in lab and clinical experiences are responsible for adhering to universal blood and body substance precautions to prevent exposure to blood and body substances infected with bloodborne diseases. An exposure can be caused by the splattering of blood, body fluids, or other potentially infectious substances into the eyes, mouth, mucous membranes, or non-intact skin. An exposure can also be caused by a puncture from a contaminated needle or other sharp objects. In the event of an exposure in the dental assisting lab, report the incident immediately to supervising faculty. In the event of an exposure at a clinical agency, the exposure should be immediately reported to the clinical faculty, and the exposure policy of the clinical agency must be followed. Costs associated with exposure or injury that occurs while at clinical will be covered as outlined in the clinical contract. **Students must carry health insurance.** Students are responsible for any costs incurred from an exposure.

Student Services
Resources and services available to students.

Academic Center
The Academic Center peer and professional tutors help prepare students for achievement in college classes. The services coordinated through this area include computer-assisted instruction, study group facilitation, supplemental instruction, and tutoring services.

Financial Aid
The Financial Aid Office at HCC has developed a comprehensive financial aid program based on federal, state, institutional and private resources to help cover the cost of education. HCC annually awards assistance to about 70% of its student body. The HCC Financial Aid staff encourages all students to apply for financial aid.

Scholarships
The HCC Foundation is a nonprofit organization formed to solicit, receive and administer gifts, grants, bequests, and donations. Providing financial assistance in the form of scholarships to students at HCC is central to the mission of the Foundation. Scholarships are available for dental assisting students. Class announcements and/or emails are sent to communicate any opportunities for students to apply.

Disability Services
An affirmative action, equal opportunity employer and educator. Hibbing Community College is committed to a policy of nondiscrimination in employment and education opportunity and works to provide reasonable accommodations for all persons with disabilities. Accommodations are provided on an individualized, as-needed basis, determined through appropriate documentation of need. Please contact Disability Services, maryioizzo@hibbing.edu or 218-262-6712, office M121 to meet and discuss reasonable and appropriate accommodations for your plan. The accommodations authorized in your plan should be discussed with your instructor. All discussions will remain confidential.

Affirmative Action
Hibbing Community College endorses and implements a policy of equal opportunity for all students regardless of race, color, religion, national origin, ancestry, disability or sexual orientation. If you have any concerns see the Student Handbook or contact the Human Resources Department.
TRIO SSS/Upward Bound
This Student Support Services program serves up to 260 HCC students every year. The focus of student support services is to foster an institutional climate supportive of the success of low-income, first generation college students and individuals with disabilities. Areas of additional support to increase retention, graduation, and transfer include academic advising, access to technology, financial aid advising, career advising, coordinating campus visits, and transfer plans to four-year institutions. TRIO SSS information can be found at: https://hibbing.edu/campus-services/trio-student-support-services/sss-services

TRIO Upward Bound information can be accessed at: https://hibbing.edu/campus-services/trio-upward-bound/

Food Shelf
HCC’s campus has a well-stocked food shelf with dry, refrigerated, and frozen goods. Students are made aware of this resource, including location, during course and program orientations.

Veterans Resource Center
The Veterans Resource Center provides information and support to military veterans, their families, and community members. The goal of the Center is to provide a welcoming environment for all who visit or seek services. The Center has, or can locate, information related to veterans’ services, financial resources, scholarships, veteran and family support activities, and other community services.

Counseling/Career Services
- The counselor role positions serve to develop and implement retention programming (i.e., new student orientation, interventions for at-risk students, etc.) and counsel students who are seeking personal and career counseling services.
- The advisor role positions serve to assist students with +80% of their questions regarding financial aid, admissions and academic advising.
- A support staff is available for student needs. A support staff can assist students with:
  - Making an appointment with a counselor or advisor
  - Answering other records and registration questions

HCC Counseling/Career Service information can be found at: https://hibbing.edu/campus-services/student-life/directory-of-student-services

Bookstore
The HCC Bookstore is open on both campuses throughout the school year and sells new and used textbooks, back packs, clothing, candy, movie tickets, and other school supplies. The bookstore also offers online ordering for textbooks and online buyback. The bookstore posts a schedule on the website of buyback dates throughout the year.

Emergency Procedures
Emergency information and procedures can be found in each classroom. Please take time to review these procedures.
# DENTAL ASSISTING PROGRAM - COURSE SCHEDULE TERM: FALL

Assigned Classroom: Check your individual course schedule for assigned rooms.

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00</td>
<td>DAS 1507 Dental Anatomy 1 J. Stevenson</td>
<td>DAS 1520 Dental Science J. Stevenson</td>
<td>DAS 1507 Dental Anatomy 1 J. Stevenson</td>
<td>DAS 1520 Dental Science J. Stevenson</td>
<td>DAS 1507 Dental Anatomy J. Stevenson</td>
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<tr>
<td>9:00</td>
<td>DAS 1528 Infection Control D. Robillard</td>
<td>DAS 1512 Chairside Assisting 1 J. Stevenson</td>
<td>DAS 1501 X-Ray 1 D. Robillard</td>
<td>DAS 1525 Expanded Duties 1 D. Robillard</td>
<td>DAS 1512 Chairside Assisting 1 J. Stevenson</td>
</tr>
<tr>
<td>10:00</td>
<td>DAS 1501-1 X-Ray Lab D. Robillard</td>
<td>DAS 1501-3 X-Ray Lab D. Robillard</td>
<td>DAS 1525-3 Expanded Duties Lab D. Robillard</td>
<td>DAS 1517-2 Dental Lab-2 J. Stevenson</td>
<td>DAS 1501-2 X-Ray Lab D. Robillard</td>
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<td>DAS 1517 Dental Lab-3 J. Stevenson</td>
<td>DAS 1512-2 Chairside Assisting Lab J. Stevenson</td>
<td>DAS 1517 Dental Lab-2 J. Stevenson</td>
<td>DAS 1512-1 Chairside Assisting Lab J. Stevenson</td>
<td>DAS 1512-1 Chairside Assisting Lab J. Stevenson</td>
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<td>DAS 1512-3 Chairside Assisting Lab J. Stevenson</td>
<td>DAS 1517 Dental Lab-1 J. Stevenson</td>
<td>DAS 1517 Dental Lab-3 J. Stevenson</td>
<td>DAS 1517 Dental Lab-1 J. Stevenson</td>
<td>DAS 1517 Dental Lab-1 J. Stevenson</td>
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### DENTAL ASSISTING PROGRAM - COURSE SCHEDULE TERM: SPRING

**DAS 1504 – Nutrition is a Blended/hybrid course**

Assigned Classroom: Check your individual course schedule for assigned rooms.

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
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<tbody>
<tr>
<td>8:00</td>
<td>DAS 1572 Extramural</td>
<td>DAS 1547</td>
<td>DAS 1547</td>
<td>DAS 1547</td>
<td>DAS 1530 Office Management</td>
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<td></td>
<td></td>
<td>Dental Anatomy 2</td>
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<td>Dental Anatomy 2</td>
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<td>J. Stevenson</td>
<td>J. Stevenson</td>
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<tr>
<td>9:00</td>
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<td>DAS 1529 Expanded Duties</td>
<td>DAS 1542 X-Ray</td>
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<td>2 D. Robillard</td>
<td>2 D. Robillard</td>
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<td>10:00</td>
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<tr>
<td>12:00</td>
<td>Lunch</td>
<td>DAS 1582 Nitrous</td>
<td>Lunch</td>
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<tr>
<td></td>
<td></td>
<td>Oxide/Oxygen</td>
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<td></td>
<td></td>
<td>Inhalation Sedation</td>
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<td></td>
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<td>D. Robillard</td>
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<td>1:00</td>
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<td>DAS 1529-1 Expanded</td>
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<td></td>
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<td>Duties Lab-1</td>
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<td>Duties Lab-1</td>
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<td></td>
<td>D. Robillard</td>
<td>J. Stevenson</td>
<td>J. Stevenson</td>
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<td></td>
<td>DAS 1552-2 Chairside</td>
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<tr>
<td></td>
<td>Assisting Lab</td>
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# PROGRAM PLANNING FORM 2019-2020

**PROGRAM NAME:** Dental Assistant  
**Credits Required for Graduation:** Diploma - 40 credits

<table>
<thead>
<tr>
<th>COURSE #</th>
<th>COURSE TITLE</th>
<th>CREDITS</th>
<th>SEMESTER</th>
<th>GRADE</th>
</tr>
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<tbody>
<tr>
<td>DAS1501</td>
<td>X-Ray 1</td>
<td>2cr</td>
<td>Fall</td>
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<tr>
<td>DAS1507</td>
<td>Dental Anatomy 1</td>
<td>3cr</td>
<td>Fall</td>
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<td>DAS1512</td>
<td>Chairside Assisting 1</td>
<td>3cr</td>
<td>Fall</td>
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<tr>
<td>DAS1517</td>
<td>Dental Lab 1</td>
<td>2cr</td>
<td>Fall</td>
<td></td>
</tr>
<tr>
<td>DAS1520</td>
<td>Dental Science</td>
<td>2cr</td>
<td>Fall</td>
<td></td>
</tr>
<tr>
<td>DAS1525</td>
<td>Expanded Duties 1</td>
<td>3cr</td>
<td>Fall</td>
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</tr>
<tr>
<td>DAS1528</td>
<td>Infection Control</td>
<td>1cr</td>
<td>Fall</td>
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</tr>
<tr>
<td>SPCH1040</td>
<td>Introduction to Communication</td>
<td>3 cr</td>
<td>Fall</td>
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</tr>
<tr>
<td>CAPP1510</td>
<td>Computer Applications</td>
<td>1 cr</td>
<td>Fall</td>
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**FALL SEMESTER**

**SPRING SEMESTER**

DAS1504  Nutrition  1cr  1/0/0  Spring  
DAS1529  Expanded Duties 2  3cr  1/2/0  Spring  
DAS1530  Office Management  1cr  1/0/0  Spring  
DAS1542  X-Ray 2  2cr  1/1/0  Spring  
DAS1547  Dental Anatomy 2  2cr  2/0/0  Spring  
DAS1552  Chairside Assisting 2  3cr  2/1/0  Spring  
DAS1572  Extramural  7cr  0/0/7  Spring  
DAS1582  Nitrous Oxide-Oxygen Inhalation Sedation  1cr  1/0/0  Spring  

NOTE: A grade of C or better is required in all course work.
## FIRST YEAR

### FALL SEMESTER - 2019

<table>
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<tr>
<th>COURSE #</th>
<th>COURSE TITLE</th>
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<tbody>
<tr>
<td>DAS1501</td>
<td>X-Ray 1</td>
<td>2 cr</td>
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<tr>
<td>DAS1507</td>
<td>Dental Anatomy 1</td>
<td>3 cr</td>
<td>3/0/0</td>
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<tr>
<td>DAS1512</td>
<td>Chairside 1</td>
<td>3 cr</td>
<td>2/1/0</td>
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<tr>
<td>DAS1517</td>
<td>Dental Lab</td>
<td>2 cr</td>
<td>0/2/0</td>
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<td>Dental Science</td>
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<td>Expanded Duties 1</td>
<td>3 cr</td>
<td>1/2/0</td>
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<tr>
<td>DAS1528</td>
<td>Infection Control</td>
<td>1 cr</td>
<td>1/0/0</td>
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<td>SPCH1040</td>
<td>Introduction to Communication</td>
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### SPRING SEMESTER - 2020

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<tr>
<td>DAS1504</td>
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<tr>
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<td>1/2/0</td>
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<tr>
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<td>Office Management</td>
<td>1 cr</td>
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<td>2 cr</td>
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<tr>
<td>DAS1582</td>
<td>Nitrous Oxide-Oxygen Inhalation Sedation</td>
<td>1 cr</td>
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**Note:** A grade of C or better is required in all the above courses.

## SECOND YEAR

### GENERAL EDUCATION:

<table>
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<tr>
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<tr>
<td>BIOL1120</td>
<td>Microbiology</td>
<td>3 cr</td>
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<tr>
<td>BIOL1270</td>
<td>Human Anatomy and Physiology 1</td>
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<tr>
<td>BIOL1280</td>
<td>Human Anatomy and Physiology 2</td>
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<tr>
<td>ENGL1065</td>
<td>Composition 1</td>
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<tr>
<td>PSYC1205</td>
<td>General Psychology</td>
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<tr>
<td>DAS2658</td>
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<td>1-4 cr</td>
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### ELECTIVES:

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<td>EMS1505</td>
<td>CPR-Course C</td>
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<tr>
<td>EMPL2515</td>
<td>Employment Skills</td>
<td>1 cr</td>
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</table>
Infectious Control Policies and Procedures

A. Infectious Disease Control
   It is the policy of Hibbing Community College Dental Assisting Program to provide oral health care to all patients seeking treatment in our clinic. Since it is not possible to accurately detect infectious and potentially infectious patients, Hibbing Community College Dental Assisting Clinic adheres to concepts of standard precautions as defined by OSHA's Blood borne Pathogens Standard. Emphasis is on the critical role each dental health care team member plays in maintaining a clean and safe environment. The policies and procedures outlined here are in place to protect students, staff, faculty and patients from the spread of disease and to maintain a safe learning and work environment.

   Infectious disease control policies and procedures are reviewed regularly by the dental assisting department and are revised in accordance with the latest recommendations by the American Dental Association, OSAP, CDC, and other leading health care authorities. Personal protection is one of the most important aspects of preventing infectious diseases. Hibbing Community College Dental Assisting Clinic enforces the following standards.

   1. Barrier protection:
      a. Gloves must be worn when examining and treating all patients.
         1. Damaged gloves must be changed immediately, and gloves must be discarded at the end of each treatment session.
         2. Gloves must not be worn outside. This means that gloves must be removed when leaving cubicles to obtain supplies, answer telephones, etc.
      b. Masks must be worn to protect oral and nasal mucosa from splatter of blood, saliva, and aerosols.
      c. Eyes must be covered with protective glasses or face shields to guard against splatter of blood, saliva, and aerosols.
      d. Over-garments or lab coats must be worn over street clothing or scrubs in clinical areas and changed when visibly soiled or splattered.

   2. Preventing cross-contamination:
      a. A protocol for policies and procedures during clinic has been identified and is implemented by faculty and students.

B. Policy Statement on Infection Diseases
   Hibbing Community College Dental Assisting Department adopted the American Dental Education Association (AREA) policy statements concerning infectious disease health risks set forth on March 7, 2001. These policy statements are recommendations and guidelines for allied dental education institutions and personnel.

   1. Infectious Diseases
      a. Human Dignity. All dental personnel are ethically obligated to provide patient care with compassion and respect for human dignity.
      b. Refusal to Treat Patients. No dental personnel may ethically refuse to treat a patient solely because the patient is at risk of contracting, or has, an infectious disease, such as human immunodeficiency virus (HIV) infection, acquired immunodeficiency virus (AIDS), or hepatitis B or C infections. These patients must not be subjected to discrimination.
c. Confidentiality to Patients. Dental personnel are ethically obliged to respect the rights of privacy and confidentiality of patients with infectious diseases.

d. Confidentiality of Faculty, Student, and Staff. Dental education institutions are ethically obligated to protect the privacy and confidentiality of any faculty member, student, or staff member who have tested positive for an infectious disease. Dental personnel who pose a risk of transmitting an infectious agent must consult with appropriate health care professionals to determine whether continuing to provide professional services represents a material risk to the patient. If a dental faculty student or staff member learns that continuing to provide professional services represents a material risk to patients, that person should inform the Dean of Academics for the institution. If so informed, the Dean of Academics should take steps consistent with the advice of appropriate health professionals and with current federal, state, and/or local guidelines to ensure that such individuals not engage in any professional activity that would create a risk of transmission of the infection to others. Refer to Minnesota State Guidelines, Sections 214.17-214.25 @ www.dentalboard.state.mn.us.

e. Counseling and Follow-up Care. The Dean of Academics must facilitate appropriate counseling and follow-up care for those faculty, staff, and students who do not continue to perform patient care procedures.

f. Protocols. Hibbing Community College Dental Assisting Department has established and enforced written pre-clinical, clinical, and laboratory protocols to ensure adequate asepsis, infection and hazard control, and hazardous-waste disposal. These protocols are consistent with current federal, state, and/or local guidelines, and are provided to all faculty, students, and appropriate support staff. To protect faculty, students, staff and patients from the possibility of cross-contaminations and other infections HCC Dental Assisting Department has policies and procedures in disinfection protocol and barrier techniques.

g. Testing for Infectious Disease and Immunization. HCC has facilitated the availability testing of faculty and staff for those infectious diseases presenting a documented risk to dental personnel and patients. HCC has made available the hepatitis B vaccine and appropriate vaccine follow-up to employees such as faculty and staff, in accordance with Occupational Safety and Health Administration (OSHA) regulations. HCC requires all students to be immunized against the Hepatitis B virus as part of their preparation for clinic training, or demonstrate proof of immunity. HCC also strongly encourages appropriate faculty, staff, and students to immunized against not only hepatitis B, but also other infectious diseases such as mumps, measles, and rubella.
HIBBING COMMUNITY COLLEGE EXPOSURE CONTROL PLAN FOR HIBBING COMMUNITY COLLEGE DENTAL ASSISTING PROGRAM

GENERAL POLICIES
Hibbing Community College is committed to providing a safe and healthy workplace for all employees, and learning environment for students through compliance with applicable OSHA standards.

This written exposure control plan has been developed to comply with OSHA's Bloodborne Pathogens Standard. The standard is designed to protect employees from occupational exposure to HIV, HBV and other bloodborne pathogens.

Although OSHA standards have been developed for employee's they will equally apply to all students in the Hibbing Community College Dental Clinic/Lab and other related facilities. The use of the term "employee" will also refer to "student".

The exposure plan is accessible to all employees and will be reviewed at least annually and updated as often as changes in positions, tasks or procedures require.

The exposure control plan is filed under the tab marked "Exposure Control Plan" in the Regulatory Compliance Manual: The manual is kept: In the U of M breakroom on the shelf. (Dr. Zupancic is the radiation safety officer)

The Dental Assisting College Lab Assistant and the Director have been designated the OSHA compliance manager for this facility and is responsible for implementing the Exposure Control Plan: The compliance manager will provide employees with a copy of the plan upon request.

Exposure Determination
Occupational exposure is defined as reasonably anticipated skin, eye, mucous membrane, or parenteral (other than through the GI tract) contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. Other Potentially Infectious Materials (OPIM) is defined to include saliva in dental procedures and unfixed tissue. Occupational exposure must be determined without regard to the use of personal protective equipment.

Employees in the following job classifications have occupational exposure:

Dentist
Dental Assisting Instructor
Infection Control Assistant (CLA)
Dental Assisting Student
SCHEDULE AND METHODS OF IMPLEMENTATION

Dates
This facility will implement all sections of the Bloodborne Pathogens Standard by the dates shown below (OSHA's deadlines for implementing the standard are shown in parenthesis).

<table>
<thead>
<tr>
<th>PROVISION:</th>
<th>IMPLEMENTED BY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal Precautions (3/6/92)</td>
<td>Fall 2003</td>
</tr>
<tr>
<td>Exposure Control Plan (5/5/92)</td>
<td>Fall 2003</td>
</tr>
<tr>
<td>Information and Training (6/4/92)</td>
<td>Fall 2003</td>
</tr>
<tr>
<td>Recordkeeping (6/4/92)</td>
<td>Fall 2003</td>
</tr>
<tr>
<td>Engineering/Work Practice Controls (7/6/92)</td>
<td>Fall 2003</td>
</tr>
<tr>
<td>Personal Protective Equipment (7/6/92)</td>
<td>Fall 2003</td>
</tr>
<tr>
<td>Housekeeping (7/6/92)</td>
<td>Fall 2003</td>
</tr>
<tr>
<td>HBV Vaccination/Post-Exposure Evaluation and Follow-up Procedures</td>
<td>Fall 2003</td>
</tr>
<tr>
<td>Label and Signs</td>
<td>Fall 2003</td>
</tr>
</tbody>
</table>

Standard Precautions
Standard Precautions is an approach to infection control that treats blood and certain body fluids (including saliva in dental procedures) from ALL patients as infectious for HIV, HBV, and other bloodborne pathogens, regardless of the patient's perceived infectious status.

Standard precautions are one of the most important measures for preventing transmission of bloodborne pathogens. This facility uses standard precautions, and all employees are trained to understand this concept.

Engineering Controls
Engineering controls isolate or remove a hazard from the workplace. Examples of engineering controls that might be used in a dental Office are sharps containers, rubber dam, and high volume evacuation (HVE). Engineering controls must be examined routinely and maintained or replaced as needed to ensure their effectiveness. In this facility, engineering controls are inspected and, maintained or replaced as follows:

<table>
<thead>
<tr>
<th>Engineering Controls</th>
<th>Inspection/Maintenance Schedule</th>
<th>Responsible Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharps containers</td>
<td>End of each semester</td>
<td>HCC/Maintenance</td>
</tr>
<tr>
<td>Rubber dam</td>
<td>Each use</td>
<td>Student/Faculty</td>
</tr>
<tr>
<td>HVE (suction)</td>
<td>Daily</td>
<td>HCC/Student</td>
</tr>
</tbody>
</table>
Work Practice Controls
Work Practice Controls reduce the likelihood an employee will be exposed by changing the way a task is performed. Proper handwashing techniques and positioning the patient to minimize splashing are examples of work practice controls that might be used in a dental office.

Engineering and work practice controls used in this facility are explained more fully below.

Handwashing
- Handwashing facilities are readily accessible to employees in the following locations:
  - Each operatory
  - Each x-ray room
  - Sterilization room
  - Wet lab
  - Restrooms located outside the clinic area
- Employees MUST wash their hands after activating delivery systems and before starting infection control procedures.
- Employees MUST wash their hands and any other skin with soap and water, and flush mucous membranes (eyes, nose and mouth), with water immediately or as soon as feasible after contact with blood or other potentially infectious materials.

Handling contaminated needles and other sharps
The standard defines contaminated sharps to mean any contaminated object that can penetrate the skin including, but not limited to needles, scalpels, dental burs, broken carpules® (cartridges), and exposed ends of dental wires.

Contaminated sharps are handled as follows to minimize employee exposure:
- In general, contaminated sharps must not be bent, recapped or removed
- Recapping/removing is permitted for the procedures listed below because (1) there is no feasible alternative, or (2) recapping/removal is required by the specific dental procedure
- In cases where recapping/removal of contaminated sharps is permitted, employees MUST use a mechanical device (first choice) or a one-handed technique.
- In this facility, recapping/removal of contaminated sharps is only permitted for the following procedures:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Device</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administering multiple doses of Anesthetic to the same patient</td>
<td>On-Gard or other recapping device</td>
</tr>
<tr>
<td>Replacing a dull or changing the Shape of surgical blades</td>
<td>Hemostat</td>
</tr>
</tbody>
</table>


Handling contaminated needles and other sharps (continued)

- Sharing or breaking of contaminated sharps is never permitted
- Immediately, or as soon as possible after use, contaminated reusable sharps (such as scalpels and explorors) must be placed in appropriate containers until they are processed

The following procedures will be followed when handling reusable contaminated instruments:

- Heavy-duty utility gloves will be worn when handling contaminated instruments.
- All contaminated items will be placed on the set-up tray and removed from the operatory to the sterilization area.
- One at a time, contaminated instruments are removed from the set-up tray and placed into an appropriately sized processing basket.
- Using instrument forceps, the processing basket is placed into the holding pan for a minimum of 10 minutes (if immediate access to ultrasonic cleaner is not available).
- Using instrument forceps, the processing basket is removed from the holding pan, rinsed under warm running water, and placed into the ultrasonic cleaner for a minimum of 10 minutes.

Eating and drinking
Eating, drinking, smoking, applying cosmetics or lip balm, and handling of contact lenses is prohibited in the following work areas where there is a reasonable likelihood of occupational exposure:

- Dental operatories
- Wet lab
- Sterilization room
- Medical waste storage area

Food and drink may NOT be stored in refrigerators, freezers, shelves, cabinets, or on countertops of bench tops where blood or other potentially infectious materials are present. In this facility, no food may be stored.

Techniques to minimize splashing and spraying
Procedures involving blood or other potentially infectious materials (OPIM) are performed in a manner to minimize splashing, spraying, spattering and generating droplets of these substances. Methods that maybe used to accomplish this goal include:

- HVE – high volume evacuation
- Dental dam
- Saliva ejectors
- Cotton rolls
- Isolation shields such as Dri-angles

Contaminated Equipment

- Equipment that becomes contaminated with blood or OPIM’s must be examined before servicing or shipping and decontaminated as necessary, unless decontamination is not feasible
- Equipment that cannot be completely decontaminated before servicing or shipping must be marked with a biohazard label that states which parts are
still contaminated. This information must be conveyed to employees, service people, and others who handle the contaminated equipment.

**Personal protective equipment (PPE)**
The standard defines personal protective equipment (PPE) as specialized clothing or equipment to protect against a hazard. General use work clothes that are not intended to function as protection against a hazard are not regarded as PPE.

Faculty is provided with appropriate PPE at no cost to the employee. Examples of PPE used in this facility could include:

- Gloves
- Gowns
- Lab coats
- Face shields
- Masks
- Eye protection
- Resuscitation bags
- Mouthpieces
- Nitrous oxide nosepieces

The specific PPE used will depend on the task and degree of exposure anticipated. In general, PPE is appropriate if it prevents blood or OPIM's from passing through or reaching employee's undergarments, clothing, skin, eyes, and mouth or other mucous membranes, under normal conditions of use.

**Use of PPE**
- Employees must use appropriate PPE whenever there is occupational exposure. This is an OSHA requirement.
- The only exception is in rare and extraordinary circumstances where, in the employee's judgment, using the PPE would:
  - Expose the employee to a greater hazard
  - Prevent the employee from delivering patient care

Generally, this exception would only apply in cases of extreme emergency, when an employee makes this judgment, the circumstances will be investigated and documented to determine whether changes can be made to prevent such occurrences in the future.

**Gloves**
- Gloves must be worn whenever hand contact with blood or OPIM's, mucous membranes, or non-intact skin can reasonably be anticipated. Gloves must also be worn when touching contaminated items and surfaces.
- Disposable (single use) gloves, such as surgical or examination gloves, must be replaced as soon as practical when they become contaminated (e.g., between patients) or as soon as feasible if they are torn or punctured or their ability to function as a barrier is compromised.
- Disposable (single use) gloves should never be reused.
- Utility gloves may be decontaminated for reuse as long as the integrity of the gloves is not compromised. However, they must be discarded if they become cracked or torn or show any other sign that their ability to function as a barrier is compromised.
Masks, protective eyewear and face shields
- Masks in combination with protective eyewear (such as goggles or safety glasses with solid side shields) MUST be worn whenever splashes, sprays, spatter, or droplets of blood or OPIM's may be generated and eye, nose, or mouth contamination may reasonably be anticipated. A chin-length face shield may be worn in place of eyewear and mask but a mask must be worn with shorter shields.

Gowns and other protective clothing
- Gowns, lab coats, clinic jackets, or other forms of protective clothing must be worn whenever the employee's skin, street clothing or underwear is subject to occupational exposure.
- Any employee working on patients MUST wear an appropriate scrub top. A white T-shirt or white crew neck long sleeve shirt may be worn under the scrub top if desired. Accompanying scrub pants are also required.
- Employees (including dentists supervising clinic sessions) who are only checking patients have the option of wearing an appropriate clinic jacket or coat over street clothes. Additional personal protective items. Such as surgical caps or boots, may be required when gross contamination can reasonably be anticipated.

In this facility employees MUST use the PPE indicated when performing for following tasks and procedures:

<table>
<thead>
<tr>
<th>Task or Procedure</th>
<th>Type of PPE required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing routine patient care</td>
<td>Gloves, Glasses, Masks, Uniform</td>
</tr>
<tr>
<td>Decontaminating equipment or Work surfaces</td>
<td>Utility gloves, Glasses, Masks (if inhalation of fumes appears to be a problem), Protective apron</td>
</tr>
<tr>
<td>Administering CPR</td>
<td>Personal pocket mask</td>
</tr>
</tbody>
</table>

Employees should contact the CLA, if additional PPE is required by unusual circumstances involving large quantities of blood or other potentially infectious materials.

Accessibility
- PPE in appropriate sizes is made readily available in the following locations:

<table>
<thead>
<tr>
<th>Type of PPE</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination gloves</td>
<td>Multiple locations around the clinic and in sterilization</td>
</tr>
<tr>
<td>Masks</td>
<td>Multiple locations around the clinic and in sterilization</td>
</tr>
<tr>
<td>Utility Gloves</td>
<td>Multiple locations around the clinic and in sterilization</td>
</tr>
<tr>
<td>Others</td>
<td>From IC officer</td>
</tr>
</tbody>
</table>
• Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives will be made available to employees who demonstrate sensitivity or allergy to those items normally provided. Hibbing Community College will make every effort to become and remain a latex free environment.

Cleaning, disposal, repair and replacement
• PPE will be cleaned, laundered, repaired and disposed of at no cost to employees (students are responsible for this themselves).
• PPE must be removed immediately or as soon as reasonably feasible after it is penetrated by blood or other potentially infectious materials.
• All PPE must be removed before employees leave the work area.
• After PPE is removed, it must be placed in the designated area or container for storage, washing, decontamination, or disposal. The following areas/containers have been designated in this facility for PPE after it is removed:

<table>
<thead>
<tr>
<th>Type of PPE</th>
<th>Area or Container for storage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination gloves</td>
<td>Waste receptacle under sinks</td>
</tr>
<tr>
<td>Masks</td>
<td>Large waste receptacles in clinic and sterilization</td>
</tr>
<tr>
<td>Utility Gloves</td>
<td>Store under each sink and in sterilization</td>
</tr>
<tr>
<td>Others</td>
<td>As specified</td>
</tr>
</tbody>
</table>

Laundry
The standard defines contaminated laundry as laundry that has become soiled with blood or other potentially infectious materials or may contain sharps. OSHA interprets the standard as prohibiting employees from taking contaminated laundry home to clean. However, employees are permitted to take uniforms or clothing they wear under PPE home to clean, as long as this clothing has not become contaminated. The standard does not apply to students.

The following work rules apply in this facility to contaminated laundry:
• Handle clothing as little as possible
• Remove where used/changed and place in the bag or container provided
• Store or transport in bags
• Never sort or rinse laundry where it is used
• Handle contaminated laundry while wearing gloves

Housekeeping
The following work rules apply in this facility to housekeeping tasks:
• All equipment, environmental and work surfaces must be cleaned and decontaminated after contact with blood or other potentially infectious materials.
• Contaminated work surfaces must be decontaminated with an appropriate disinfectant after completion of procedures, immediately or as soon as
feasible when surfaces are overtly contaminated or after any spill or blood or other potentially infectious materials, and at the end of the work day if the surface may have become contaminated since the last cleaning.

- Protective covering such as plastic wrap, aluminum foil, or imperviously backed absorbent paper must be removed and replaced whenever they become, overtly contaminated and at the end of the procedure.
- All dispensers, bins, pails, cans, and similar receptacles intended for reuse that have a reasonable likelihood for becoming contaminated with blood or OPIM must be inspected and decontaminated on a regular basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
- Spills of blood or OPIM must be wiped up immediately, or as soon as feasible, and the area decontaminated using an appropriate disinfectant.
- Disinfectants used in this facility are chemical germicides that are approved for use as hospital disinfectants and are tuberculocidal when used at recommended dilutions. OSHA has stated that 5.25 bleach solution is an acceptable surface disinfectant.
- Employees must wear utility gloves when cleaning contaminated equipment and surfaces.
- Employees must use mechanical means (e.g., brush and dustpan or forceps) to pick up broken glassware that may be contaminated. Broken contaminated glassware may never be picked up by hand, even if gloves are used.

This facility is cleaned and decontaminated according to the following housekeeping schedule:

<table>
<thead>
<tr>
<th>Area or Receptacle</th>
<th>Schedule</th>
<th>Method and cleaning Solution or Disinfectant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient chairs</td>
<td>Between patients</td>
<td>Cavicide wipes</td>
</tr>
<tr>
<td>Stools</td>
<td>Between patients</td>
<td>Cavicide wipes</td>
</tr>
<tr>
<td>Counter tops</td>
<td>Between patients</td>
<td>Cavicide wipes</td>
</tr>
<tr>
<td>Units and posts</td>
<td>Between patients</td>
<td>Cavicide wipes</td>
</tr>
<tr>
<td>Lights and posts</td>
<td>As needed</td>
<td>Wipe plastic parts (if cool)</td>
</tr>
<tr>
<td>Tubing – exterior</td>
<td>Between patients</td>
<td>Cavicide wipes</td>
</tr>
<tr>
<td>Tubing – interior</td>
<td>Between patients</td>
<td>Flush with cold water</td>
</tr>
<tr>
<td>Cabinet fronts</td>
<td>Daily</td>
<td>Cavicide wipes</td>
</tr>
<tr>
<td>In-line water</td>
<td>Weekly</td>
<td>Ultra-Kleen</td>
</tr>
</tbody>
</table>

Regulated waste
The standard defines regulated waste as:

- Liquid or semi-liquid blood or other potentially infectious materials
- Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed
- Items that are caked with dried release blood or other potentially infectious materials that are capable of releasing these materials during handling
- Contaminated sharps (including dental wires)
• Pathological and microbiological wastes containing blood or other potentially infectious materials (including extracted teeth)

**Contaminated disposable sharps**
Immediately, or as soon as feasible after use, contaminated sharps must be disposed of in sharps containers. Containers provided for this purpose are closeable, puncture resistant, leak proof on sides and bottom and marked with the biohazard label or color-coded red. Sharps containers are located as close as feasible to the immediate area of use.

Containers for contaminated sharps must be kept upright while in use. They must be replaced routinely (at least each semester) and must not be overfilled.

Containers of contaminated sharps must be closed before they are moved to prevent spills. If leakage is possible, the first container must be placed in a second container with the same characteristics as the first. Reusable sharps containers may not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of percutaneous injury.

**Other regulated waste**
Other regulated waste must be placed in containers that are:

- Closeable
- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping. If outside contamination of the regulated waste container occurs, the container must be placed in a second container with the same characteristics as the first.

Containers for other regulated waste in this facility are located in sterilization.

All regulated waste is disposed of according to applicable local, state, and federal laws. OSHA does not require regulated waste to be labeled after it is decontaminated. However, state and local waste laws may have different requirements.

**HEPATITIS B VACCINATION**
Hepatitis B vaccination will be required for all employees identified as having occupational exposure, unless:

- The employee previously received the complete vaccination series
- Testing reveals the employee is already immune
- The vaccine is contraindicated for medical reasons
- The employee chooses not to be vaccinated

No employee will be required to participate in a prescreening program as a condition of receiving hepatitis B vaccination.

An employee is entitled to refuse vaccination, BUT must sign a form declining vaccination. This is an OSHA requirement. A blank declination form is found under "Recordkeeping" tab in the Bloodborne Pathogens section of the Manual. An employee
(ONLY) who initially declines to be vaccinated may elect to be vaccinated later at no cost to the employer.

The first dose of vaccine will be administered within 10 working days of the employee's assignment to a job involving occupational exposure. Before the vaccine is made available, the employee will receive training about the efficacy, safety, method of administration and benefits of vaccination the employee will also be told that vaccination is provided free of charge.

The licensed health care professional selected to administer the vaccine will be provided with a copy of the Bloodborne Pathogens Standard. The employee will obtain from the health care professional within 15 days after the evaluation is completed a written opinion stating:

1. Whether hepatitis B vaccination was indicated for the employee, and
2. Whether the vaccination was administered

The employee will be given a copy of the opinion, and the original will be kept in the employee's confidential medical record.

Employees are not currently required to make available routine booster doses of hepatitis B vaccine or routine post-vaccination testing. If in the future, the U.S. Public Health Service recommends these services, the employer will provide them at no cost to the employee.

**Post-exposure evaluation and follow-up**

The standard defines an exposure incident as a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or OPIM that results from performance of an employee's duties.

Any employee who suffers an exposure incident must immediately report the incident to: **Dawn Robillard, Program Director**

Employees (ONLY) who experience an exposure incident will be offered post-exposure evaluation and follow-up at no cost to the employee. **Students and patients will be as follows:**

- A report of the incident will be made documenting the route of exposure and circumstances in which the exposure occurred. The source patient will be identified, if possible. The report will note if the source patient is unknown or if it would be a violation of state or local law to disclose the source patient's identity.
- The employer/faculty will attempt to have the source patient's blood tested as soon as feasible to determine HBV and HIV infectivity. The employer/faculty will determine if the source patient's consent to testing is required by law. If consent is required and cannot be obtained, the employer/faculty will document that fact in the incident report. If consent is not required and the source patient's blood is available, it will be tested. Testing is not required if the source patient is known to be infected.
- Results of the source patient's blood test will be made available to the exposed employer/faculty, if the patient consents to disclosure of if the law permits disclosure without the patient's consent. The exposed
employee/student will be notified of any applicable law governing further disclosure of the test results.

- The employee/student's blood will be collected, with the employee's/student's consent, for baseline testing. If the employee/student consents to have blood collected but not tested, the blood will be kept for 90 days after the exposure incident to allow the employee/student to change his or her mind.
- The exposed employee/student will be offered any medically indicated prophylaxis recommended by the U.S. Public Health Service. Counseling and evaluation of any reported illnesses will also be provided. See under tab "HBV vaccination/post exposure procedures" and Appendix 3 for further information.

The licensed health care professional who provides post-exposure evaluation and follow-up services will be given a copy of the Bloodborne Pathogens Standard, a description of the exposed employee/student's relevant job duties, a copy of the incident report, results of the source patient's blood testing (if available) and any relevant medical records in the employer's/faculties possession.

The employer/faculty will obtain from the health care professional, within 15 days after the evaluation is completed, a written opinion stating that the employee/student has been informed of the results of the evaluation and any medical conditions which may require further evaluation or treatment. The employee/student will be given a copy of the opinion, and the original will be kept in the employee's confidential medical record.

The circumstances of the exposure incident will be reviewed to determine if procedures, protocols, and/or training need to be revised to prevent the incident from happening again.

Labels
In this facility, potentially biohazardous materials are color-coded red or identified with the following biohazard symbol and the "biohazard" in contrasting color on a fluorescent orange or orange-red label:

Medical Records
A confidential medical record is maintained for each employee/student with occupational exposure. The medical record includes:

- The employee's/student's name and social security number
- A copy of the employee's/student's hepatitis B immunization status
- Exposure incident report
- Written opinion of health care professional
- Form refusing hepatitis B vaccination, if applicable.
- Form refusing post-exposure evaluation and follow-up (not required by OSHA, but highly recommended), if applicable.

Employee medical records for this facility are maintained in the President's or President's designee's office.
Student medical records for this facility are maintained in the Infection Control Officer’s office. Any time a student has an exposure incident the appropriate form should be filled out with an instructor and the student sent to the Infection Control Officer.

Employee/student medical records are kept confidential and will not be disclosed without the employee/student's consent or as required by law.

Employee medical records are retained for the length of employment plus 30 years. Employees should contact the office of the President or President’s designee to inspect their medical records or to obtain a copy.
Student medical records are retained for the length of employment (years as a student) plus 30 years. Students should contact the Infection Control Officer to inspect their medical records or to obtain a copy.

OSHA standard 1910.20 gives employees the right of access to their own medical and exposure records. For further information, see the copy of 1910.20 located under the "Appendices" tab in the section of the Manual entitled General Information for the Dentist-Employer.

**Training**

All employees will be provided with training before they begin work involving occupational exposure. Thereafter, training will be provided at least annually and whenever changes in tasks or procedures require. Training will be provided during work/class hours, at no cost to the employee, by someone who is familiar with the standard as it relates to the dental office and this facility.

Training will cover:

- An explanation of the Bloodborne Pathogens Standard and where a copy of the standard is filed (e.g., under "Appendices" tab in the Bloodborne Pathogens section of the Manual).
- General information about the epidemiology and symptoms of bloodborne diseases.
- Modes of transmission of bloodborne pathogens.
- An explanation of this facility's exposure control plan and how to obtain a copy.
- How to recognize tasks involving occupational exposure. The use and limits of engineering controls, work practice controls, and personal protective equipment.
- Where PPE is located and how to use, remove, handle, decontaminate, and dispose of it.
- How to select appropriate PPE.
- The effectiveness, safety, benefits, and methods of administering hepatitis B vaccine and the fact that vaccinations will be provided free of charge.
- What to do if there is an emergency spill of blood or other potentially infectious materials.
- What to do if an exposure incident occurs.
- Post-exposure evaluation and follow-up that will be made available to employees in case of an exposure incident.
- The system of labels and color-coding used in the office to warn employees of biohazards.
- An opportunity for interactive questions and answers.
A model training program for employees is provided under the "training" tab of the Bloodborne Pathogens section of the Manual.

The employer/infection control officer will maintain a record of all training sessions. The record will include:

- Date of training
- Content of training (a summary or list of subjects is sufficient)
- Name and qualification of trainer
- Name and job title of each person attending

Training records for this facility are kept in the IC Officers office.

Training records are retained for three years following the training session. Employees may inspect training records or obtain a copy by contacting the Infection Control Officer.

Any employee who has questions about this exposure control plan or how it is implemented in this facility is encouraged to contact Dawn Robillard, Program Director for more information.
HIBBING COMMUNITY COLLEGE

Student/Employee Report of Percutaneous or Blood/Body Fluid Exposure

STUDENT/EMPLOYEE:

Name: ___________________________ Job Title: ___________________________

Address: ___________________________ Phone: ___________________________

D.O.B: ___________________________

SSN: ___________________________

Date of Injury: ___________________________ Time: ___________________________

Date of Report: ___________________________ Time: ___________________________

Name of Source Person: ___________________________

Part of Body Exposed: ___________________________

Percutaneous: ___________________________ OR

Blood/Body Fluid Exposure: ___________________________

Describe the incident in detail: ___________________________

Was the affected area washed/flushed?  Yes  No

Exposure Criteria for Possible Chemoprophylaxis (PEP):

1. Is the source person a known positive for HIV?  Yes  No

2. Was the device a large diameter hollow needle in a vein?  Yes  No

3. Was it a deep injury with a large diameter hollow needle?  Yes  No

4. Was there prolonged blood exposure to non-intact skin?  Yes  No

5. Were you splashed in the eye or face with the material?  Yes  No

6. Allergies: ___________________________

Student/Employee Signature: ___________________________

Date: ___________________________
Hibbing Community College

Student Statement of Understanding and
Release Dental Assisting Program

__________________________ am a student at Hibbing
(print name)

Community College who is enrolled in the Dental Assisting Program.

I acknowledge that I have been informed of the following and that I understand the following:

1. That the Dental Assisting program I have enrolled in may involve exposure to human body fluids and cell and tissue cultures that may carry infections such as HIV (Human Immunodeficiency Virus) and Hepatitis B Virus (HBV).

2. That exposure to infectious blood and other body fluids and cultures by contact through eye, mouth, blood, non-intact skin, or other method may put me at risk of contracting a bloodborne infection.

3. That to protect myself from exposure to blood and other body fluids and cultures, I will wear protective apparel according to OSHA (Occupational Safety and Health Administration) standards and comply with applicable policies of the College and any hospital or clinical affiliate that I am attending.

4. That if I should become exposed by eye, mouth, blood, non-intact skin, or other method to blood or other human fluids or cultures, I will immediately report such incident to the program instructor or clinical affiliate supervisor.

5. That if such exposure should occur, I hereby authorize the College or the clinical affiliate to administer such immediate first aid as is deemed appropriate until medical help can be obtained.

6. That I hereby release and hold harmless Hibbing Community College, its employees, officers, agents, and representatives, including all hospital and clinical affiliates, from any liability for any and all injury, illness, disability, or death, including all costs for medical care, resulting from my exposure to infectious blood or other human fluids or cultures or the administration of emergency first aid after such exposure, during the course of my participation in Dental Assisting Program, whether caused by the negligence of the College or otherwise, except that which is the result of gross negligence or wanton misconduct by the College.
7. Immunizations:
   a. All students, faculty, and staff who have direct patient care contact are required to obtain the vaccination (or present evidence of immunity) against Hepatitis B infection, or formally decline the vaccination.
   b. Students who decline to vaccinated will be required to sign a formal declination waiver form.
   c. All students must provide evidence of a completed immunization record as a condition of entry in to the dental assistant program.

8. Minnesota Law (M.S. 135A.14) requires that all students born after 1956 and enrolled in a public or private post-secondary school in Minnesota be immunized against diphtheria, tetanus and rubella allowing for certain specified exemptions (see below). Each student will provide the school with the information required by the law and will be available for review by the Minnesota Department of Health and the local community health board.

9. Course grade requirements
   a. **Students must achieve a minimum of a “C” in all DAS classes**
   b. Students receiving an "I" – Incomplete in a course, must complete the course work within 10 days of the start of the next semester, unless other arrangements have been made. Due to course work not being completed on time, the grade awarded will be reduced.
   c. Students who fail any Dental (DAS) courses during Fall semester will be terminated from the program and will NOT be allowed to continue on for Spring semester of that current school year. Students wishing to pursue a Dental Assisting profession can reapply for the following Fall semester and will need to retake ALL Dental Assisting courses regardless if they had received a passing grade.
   d. Students who pass all courses Fall and Spring semester but choose not to continue in the program will be allowed to return the next Fall semester. The courses that need to be retaken will be determined by the program director. The student must return within 1 academic school year.

Student Name: ____________________________________________ (Please Print)  (Major)

Student Signature: ___________________________________ Date: ____________________

Instructor Signature: ____________________________  Date: ____________________
Student Hepatitis B Vaccine Waiver

Let it be known that the undersigned student has been apprised of his/her right to the requirement of the hepatitis B vaccine, and has chosen to relinquish this immunization. The undersigned student understands the serious nature of this disease and understands the importance of this preventive vaccine. This form is a permanent part of the undersigned student's record.

__________________________________________________________________________
Student's signature Date

__________________________________________________________________________
Instructor's signature
HIBBING COMMUNITY COLLEGE

DENTAL ASSISTING PROGRAM

LABORATORY PROTOCOL

To assure that each student has a productive, as well as safe experience during the laboratory sessions, everyone needs to adhere to specific rules. The following is minimum requirement which will be in place during laboratory sessions. Students not adhering to these requirements will not be allowed in the lab.

1. Safety glasses will be worn.

2. Hair will be secured away from the face at all times while performing lab procedures/assignments.

3. Protective attire will be worn when working with materials.

4. Instruments and equipment will be used for what they are designed for.

5. Be respectful of your surroundings and the safety of others.

6. You will be responsible for the supplies, equipment and materials you are using, as well as maintaining and cleaning up your work area.

7. You will come to each laboratory session prepared. If material has been missed, you will gather the information needed prior to working in the lab.

8. If you are uncertain of how to proceed, you will ask an instructor prior to the laboratory session.

9. If you have an accident/emergency, try to remain calm and contact an instructor immediately.
LABORATORY SAFETY RULES

Laboratory equipment, such as engines, lathes, model trimmers, gas torches, Bunsen burners and electrical equipment present a potential hazard if not handled with care.

The following is a set of safety rules that apply to the Dental Lab:

1. Wear your laboratory coat at all times.

2. Hair is to be off the face and secured back tightly. If you have long hair it is advisable to have it up and off your collar. You will be asked to leave the lab area if hair is not considered safe.

3. Protective glasses must be worn when working with rotating instruments, such as engines, lathes, model trimmers, etc. as well as with materials or equipment that could be hazardous.

4. When removing electrical plugs from the electrical outlets, please make sure hands are dry and grip the plug, not the cord.

5. When working with the micro torch, never leave the lighted torch unattended. Keep face away from the micro torch when lighting it, and do not reach across the torch, unless you are sure it is not burning.

6. Always wipe up any spills from the floor immediately.

7. Any malfunctioning equipment must be reported to the instructor IMMEDIATELY.

8. Any injuries, no matter how minor, are to be reported to the instructor IMMEDIATELY. Follow school policy for sharp injuries.

9. In case of fire, do not panic. Know the route of exit from the building and where the fire extinguishers are mounted.

10. "Think before you act" to avoid injury.
DENTAL ASSISTING PROGRAM
Infection Control Protocol

OBJECTIVES:

1. Reduce the number of pathogens so normal resistance can prevent infection.
2. Break cycle of infection and eliminate, cross contamination.
3. Treat every patient/instrument as infectious.
4. Protect patient/personnel from infection.

To facilitate effective aseptic practices the following will be adhered to in the treatment of patients.

1. Sterilization:
   a. All instruments and materials used in the treatment process must be sterile and/or disinfected. Steam, autoclave, dry heat or chemical vapor autoclave will be used to achieve sterilization.

   b. Preparation of Instruments for Sterilization
      1. Holding Solution: If instruments cannot be cleaned immediately after the procedure, they should be placed in a holding solution to prevent the drying of blood and debris on the instruments. Utility gloves will be worn when preparing instruments for sterilization.
      2. Ultrasonic cleaning: After instruments have been cleaned in the ultrasonic cleaner for 15-20 minutes they will be rinsed and prepared for final sterilization. When the ultrasonic bath is used, the bath must be covered to prevent contaminants from getting into the air.

2. Barrier Techniques:
   a. All persons involved in the direct treatment of a patient will wear the personal protective equipment (PPE).
      1. New gloves will be worn for each patient.
      2. The operator and assistants will wash their hands prior to and after gloving.
      3. Gloves are not to be re-used.
      4. Protective glasses will minimize the aerosol contaminants from reaching the eyes of the patient and operator and will be disinfected after each use.
      5. Masks will minimize the aerosol contaminants from entering the respiratory tract.
      6. Plastic barriers will be placed on light handles, switches and headrest covers.

3. Disposables:
   Items identified as being disposable, such as needles, saliva ejectors, prophylaxis cups, headrest covers, patient towels, etc. are not to be re-used.

4. Chemical Disinfectants:
   These will be used on hard surfaces and for materials that cannot be sterilized with heat.
a. An ADA and FDA approved glutaraldehyde disinfectant will be used for routine disinfection of instruments and materials which cannot be sterilized by heat.
b. An EPA registered hospital disinfectant solution will be used to disinfect hard surfaces such as counter tops, dental lights, etc. after each patient.

In all instances when patient care is being rendered, instructors will make sure the prescribed infection control protocol is exercised to its fullest.

5. Disposal in Receptacles:
a. All materials considered as being disposable such as those mentioned in item 3 to include: sponges, cotton rolls, rubber dam, etc., which are used on a patient will be classified as general medical waste and thus can be disposed of with ordinary waste.
b. All plastic bags used as routine trash receptacles in the clinical area, where patients are treated, will be closed with a tie at the end of the day activities for pick-up and disposal by the custodians.
c. Custodians are advised not to open these plastic receptacles before final disposal.
d. Used sharp items, such as needles and scalpel blades will be placed in a puncture-resistant red container.

6. Impressions:
Impressions will be rinsed with tap water to remove saliva, blood, and debris and sprayed with a disinfectant, wrapped in a damp paper towel and sealed in a plastic bag for the appropriate amount of time before pouring a cast or die.

a. Polysulfide and silicone impressions can be disinfected by immersion in any of the accepted products for, chemical disinfection and/or sterilization.
b. Polyethers: Spray with products with short disinfection time — chlorine compounds.
c. Alginites: Spray with disinfectant products with short disinfection time.
d. Agar: Insufficient information.
e. Stone casts: Insufficient information.

7. Hygiene Materials:
a. Antimicrobial handwash — used for all handwashing.
b. Alcohol hand rubs - used between handwashings.
c. Moist heat (steam) under pressure sterilization equipment. (Autoclave) is used for instrument sterilization after instruments have been scrubbed and bagged.

8. Quality Control:
Autoclave is tested weekly for effectiveness and a record of results are stored in the clinic. Test tubes are autoclaved with pack. After sterilization procedures, test tubes are incubated 48 hours along with a control tube. No growth after 48 hours, with growth in the control tube, indicates the autoclave reached and maintained a temperature of at least 120 degrees C or 245 degrees F.
9. Clean up:
   a. Return all heat sensitive items to sterilization room for cold sterilization.
   b. Replace cap on used needle with a single handed technique and dispose of it in red biohazard container in sterilization room.
   c. Disinfect hand piece before returning it to sterilization.
   d. Use gauze dampened with water and a blotting motion to clean plastic light shield after it has cooled.
   e. Clean and disinfect the environmental surfaces with EPA hospital disinfectant includes dental chair, dental cart, dental light (metal parts) operator chair, pens and pencils and bib clips.

10. Communicable Disease Protocol:
   a. Follow standard precautions and wear appropriate PPE.
   b. Ultrasonic all instruments before packaging.
   c. Heat-sterilize instruments in autoclave and/or Chemclave.
   d. Dispose of masks, gloves and disposable gowns after each patient.

11. Sterilization Alcove Protocol:
   a. Clean and disinfect cabinets and counters with an EPA hospital disinfectant.

12. Vaccination Against Hepatitis B:

   "In June 1982, the Council on Dental Therapeutics adopted a resolution recommending that all dental personnel having patient contact receive the Hepatitis B vaccine. The recommendation was reinforced by the Immunization Practices Advisory Committee CDC, in June 1985."

Medical History:

"A thorough medical history should be obtained and reviewed. Each patient must be considered as potentially infectious and the same infection control procedure should be used for all patients."
HIBBING COMMUNITY COLLEGE DENTAL ASSISTING PROGRAM INFECTION CONTROL PROCEDURES DURING CLINIC

Infection control is an important aspect overall for dental procedures. Please review the following to become familiar with the policies and procedures that will be followed while in the clinic.

INFECTION CONTROL: The main goal is to eliminate contamination between dental personnel and the patient. Students will be expected to adhere to the clinical dress code as stated in the policy manual.

Preparing the Dental Treatment Room
Prepare and place the appropriate PPE's
1. Obtain cavicide
2. Obtain over gloves
3. Obtain utility gloves
4. Wash hands
5. Place facemask
6. Place safety glasses
7. Wash hands
8. Put on over gloves
9. Put on utility gloves
10. Wash utility gloves
11. Dried utility gloves

Treatment Room Cleaning and Disinfection
To Pre-Clean the following surfaces; use a Cavicide wipe/wipes and vigorously wipe down the following surfaces listed below.
1. Light switch
2. Light handle switch
3. Handpiece delivery unit tray
4. Handpieces delivery unit bracket and cords
5. Handpiece delivery unit air/water syringe
6. Dental chair
7. Dental operator chair
8. Dental assistant chair
9. Dental assistant table
10. Dental operator table
11. Dental assistants arm unit HVE
12. Dental assistants arm unit cuspidor
13. Dental assistants arm unit air/water syringe
14. Countertop on the operator side
15. Countertop on the assistant side

To Pre-Clean the following surfaces; use a Cavicide wipe/wipes and vigorously wipe down the following surfaces listed below.
1. Sink on the operator side
2. Sink on the assistant side
3. Base of the dental chair
4. Rheostat
5. Foot control

Treatment Room Cleaning and Disinfection
Disinfect the following surfaces; use a Cavicide wipe and wipe down the following surfaces listed below.

- Let the surface remain moist for the manufacturer's recommended time for tuberculocidal action (1 minute).

1. Light switch
2. Light handle switch
3. Handpiece delivery unit tray
4. Handpieces delivery unit bracket and cords
5. Handpiece delivery unit air/water syringe
6. Dental chair
7. Dental operator chair
8. Dental assistant chair
9. Dental assistant table
10. Dental operator table
11. Dental assistants arm unit HVE
12. Dental assistants arm unit cuspidor
13. Dental assistants arm unit air/water syringe
14. Countertop on the operator side
15. Countertop on the assistant side
16. Sink on the operator side
17. Sink on the assistant side
18. Base of the dental chair
19. Rheostat
20. Foot control

Remove Personal Protective Equipment
1. Wash utility gloves
2. Dried utility gloves
3. Removed utility gloves
4. Removed over gloves
5. Wash hands
6. Remove safety glasses
7. Remove face mask by the ear loops
8. Wash hands

Placement of Surface Barriers
1. With clean hands no gloves needed.
2. Get the patient procedure tray set up from sterilization and place it on the assistant table.
3. Place a cuspidor liner in the cuspidor.
4. Place, 1 sticky barrier on the dental assistant chair lever.
5. Place, 1 sticky barrier on the dental assistant chair arm lever.
6. Place, 1 sticky barrier on the operator chair lever.
7. Place, 1 sticky barrier on the dental light switch.
8. Place, 2 cover barriers on the light handle.
9. Place a large chair barrier on the dental chair.
10. Place, a tray cover barrier on the handpiece delivery tray.

**Attach tray set up items/equipment to the dental unit**
1. HVE (place on the unit).
2. Saliva ejector (place on the unit).
3. Air water syringe tip placed on the handpiece delivery unit.
4. Air water syringe tip placed on the dental assistant arm unit.
5. Flush the airlines and waterlines on the handpiece hose for 30 to 60 seconds.
7. High speed handpiece.

**During patient treatment**
1. All PPE's must be worn.
2. Appropriate surface barriers remain/maintain during use.
3. Barriers used when adjusting chair and light.
4. Gloves removed before leaving the treatment area and new gloves placed when returning.
5. Obtain the patient's chart.
6. Escort patient to the treatment area and seat them.
7. Place the patient napkin on patient
8. Place safety glasses on the patient.
9. Wash hands.
10. Place safety glasses.
11. Place facemask.
12. Wash hands.
13. Put on gloves.
14. Put the patient in supine position.
15. Turn on the dental light.

**Completion of dental procedure**
1. Reposition the patient to the seated position.
2. Remove the patient's safety glasses (with gloves on).
3. Remove the patient's napkin (gloves on).
4. Remove your gloves (put on dirty tray).
5. Wash your hands.
6. Remove your mask by the car loops (with clean hands).
7. Remove your safety glasses.
8. Record treatment that was completed today or dentist may record treatment.
9. Dismiss patient and escort to reception area

**Prepare and place the appropriate PPE's to disinfect the dental unit**
1. Wash hands.
2. Place safety glasses
3. Place facemask
4. Wash hands
5. Place over-gloves.
6. Place utility gloves.
7. Wash utility gloves.
8. Dried utility gloves.

**Removal of Surface Barriers**
1. Very carefully remove each barrier that is on the dental unit.
2. Discard all disposables into the large dental chair barrier bag.
3. Place sharps into the sharp container.
4. All instruments are placed into the instrument cassette.
5. Run the high-speed handpiece for 20 seconds.
6. Remove the high-speed handpiece from the dental unit.
7. Place the high-speed handpiece on top of the instrument cassette.
8. Remove the slow-speed handpiece from the dental unit.
9. Place the slow-speed handpiece on top of the instrument cassette.
10. Bring the instrument cassette with handpieces and the chair barrier bag into the large waste container.
11. Dispose of the chair barrier bag into the large waste container. (sterilization room)
12. Place the instrument cassette into the holding tote.
13. The slow-speed and high-speed handpiece are placed on the tray at the handpiece station.
14. Return to the dental unit to wash and then dry utility gloves.

**Treatment Room Cleaning and Disinfection**
To Pre-Clean the following surfaces; use a Cavicide wipe/wipes and vigorously wipe down the following surfaces listed below.
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18. Base of the dental chair
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Treatment Room Cleaning and Disinfection

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15. Countertop on the assistant side
16. Sink on the operator side
17. Sink on the assistant side
18. Base of the dental chair
19. Rheostat
20. Foot control

Return to Sterilization Room

1. Wash hands.
2. Put on over gloves on.
3. Put on utility gloves.
4. Remove cassette from holding tote.
5. Place cassette into ultrasonic cleaner and run until visible clean 5 to 15 minutes. (larger loads and extremely dirty loads will require 15 minutes)
6. Remove cassette from ultrasonic cleaner and rinse cassette under running water for 1-2 minutes.
7. Dry instruments by shaking excess and/or leave cassette to dry for 15-20 minutes.
8. Place cassette in autoclave bag.
9. Place 2 -2 x 2 gauze squares, 2 -cotton tip applicators and 2 short cotton rolls in bag with the cassette.
10. Seal bag.
11. Place instruments to be sterilized in the tote marked to be sterilized.
12. Wash utility gloves.
13. Dry utility gloves.
14. Remove gloves.
15. Wash hands
END OF DAY

- Flush evacuation system with disinfectant
- Disinfect hard surfaces with over gloves and utility gloves on
  1. Cabinets
  2. Sink
  3. Cabinet doors
  4. Bases of equipment
DENTAL ASSISTING PROGRAM

RADIOGRAPHIC POLICY

This information has been prepared for students enrolled in DAS 1501 X-Ray 1 and DAS 1542 X-Ray 2 where the clinical portion of radiology is performed. The following directives are in addition to College Policies and Procedures, and previously covered policies of the Dental Assisting Program. It is the students' responsibility to be aware of all policies (College & Program) and adhere to them. College policies are located within the College Catalog and Schedules. Program policies are within the Program Policy booklet, as well as posted in the clinic.

1. Radiographs are only taken for diagnostic need.

2. Radiographs will be taken based on patient need, as determined by the patient’s treating dentist. If the patient does not have a dentist, the program’s clinical dentist will determine the need and provide referral for service.

3. Lead–free microfiber aprons will be worn by ALL patients during exposure for all radiographs.

4. Criteria for patient selection include diagnostic need as prescribed by the patient's treating dentist. Therefore, the patient must have a permission request form signed by the dentist stating that radiographs are needed. Criteria for full mouth patient selection include:
   a. Patients should be 16 years of age, or at least have their second molars erupted.
   b. Patients should have a full dentition for at least three of your radiology surveys.
   c. We must have a completed dentist's permission letter before any radiographs are taken.

5. The frequency of exposing radiographs on patients will vary from patient to patient as determined by diagnostic need. Specifically, stating a patient has not had a full mouth series in the past three years, five years, is not justification for radiographs. The frequency of exposing radiographs will be determined solely on individual need. The first three FM series will be taken under direct supervision with an instructor.

6. Pregnant students/pregnant outside patients: NO radiographs will be taken on anyone who is pregnant. The pregnant student will need to provide a replacement patient for the classmate exposure.

7. A retake of film or films is permissible until the diagnostic needs are met. Justification of "need" justifies retakes. Students are expected to evaluate their films and have a clear understanding of adjustments needed for retaking a film. Individual supervision and guidance are necessary in the case of multiple retakes. A third retake of the same film will require the direct assistance of an instructor.
8. Retakes will be identified on the student evaluation form in regards to the patient number. For Patients 1 and 2 there can be no more than five retakes when doing FMBW 14/4 to satisfactorily complete the assignment. For patients 3 and 4 there can be no more than four retakes. For patient four, there can be no more than 3 retakes. If there are more retakes than the evaluation states, the student will be required to repeat the assignment.

9. Prior to exposing and developing patient films, students must demonstrate correct and successful processing of radiographic films.

**Faculty Instruction/Evaluation During Preclinical/Clinical Radiology**

1. Each student is expected to follow Radiation Safety.

2. Each student will assemble the necessary films to be taken outside the radiology rooms on the shelf prior to any radiographic exposures.

3. A verbal prestart is given to the student prior to starting laboratory/clinical radiology exposure.

4. Once a film has been placed and the x-ray machine is in the suggested position – the instructor must approve of the set-up prior to exposure.

5. Prior to each exposure, a verbal authorization of the exposure by the instructor must be given.

6. Once the assignment is complete, the student or a classmate who is assigned to the darkroom processes and mounts the films.

7. The student will critique the assignment prior to instructor evaluation on the designate worksheet.

8. The student and instructor will then critique the assignment together for a grade.

9. The instructor will assist the student with any retakes.
DENTAL RADIOLOGY

INFECTION CONTROL PROTOCOL

1. Pre-Treatment
   a. X-ray permission letter signed by patient's dentist. Medical history completed and reviewed with patient.
   b. Cavicide wipes are used to disinfect operatory (wash hands and use utility gloves)
   c. The following areas are disinfected.
      1. X-ray control panel
      2. Dental chair adjustment controls
      3. PID/Machine
      4. X-ray ledge/view box
      5. X-ray control button and cord
      6. Sensor and the cord
      7. Sensor garage
      8. X-ray apron
   d. Plastic barriers will be placed on the following:
      1. Headrest
      2. X-ray control button used to expose film
      3. Sensor and then placed into the garage
   e. Place unwrapped sterilized rings/rods and sensor holders on the disinfected x-ray ledge

2. During Treatment
   a. Wash hands, put on gloves.
   b. Clip sensor to the x-ray apron.
   c. Place the sensor into the appropriate holder for each exposure.
   d. Once you are finished taking the images obtain the instructor for evaluation/retakes.
   e. Once the instructor has approved the images/retakes remove the x-ray apron from the patient.
   f. Have the patient get out of the chair and lay the apron flat on the chair to be disinfected.
   g. Remove gloves, wash hands.
   h. Escort the patient to the reception area.

3. Critique
   a. Finish critiquing all images prior to the final instructor evaluation.

4. Post-Treatment
   a. Write up the patient chart and obtain the instructor for final grading.
   b. Wash hands and put on utility gloves.
   c. Discard disposable items and barriers with gloved hands.
   d. Use cavicide wipes to disinfect all areas that were contaminated.
   e. Replace all applicable room barriers, if more patients are scheduled.
MANAGING EMERGENCY SITUATIONS FOR THE LABORATORY/CLINICAL AREA POLICY

1. Notify the instructor/dentist of the emergency. The instructor/dentist will assess the situation.

2. Assist with basic life support, if necessary.

3. Retrieve the emergency kit (located in nitrous oxide cabinet).

4. Retrieves the oxygen tank from the nitrous oxide cabinet.

5. Assist the dentist by preparing emergency drugs (instructor’s responsibility).

Receptionist Role

1. Emergency phone numbers for fire, hospital and custodian contact are on the phone.

2. If 911 is needed, an instructor and/or student will assist so the individual is never left alone. The following procedure will be followed:
   a. Call 911 and state type of emergency and location.

   Hibbing Community College
   1515 E. 25th Street
   C - 153 (clinic)

   b. Inform security, 218-262-6705. State the emergency and location:

   DENTAL ASSISTING CLINICAL LABORATORY - C139

   c. Have someone secure elevator and meet emergency team on first floor.

   d. Escort emergency team to the individual.

   e. Keep the waiting room patients calm.
MATERIALS AND EQUIPMENT FOR MANAGING LABORATORY ACCIDENTS

1. Fire Extinguisher
2. First Aid Kit
3. Eye wash stations

POLICY

1. Emergency numbers by telephone for fire, police and ambulance.

2. Emergency duties include:
   a. Notify the clinical instructor.
   b. Extinguish any existing fire, if applicable
   c. Obtain the first aid kit — treat the injury
   d. Call the emergency in, if necessary
NITROUS OXIDE SEDATION PARTICIPANTS

Any student who is pregnant during the Nitrous Oxide Sedation component must have written documentation from their medical physician allowing them to administer nitrous oxide/oxygen sedation to a classmate/patient.

Pregnant students without this documentation will be denied clinical participation but may be included in the lecture component. They cannot be a participant in the clinical component until after the birth of their child. Arrangement for the completion of the clinical components must be arranged through the instructor and non-completion of the clinical component will prevent the student from taking the MN State Licensure examination and the General Chairside portion of the DANB examination.

Students will be expected to pay an additional fee to complete this requirement should it not be able to be completed during Spring Semester.

Pregnant students will not be allowed to have nitrous oxide administered to them.

Students who fail to be in attendance for either the lecture or lab portion of this course will need to take this course at a different facility prior to graduation. This course must completed in order for the student to receive a Dental Assisting Diploma.
Hibbing Community College Dental Assisting Program Student Success Plan

Student Name:
Semester:
Date:

This form notifies you that a Student Success Plan will be developed because of:

Absences/Pattern of Tardiness
Academic Dishonesty
Breach of Confidentiality/HIPAA Violation
Disrespectful Behavior to Staff/Faculty/Client(s)/Student(s)
Inappropriate/Unprofessional Behavior
Lack of preparation for Clinical Practicum
Late or Incomplete Submission of Written Clinical Assignments
Less than 70% pass rate in all other Dental Assisting Courses
Patient Safety Compromised
Failure to meet minimal Standards of Care

Instructor Comments:
In order to pass the following course(s),

DAS 1507 Dental Anatomy 1
DAS 1520 Dental Science
DAS 1528 Infection Control
DAS 1501 X-Ray 1
DAS 1525 Expanded Duties 1
DAS 1517 Dental Lab
DAS 1512 Chairside Assisting 1
DAS 1547 Dental Anatomy 2
DAS 1542 X-Ray 2
DAS 1529 Expanded Duties 2
DAS 1552 Chairside Assisting 2
DAS 1572 Extramural 1
DAS 1504 Nutrition
DAS 1582 Nitrous Oxide-Oxygen Inhalation Sedation
DAS 2658 Extramural 2
You will need to meet the terms of the agreed upon Student Success plan outlined below. Please identify your behavior and describe a plan for the correction of the behavior(s).

In my own words, I have developed a Student Success Plan because (be specific and professional):

My plan for passing the above course(s) is as follows (provide minimum of 3 specific & measurable strategies):

Failure to meet the terms of this success plan will result in a failing grade for the indicated course(s), and will result in a failure to progress in the program. I understand that the terms of the Dental Assisting Program Success Plan will last for the duration of this semester. At that time the dental assisting faculty will review my situation to determine if I will continue with the success plan for the next semester. If I am to remain on a student success plan for the next semester, I will be notified of that decision once a determination has been made. This form will be placed in my permanent Dental Assisting file. I have read and understand the above information and agree to the terms of this document:

Student Signature: 
Date:

Instructor(s) Signature: 
Date:

Director Signature: 
Date:
**Student Success Plan Examples:** The following are some examples of why a student may be placed on a Student Success Plan – this is not an exhaustive list. If you have more questions, please see an instructor for clarification.

**Absences/Pattern of Tardiness:**
- Identified trend of being late to clinical or classroom.
- Identified trend of absences in clinical or classroom.

**Academic Dishonesty:**
- Any violation of HCC’s Academic Integrity Policy.
- Incorrect or lack of APA citations.
- Self-plagiarizing and all forms of plagiarism.
- Doing group work when an assignment has not been designated as group work.
- Using unapproved electronic devices during test.

**Breach of Confidentiality/HIPAA Violation:**
- Walking away from computer without logging off.
- Removing documents with client information from the facility.
- Sharing of any client information via any form of social media.

**Disrespectful Behavior to Staff/Faculty/Client(s)/Student(s):**
- Challenging instructor’s authority.
- Using cell phones or having side conversations in class.
- Sleeping in class.
- Talking negatively about staff, faculty, clients and students to others without discussing the issue with the person directly involved.
- Unprofessional verbal and non-verbal interactions with faculty or staff.
- Inability to receive constructive feedback in a professional manner.

**Inappropriate/Unprofessional Behavior:**
- Violation of clinical/lab dress code.
- Poor attitude (i.e. pattern of asking to leave clinical early, negative non-verbal behaviors).
- Taking breaks longer than allotted time.

**Lack of preparation for Clinical Practicum:**
- Insufficient knowledge of medications before administration.
- Not looking up policies/protocols prior to procedures.
- Failure to be ready with daily evaluation information on multiple occasions.

**Less than 70% passing rate in all dental courses**
- Less than 70% at any time before or at midterm and continuing throughout the semester.

**Patient Safety Compromised:**
- Violation of facility policy/protocol.
- Unsafe response to unusual occurrence.

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