

Iowa Western Community College
Dental Hygiene Program
Clinic Manual

Revised 2025

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Clinical Manual

Personal Appearance in the Clinical Setting

The way you appear to others is an indication of the value you place on your profession and the esteem you have for yourself. Knowing this, a dental professional takes pride in appearance. The following dress code will help achieve the appearance required of dental program students at Iowa Western Community College.

A. Student uniforms include all the following:

1. Clean, wrinkle-free scrub pants
2. Clean top
3. Lab coat provided by Creighton Dental School
4. Name tag, purchased through IWCC during the first week of school
5. Solid-material, close-toed and close-heeled shoes
6. Protective eye wear (loupes)

B. Dress code is consistent for all clinic assignments, on or off campus, unless notified otherwise. Off-site assignments are part of the clinical experience, and all dress code policies about the clinic are mandatory for off-site assignments.

C. Socks must always be worn when in the clinic. Style and color may reflect personality, but socks must be tall enough so that bare skin is not exposed when seated.

D. Name tags must always be visible and attached to the outside of the lab coats on the upper right side.

E. Hair must be clean and neatly secured in a conservative fashion such that it cannot fall forward into the working area. Hair coverings are mandatory on the clinic floor at CDS. Scrub caps may be worn, but are optional to purchase. Creighton Dental School does provide an option for hair coverings.

F. Visible tattoos must be covered while in uniform.

G. Single post style earrings may be worn in each ear lobe.

H. False eyelashes are not permitted throughout the program.

I. Fingernails must be short (no longer than fingertips), clean, and free from debris. No polish, shellac, or artificial tips/nails are permitted.

CLINIC REQUIREMENTS

Each procedure and clinical skill that is performed by the dental hygiene student is evaluated. Procedures and clinical competencies will be specific to Principles Clinic, Clinic I, Clinic II, Clinic III, and Clinic IV and are set forth in the syllabi for each clinic. IWCC is a competency-based program, which simply means that tests will be given in the clinic. For a student to successfully pass each clinic, one must pass all the clinical competencies (tests) at a score of 75% or higher.

Principles Clinic: The student will be required to satisfactorily complete and demonstrate basic dental hygiene skills on a student partner in Principles Dental Hygiene Lab for advancement to Clinical Dental Hygiene I. During Principles, typodonts and student partners will be used for laboratory practice and process evaluation procedures to gain confidence and beginner level proficiency.

Clinical Dental Hygiene I, II, III, and IV: Students will be required to successfully complete course specific clinical competencies offered within each semester. Clinic requirements vary each semester and will be discussed at length in the classroom. Individual clinic syllabi will provide the requirements and expectations for success each semester. It is the student's responsibility to show understanding and comprehension of the content within the competencies to successfully attempt.

Eligibility for Graduation: Students must successfully complete requirements each semester to continue advancing as a student clinician working towards graduation. The accrediting body for allied health programs, CODA, requires the following for graduation:

Standard 2-12

Graduates must be competent in providing dental hygiene care for all patient populations, including:

- 1) child – 0-11
- 2) adolescent – 12-18
- 3) adult - 19-64
- 4) geriatric – 65 and up
- 5) special needs – patients with medical conditions requiring significant modification to a dental appointment

Intent: An appropriate patient pool should be available to provide a wide scope of patient experiences that include patients whose medical, physical, psychological, developmental, intellectual, or social conditions may make it necessary to modify procedures to provide dental hygiene treatment for that individual. Student experiences should be evaluated for competency and monitored to ensure equal opportunities for each enrolled student. Clinical instruction and experiences should include the dental hygiene process of care compatible with each of these patient populations (Commission on Dental Accreditation, 2022).

Standard 2-14

Graduates must be competent in providing dental hygiene care for all types of classifications of periodontal diseases including patients who exhibit moderate to severe periodontal disease.

Intent: The total number and type of patients for whom each student provides dental hygiene care should be sufficient to ensure competency in all components of dental hygiene practice. A patient pool should be available to provide patient experiences in all classifications of periodontal patients, including both maintenance and those newly diagnosed. These experiences should be monitored to ensure equal opportunity for each enrolled student (Commission on Dental Accreditation, 2022).

Students' clinical experiences and patient types will be tracked and monitored to ensure adherence to the CODA standards using the TalEval system.

Clinical Evaluation

Students will be offered feedback daily through TalEval and verbally with cluster faculty if required while in the clinical setting. Daily feedback allows the student to gain insight into positive as well as constructive guidance offered by our experienced faculty. Students will be evaluated on the following:

Professionalism: This can include attire, professional demeanor and language used with faculty as well as the student's patient, composure, and clinical preparedness.

Assessment: This would include the student's accuracy with the following:

- Medical/Dental History
- Radiographs – recommendation and results
- Extra and Intraoral Examination
- Periodontal Assessment
- Dental Charting

Planning: This would include the treatment plan selected based on the student's completion of an accurate assessment.

Implementation: If treatment is initiated, the student will be evaluated on the following:

- Instrumentation
- Pain Control
- Complete Deposit Removal

Evaluation: The student will be offered feedback on Quality Assurance. Quality assurance can be defined as "part of *quality management* focused on providing confidence that *quality requirements* will be fulfilled." An alternate definition is "all the planned and systematic activities implemented within the quality system that can be

demonstrated to provide confidence that a product or service will fulfill requirements for quality (*Quality Assurance Vs Quality Control: Definitions & Differences*, 2023).

Required Clinical Duties

The IWCC dental hygiene program requires students to fulfill clinical duties outside of providing direct patient care including acting as the radiology assistant (RA), as well as a clinical assistant (CA). The duties and expectations for each role are:

Radiology Assistant:

- Prepare for the clinic day by retrieving the sterile cart and placing it on the clinic floor.
- Prepare the Radiology Lab for the clinic day.
- Communicate with students and faculty to organize a plan for the day, given the number of radiographs needed.
- Following approval, complete necessary radiographs for comprehensive patient care.
- Clean and tear down individual rooms as well as prepare instruments for sterilization.
- Turn off all units in radiology when radiographs are complete, including panorex machines.
- Take inventory of phosphor plates before and at the end of day. Place the radiology tray in the dental hygiene cart at the end of the day.
- Take inventory of dental hygiene cart supplies.
- Following completion of RA duties, act as an assistant to peers on the clinic floor.

Clinical Assistant:

- Prepare for the clinic day by retrieving the sterile cart and placing it on the clinic floor.
- Ensure that all students have supplies that they may need for testing before the start of clinical competencies.
- Communicate effectively with the clinical faculty lead for direction as needed.
- At the end of the clinic day, ensure unsterile instruments are placed on the cart for sterilization. Assist peers with operatory clean-up.

Requirement Logs

Students will be responsible for tracking patient experiences and completed skills throughout their IWCC student career. Individual student requirements as well as comprehensive requirements necessary for graduation will be discussed within each semester's clinic syllabus. TalEval, a tracking system developed for allied health programs and implemented by IWCC, will offer students and faculty the opportunity to track and monitor progress throughout the semester as well as through the duration of the program.

Professionalism

Professionalism is a term and expectation of students you will hear throughout the IWCC dental hygiene program, but what does it mean? The following information was adopted by IWCC from the American Board of Pediatrics, and like professional ethics in many organizations.

1. Honesty/integrity is the consistent regard for the highest standards of behavior and the refusal to violate one's personal and professional codes. Honesty and integrity imply being fair, being truthful, keeping one's word, meeting commitments, and being forthright in interactions with patients, peers, and in all professional work, whether through documentation, personal communication, presentations, research, or other aspects of interaction.
2. Reliability/responsibility means being responsible for and accountable to others, and this must occur at a number of levels. Inherent in responsibility is reliability in completing assigned duties or fulfilling commitments. There must also be a willingness to accept responsibility for errors.
3. Respect for others is the essence of humanism, and humanism is central to professionalism. This respect extends to all spheres of contact, including but not limited to students, families, employers, and professional colleagues. One must treat all persons with respect and regard for their individual worth and dignity. One must be fair and nondiscriminatory and be aware of emotional, personal, family, and cultural influences on patients as well as peers. It is also a professional obligation to respect appropriate patient confidentiality.
4. Compassion/empathy is a crucial component of the practice of helping. One must listen attentively and respond humanely to the concerns of patients.
5. Self-improvement is the pursuit of and commitment to providing the highest quality of assistance through continued learning. One must seek to learn from errors and aspire to excellence through self-evaluation and acceptance of the critiques of others.
6. Self-awareness/knowledge of limits includes recognition of the need for guidance and supervision when faced with new or complex responsibilities. One must also be

insightful regarding the impact of one's behavior on others and cognizant of appropriate professional boundaries.

7. Communication/collaboration is critical to providing the best assistance to patients. One must work cooperatively and communicate effectively with faculty and peers for the benefit of the patient.

8. Altruism/advocacy refers to unselfish regard for and devotion to the welfare of others and is a key element of professionalism. Self-interest or the interests of other parties should not interfere with work.

(OSU Career Services, 2023)

Professional Conduct Notice and Protocol

The Professional Conduct Notice and Protocol has been adopted from Creighton School of Dentistry and implemented within the Dental Hygiene Program at Iowa Western Community College. As CDS serves as our students' main clinical site, we must maintain congruency with management of disciplinary issues that may arise.

PURPOSE: The Professional Notice of Concern (PNC) recognizes unacceptable behavior based on the principles defined in the School of Dentistry's Honor Code. It aims to address the behavior in a prompt and clearly articulated manner before such behavior escalates to the level of academic misconduct. The PNC process can be used as historical documentation of a pattern of behavior that rises to that level of academic/clinical concern.

SCOPE: This policy applies to students enrolled in programs offered through the School of Dentistry.

DEFINITIONS: Fidelity/Honesty/Truthfulness: This category references faithfulness to a responsibility, trust, or duty as a student in formation to serve others as an authentic, caring professional.

Responsibility and Sense of Duty: This category references the expectation that students hold themselves accountable to behave in a professional and ethical manner, adhering to ethical principles, and promoting moral or legal obligations to the school the university, and the patients we serve as healthcare practitioners.

Justice and Respect for Rights of Others: This category references the quality and demonstration of being fair, reasonable, genuine care for all individuals.

POLICY: It is the expectation that School of Dentistry students demonstrate maturity and integrity through all interactions with fellow students, faculty, staff, patients, and the community at large as discussed within the professionalism and ethical expectations outlined within the IWCC Clinic Manual. This policy and associated procedures define

the circumstances and processes for use of the Professionalism Notice of Concern when issued by members of the school's faculty, staff, and administration. PNC documentation is part of the student's educational record, but its existence does not specifically disqualify a student from being in good standing. It can be considered as part of any disciplinary committee's review of the conduct history of the student.

PROCEDURE:

Step 1: Address the behavior immediately if present at time of occurrence and if deemed appropriate. If occurring in a clinical setting, behavior should be addressed in private and following patient dismissal.

Step 2: Complete the incident/activity summary using the Professionalism Notice of Concern and schedule a meeting with the student (including department chair). If occurring in the clinical setting, the student meeting would involve the supervising faculty member and the clinic faculty lead as well as the department chair if present.

Step 3: Review the incident/activity, the need for behavior modification, and the reason(s) the PNC is being issued. Encourage reflection on professionalism and the importance of appropriate behavior. PNC's resulting from behavior demonstrated in the clinical setting may involve additional meetings with the student, clinic faculty lead, as well as the department chair.

Step 4: Make any final comments in the incident/activity summary. Provide the student with the opportunity to provide written comments.

Step 5: Sign the form and have the student do the same. Give the student a copy of the signed form. NOTE: If the student refuses to sign, document, and the incident will be reflected upon if future challenges occur. The program director may defer to the Dean of Health for intervention if deemed necessary.

Step 6: Send the original signed PNC form to the Dean of Health, Dr. Jessica Pauley, as soon as possible after completion.

Step 7: The Dean of Health as well as the department chair will retain documentation regarding the meeting with student and involved faculty as well as the Professionalism Notice of Concern in the student educational record.

****If a student receives multiple PNCs (3 or more) or displays an inability to maintain consistent professionalism as well as ethical behavior with patients as well as faculty, the department chair alongside the Dean of Health, will consider the student for academic or nonacademic misconduct and further disciplinary action.**

ASA Classifications

Current Definitions and ASA-Approved Examples (American Society of Anesthesiologists, 2020)

| ASA PS Classification | Definition | Adult Examples, Including, but not Limited to: | Pediatric Examples, Including but not Limited to: | Obstetric Examples, Including but not Limited to: |
|-----------------------|--|---|---|---|
| ASA I | A normal healthy patient | Healthy, non-smoking, no or minimal alcohol use | Healthy (no acute or chronic disease), normal BMI percentile for age | |
| ASA II | A patient with mild systemic disease | Mild diseases only without substantive functional limitations. Current smoker, social alcohol drinker, pregnancy, obesity ($30 < \text{BMI} < 40$), well-controlled DM/HTN, mild lung disease | Asymptomatic congenital cardiac disease, well controlled dysrhythmias, asthma without exacerbation, well controlled epilepsy, non-insulin dependent diabetes mellitus, abnormal BMI percentile for age, mild/moderate OSA, oncologic state in remission, autism with mild limitations | Normal pregnancy*, well controlled gestational HTN, controlled preeclampsia without severe features, diet-controlled gestational DM. |
| ASA III | A patient with severe systemic disease | Substantive functional limitations; One or more moderate to severe diseases. Poorly controlled DM or HTN, COPD, morbid obesity ($\text{BMI} \geq 40$), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, | Uncorrected stable congenital cardiac abnormality, asthma with exacerbation, poorly controlled epilepsy, insulin dependent diabetes mellitus, morbid obesity, malnutrition, | Preeclampsia with severe features, gestational DM with complications or high insulin requirements, a thrombophilic disease requiring anticoagulation. |

ESRD undergoing regularly scheduled dialysis, history (>3 months) of MI, CVA, TIA, or CAD/stents.

severe OSA, oncologic state, renal failure, muscular dystrophy, cystic fibrosis, history of organ transplantation, brain/spinal cord malformation, symptomatic hydrocephalus, premature infant PCA <60 weeks, autism with severe limitations, metabolic disease, difficult airway, long term parenteral nutrition. Full term infants <6 weeks of age.

| | | | | |
|---------------|--|---|--|--|
| ASA IV | A patient with severe systemic disease that is a constant threat to life | Recent (<3 months) MI, CVA, TIA or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, shock, sepsis, DIC, ARD or ESRD not undergoing regularly scheduled dialysis | Symptomatic congenital cardiac abnormality, congestive heart failure, active sequelae of prematurity, acute hypoxic-ischemic encephalopathy, shock, sepsis, disseminated intravascular coagulation, automatic implantable cardioverter-defibrillator, ventilator dependence, endocrinopathy, severe trauma, severe respiratory distress, advanced oncologic state. | Preeclampsia with severe features complicated by HELLP or other adverse event, peripartum cardiomyopathy with EF <40, uncorrected/decompensated heart disease, acquired or congenital. |
|---------------|--|---|--|--|

| | | | | |
|---------------|---|---|---|------------------|
| ASA V | A moribund patient who is not expected to survive without the operation | Ruptured abdominal/thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ/system dysfunction | Massive trauma, intracranial hemorrhage with mass effect, patient requiring ECMO, respiratory failure or arrest, malignant hypertension, decompensated congestive heart failure, hepatic encephalopathy, ischemic bowel or multiple organ/system dysfunction. | Uterine rupture. |
| ASA VI | A declared brain-dead patient whose organs are being removed for donor purposes | | | |

** Although pregnancy is not a disease, the parturient's physiologic state is significantly altered from when the woman is not pregnant, hence the assignment of ASA 2 for a woman with uncomplicated pregnancy.*

***The addition of "E" denotes Emergency surgery: (An emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part)*

Patients determined as an ASA I or II will be approved by the dental hygiene faculty.

Patients determined as an ASA III will need to be approved initially by the DDS on staff following the review of their medical history with DDS.

Patients determined to be ASA IV and above will not be seen in the dental clinic.

Vital Signs

Pediatric Vital Signs (ACLS Medical Training, 2023)

Respiratory Rate:

| Age Category | Age Range | Normal Respiratory Rate |
|--------------|-------------|-------------------------|
| Infant | 0-12 months | 30-60 per minute |
| Toddler | 1-3 years | 24-40 per minute |
| Preschooler | 4-5 years | 22-34 per minute |
| School age | 6-12 years | 18-30 per minute |
| Adolescent | 13-18 years | 12-16 per minute |

Pulse Rate

| Age Category | Age Range | Normal Heart Rate |
|------------------------|---------------------|-------------------|
| Newborn | 0-3 months | 80-205 per minute |
| Infant/young child | 4 months to 2 years | 75-190 per minute |
| Child/school age | 2-10 years | 60-140 per minute |
| Older child/adolescent | Over 10 years | 50-100 per minute |

Temperature:

| Age | Oral |
|-------------|----------------------------------|
| 0–12 months | 95.8–99.3°F (36.7–37.3°C) |
| Children | 97.6–99.3°F (36.4–37.4°C) |

Blood Pressure:

| Age Category | Age Range | Systolic Blood Pressure | Diastolic Blood Pressure | Abnormally Low |
|--------------------------|-------------|-------------------------|--------------------------|--------------------------|
| Systolic Pressure | 1 Day | 60-76 | 30-45 | <60 |
| Neonate | 4 Days | 67-84 | 35-53 | <60 |
| Infant | To 1 month | 73-94 | 36-56 | <70 |
| Infant | 1-3 months | 78-103 | 44-65 | <70 |
| Infant | 4-6 months | 82-105 | 46-68 | <70 |
| Infant | 7-12 months | 67-104 | 20-60 | <70 + (age in years x 2) |
| Preschool | 2-6 years | 70-106 | 25-65 | <70 + (age in years x 2) |
| School Age | 7-14 years | 79-115 | 38-78 | <70 + (age in years x 2) |
| Adolescent | 15-18 years | 93-131 | 45-85 | <90 |

Adult Vital Signs (AMA, 2023)

Respiratory Rate: 12 to 18 breaths per minute.

Pulse Rate: 60 to 100 beats per minute.

Temperature: 97.8°F to 99.1°F (36.5°C to 37.3°C); average 98.6°F (37°C)

(AMA, 2023)

Blood Pressure ADULT:

| BLOOD PRESSURE CATEGORY | SYSTOLIC mm Hg (upper number) | and/or | DIASTOLIC mm Hg (lower number) |
|---|--|---------------|---------------------------------------|
| NORMAL | LESS THAN 120 | and | LESS THAN 80 |
| ELEVATED | 120 – 129 | and | LESS THAN 80 |
| HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1 | 130 – 139 | or | 80 – 89 |
| HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2 | 140 OR HIGHER | or | 90 OR HIGHER |
| <u>HYPERTENSIVE CRISIS</u> (consult your doctor immediately) | HIGHER THAN 180 and/or HIGHER THAN 120 | | |

Patient Protocol if presenting with elevated blood pressure readings (Stage 1 Hypertension):

First, be certain cuff size is appropriate for the size of arm. Students are to wait 1-3 minutes and take another reading on the opposite arm. If blood pressure remains the same, discuss the next steps with your cluster faculty. Review BP readings with faculty alongside the medical history including any medications the patient is taking or may not have taken as prescribed. A manual reading will be done with faculty. The following are BP readings that would lead to patient dismissal:

****Patient and treatment dependent**

Systolic over 180 – patient dismissal

Diastolic over 100 – patient dismissal

Local Anesthesia

Following Local Anesthesia and Pain Control DHY 288, dental hygiene students will be able to offer patients anesthetic when needed. The administration of local anesthetic offers comfort to patients when more complex periodontal patients present. Students will determine the treatment initially, followed by the need for anesthetic, type of anesthetic as well as injections to be used based on the patient's medical history.

Injections used in CDS Clinic:

1. Inferior Alveolar nerve block (IA)
2. Posterior Superior Alveolar Nerve Block (PSA)
3. Greater Palatine Nerve Block (GP)
4. Nasopalatine Nerve Block (NP)
5. Mental Nerve Block (M)
6. Long Buccal Nerve Block (LB)
7. Middle Superior Alveolar Nerve Block (MSA)
8. Anterior Superior Alveolar Nerve Block (ASA)

Armamentarium for Local Anesthetic Delivery:

- Aspirating Syringe – provided with instruments in 1st semester.
- Local Anesthetic – located in Dental Hygiene cart on clinic floor.
 - Carbocaine 3% No epinephrine
 - Xylocaine 2% with 1:100,000 epinephrine
 - Oraqix Periodontal Gel 2.5% Lidocaine and 2.5% Prilocaine
 - Needle free application of anesthetic administered into the sulcus. Alternative to an injection, however patient will not achieve profound numbness.
 - Oraqix Dispenser and Carpule
- Topical Anesthetic
 - Lollicaine 20% Benzocaine Gel - located in Dental Hygiene cart on clinic floor.
- Needles - located in Dental Hygiene cart on clinic floor.
 - 25 Long Gauge Needle
 - 25 Short Gauge Needle

Clinic Protocol for Administration of Local Anesthetic:

Students are to propose local anesthetic administration as well as type (anesthetic and injection) first with dental hygiene faculty at the Start Check based on planned treatment. Following approval with RDH, students will propose again with the DDS on staff along with discussion of patient's medical history. Students are to complete and present a form (available within clinical courses) and have that form signed initially before anesthetic delivery. Students are given 2 carpules of anesthetic for administration. If additional carpules are needed, students must seek approval again from DDS. The initial approval form will need to be signed by DDS at the conclusion of the clinic day.

If the student is unable to achieve profound numbness with the first attempted injection, they are to notify their cluster faculty. The cluster faculty will observe a second attempt. Following the second attempt, if profound numbness has still not occurred, the DDS will complete the injection for the student to allow treatment to begin with optimal pain control.

Patient Flow

- I. Arrival and Seat of Patient
 - a. Faculty must be on the clinic floor before seating the patient.
 - b. Appointments will be at 8 AM on Wednesday and Friday clinic sessions and 1 PM for Thursday clinic sessions.
 - c. If patients are late, please inform your cluster faculty.
- II. Medical/Dental History
 - a. New Patients information will be transferred from paper forms to AxiUm
 - b. Existing Patients – students will update any changes and update vitals.
- III. Vitals
 - a. Temperature
 - b. Pulse Rate
 - c. Respiratory Rate
 - d. Blood Pressure
 - e. Smoking History

Record in AxiUm for patient record

- IV. DHII-DHIV students will perform a thorough mouth mirror check.
 - a. If DHI student, faculty will perform a mouth mirror check within the start check.
- V. Sign-up with cluster faculty for a Start Check
 - a. Review med/dent history
 - b. Treatment
 - i. Radiographs – type of radiographs with rationale.
 - ii. Exam
 - iii. Oral Hygiene Instructions (OHI)
 - iv. Caries Risk Assessment
 - v. Type of cleaning if patient's history is available.
- VI. Sign-up with DDS
 - a. Allows DDS to know how many patients are on the clinic floor as well as who will be needing an exam. The sign-up sheet will be in fishbowl. Mandatory sign-up before beginning assessment.
- VII. Assessment
 - a. Radiographs
 - i. Bitewings to be taken every 2 years, however this can be patient dependent. If a patient is suspected to be periodontally involved, patients with extensive restorative history or high caries risk, or pain is included within the chief complaint, bitewings should be taken on a yearly basis. If pain is present, include a periapical (PA) radiograph in the proposal. If the patient has an implant, a bitewing and PA yearly are to be taken to monitor bone levels.
 - ii. Full Mouth Series (FMS) – taken every 3-5 years on patients. Periodontally involved patients, patients with extensive restorative history.

- iii. Panorex taken every ~~3~~-5 years alternating with FMS. Recommended if suspect pathology, as well as monitoring eruption patterns.

* The American Dental Association (ADA) has various policies and recommendations to help dentists ensure that patients' radiation exposure is as low as reasonably achievable (ALARA) and in compliance with as low as diagnostically acceptable (ALADA) principles of good radiation hygiene. Under the ALARA principle, dentists are encouraged to take precautions to help ensure that:

- all X-ray exposures are justified in relation to their benefits.
- necessary exposures are kept as low as reasonably achievable (i.e., ALARA)
- the doses received by patients and personnel are kept well below the allowable limits.

Under no circumstances are additional radiographs to be taken without faculty approval. Make sure your interpretation of the radiographic images is included in the patient's clinical notes. Documentation is needed (even if findings indicate no pathosis) to support your treatment planning decisions (ADA, 2023).

* Radiographs are considered safe for pregnant patients at any stage during pregnancy with the proper shielding and only when necessary for the intended treatment to be rendered (ADA, 2023).

a. Extra and Intraoral Examination

- i. Adult Oral Examination Form within AxiUm to be completed only if exam is proposed.
- ii. If no exam, students will record EIO findings on separate piece of paper.

b. Caries Risk Assessment

- i. Complete Caries Risk Assessment form in AxiUm.

c. Odontogram in AxiUm

d. Periodontal Assessment in AxiUm

- i. Probe Depths
- ii. Gingival Margins
- iii. Clinical Attachment Level (CAL)
- iv. Furcations
- v. Mobility
- vi. Bleeding Index
- vii. Plaque Index

e. Gingival Description on back of day sheet

f. Periodontal Diagnosis on back of day sheet

g. Determine and record Class of Calculus

- i. Record on back of day sheet, in Adult Oral Examination form, as well as document in treatment note.
- h. Caries Detection on back of day sheet
 - i. Radiographic detection
 - ii. Clinical detection
- i. Dental Hygiene Diagnosis - The ADHA defines dental hygiene diagnosis as the identification of an individual's health behaviors, attitudes, and oral health care needs for which a dental hygienist is educationally qualified and licensed to provide (ADHA, 2023). The diagnosis will be recorded on the back of the day sheet.
 - i. Two soft tissue diagnoses
 - ii. One hard tissue diagnosis
- j. Interventions on back of day sheet
 - i. Directly correlated to dental hygiene diagnoses developed.
- k. Treatment Plan on back of day sheet
 - i. Using critical thinking of information gathered, offer rationale for proposed treatment.
- l. Sign up with cluster faculty for RDH check.
 - i. Review complete assessment with RDH.
- m. DDS exam if necessary
 - i. Students will return to the original sign-up sheet and note time which will indicate that their patient is ready for an exam.
- n. Begin treatment/scaling.
 - i. Scale checks based on level of proficiency within the clinic. Frequency of scale checks determined by cluster faculty.
 - ii. Scale to completion with final scale check.
- o. Treatment Note
 - i. IWCC Prophylaxis Only Note – this note will be selected and completed when the patient is not establishing care at Creighton Dental School and has a prophylaxis only note from their dental home.
 - ii. The Comprehensive Oral Exam Note is selected when the patient is establishing care at Creighton Dental school and has or will receive an exam.
 - iii. Prophylaxis only and Comprehensive Oral Exam Note Templates

Treatment Note Templates

*Both note options are found under the O/D Recall tab in AxiUm

Oral Exam Note

Do150 Comprehensive Oral Exam

Or

Do120 Periodic Oral Exam

Choose one, delete the other code. A comprehensive oral exam will be the option chosen if a patient has never been seen at Creighton before or it has been 3-5 years since their last exam at Creighton.

A periodic exam will be chosen if the patient has been seen before, associated typically with a recall patient or a patient of record with the provider.

Chief Complaint: "Reason for visit must be in quotation marks"

TX: Review Medical History (this is prepopulated for you, keep this here)

Premed: none (this is prepopulated for you, keep this here unless patient did take a premed) Place here what the patient took prior to the appointment.

Intraoral/Extraoral/Oral Cancer Screening Examination: ***if no exam yet, change Examination to Assessment with RDH and the name of your cluster instructor. If an exam has been completed, put the name of the dentist who completed it.

X-rays taken: type and # (example: 4BW's, FMS, panorex)

X-rays reviewed: Place dentist's name here if exam was completed. If referral is completed within Creighton Dental School, put reviewed for referral and the dentist's name.

Interdepartmental Consult: delete this

Department: delete this

Treatment Plan: Delete this if completing prophylaxis, or D4346

***If your patient comes in and it is determined that your patient will need IPT following assessment, RDH check, and DDS exam, delete the wording Treatment Plan and replace with Diagnosis: Stage and Grade of periodontal, treatment that has been recommended, along with a discussion on anesthesia that accompanies IPT, and the patient's agreement to recommended treatment.

Do601 Caries Risk: High Moderate Low

Choose the one that is representative of your patient's assessment

***Add in here following your caries risk assessment

PI:

BI:

Class of Calculus:

RX: Delete this. If a prescription is recommended for your patient, AxiUm will automatically create a separate note.

Conversation with Patient: Write down anything discussed with the patient regarding homecare, assessment findings, recall frequency discussion, any exam findings discussed with the dentist. Anything discussed with the patient must be here. With that, please record patient's reaction, understanding to discussion in this area also.

D1110 Prophylaxis

Or

D4346 Scaling in the presence of Gingivitis

** Delete the one you will not be using for that appointment

D1330 Oral Hygiene Instructions

**Keep for all appointments since this will be completed every appt

D1206 Fluoride Varnish

**Delete if not being applied

Next Visit ADA Code: D Enter in code that will be completed at next appointment

Tooth#/Surface: Delete this

Department: IWCC Hygiene

Requested Appt Length: hrs

****Prepopulated will be this color

***Black text is what you will be adding

IWCC Propy Only Note

Premedication: none **Replace none if premed was taken and write dosage

DX: Patient referred by Dr. _____ for prophylaxis only

TX: RMH – Periodontal charting and OHI.

For Localized Gingivitis:

Prophylaxis (D1110): Yes or No

Scaling in the presence of Gingivitis (D4346): Yes or No

***Delete the code not being completed. Choose yes next to the code completed that day.

Fluoride: Yes or No

***Choose yes or no

CX: Document here if any complications arose during appointment time

POI: Post Op Instructions – mainly conversation with patient regarding OHI and pt understanding

NX: Next Visit ADA Code – D

Requested Appt Length: _____ hrs.

****Prepopulated will be this color

***Black text is what you will be adding

- p. Sign up for stop check with cluster faculty following completion of the treatment note.
- q. Patient dismissal is to be done 45 minutes prior to the end of clinic session. 11:15 AM on Wednesdays and Fridays, 4:15 on Thursdays.

Infection Control Program

Introduction: The Infection Control Program is an ongoing program designed to minimize cross contamination and the spread of infection while providing dental hygiene services to patients.

Exposure Control Plan: The following procedures and protocols have been written to protect students, faculty, and staff from exposure to bloodborne (and other) pathogens. These directives offer guidance in situations where there is a reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials such as saliva in dental hygiene procedures.

Universal Precautions Purpose: Dental personnel are exposed to a wide variety of microorganisms from patients. These microorganisms may cause infectious diseases that may result in serious health complications. Since not all infected patients can be identified routinely by health history, physical examination, or laboratory tests, each patient must be considered as potentially infectious. For these reasons, universal precautions for infection control will continue to be utilized within IWCC's Dental Hygiene Clinic at Creighton Dental School. The purpose of this infection control plan is to protect patients, faculty, students, and staff from acquiring and/or transmitting infectious diseases. The universal precautions for infection control outlined in this document comply with recommendations (issued to date) by the Centers for Disease Control Prevention (CDC), the American Dental Association (ADA), and the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogen Standard.

Responsibility: It is the responsibility of faculty, staff, and students of the IWCC Dental Programs to recognize the need for implementation of universal precautions as outlined in this plan and to comply with standard operating procedures. The faculty members responsible for supervision of clinical care of patients must ensure that proper steps are taken to protect the patients and students.

Rationale: The spread of infection in a dental healthcare delivery system requires three components: a source of infecting organisms; a susceptible host; and a means of transmission of the microorganisms. The precautions that are recommended in this document are based upon the measures required to protect against infection by Hepatitis viruses and Human Immunodeficiency Virus (HIV).

Classification Category: All users of IWCC's Dental Hygiene Clinic are classified in accordance with OSHA guidelines into Category I, II, or III, depending on their job-related risk of exposure to infectious disease. The categories are defined as follows:

Category I: Tasks that involve exposure to blood, body fluids, or tissues.

Category II: Tasks that involve no exposure to blood, body fluids, or tissues, but employment may require performing unplanned Category I tasks.

Category III: Tasks that involve no exposure to blood, body fluids, or tissues.

*Specifically, dental assistants and dental hygienists including students, dental equipment repair technician and dentists have job-related risk of exposure to infectious disease.

Immunizations and Medical History - Immunizations: The Center for Disease Control and Prevention publishes specific immunization recommendations for healthcare workers. Visit the CDC website, www.cdc.gov, for more information. Dental program students must provide documentation of up-to-date Hepatitis B, MMR, Varicella and Tdap vaccinations or proof of immunity. All faculty and occupationally exposed staff personnel are advised to have appropriate immunizations.

Medical History: A thorough medical history must be obtained from each patient in the IWCC Dental Hygiene Clinic. Faculty and student clinicians are required to review and update the history at every subsequent clinic visit. Note: A complete new medical history must be completed every two years. Updates to the medical history are to be made at every visit. Original information is NEVER to be changed.

Hand Hygiene (As updated by OSHA in 2016): Hand hygiene is the most important means for preventing the spread of infection. Hand hygiene is a general term used to describe routine handwashing, antiseptic handwashing, and the use of an alcohol-based hand rub. Bar soap is never used when handwashing as it may transmit contamination.

Handwashing: Simple handwashing implies washing the hands with plain soap and water for a minimum of 15 seconds. An antiseptic handwash implies washing the hands with an antiseptic agent (i.e. chlorhexidine, iodine and iodophors, chloroxynol, and triclosan) has been added to the soap for a minimum of 15 seconds. All surfaces of the hands and fingers must be completely covered with both simple and antiseptic handwashing.

Indications for hand hygiene include the following:

- before and after treating each patient (i.e. before glove placement and after glove removal)
- after barehanded touching of inanimate objects likely to be contaminated by blood, saliva, or respiratory secretions.
- before leaving the treatment operatory
- when hands are visibly soiled
- before regloving after removing gloves that have been torn, cut, or punctured during treatment.
- Faculty and students of the IWCC Dental Programs must use the recommended antiseptic handwash followed by a thorough rinse, as prescribed above.
- Gloves become more porous the longer they are worn, allowing hands to become contaminated. Therefore, handwashing or use of an alcohol-based handrub is mandatory between de-gloving and re-gloving.

Alcohol-based Handrubs: Alcohol-based handrubs are waterless agents that are available as gels, foams or rinses. A quarter-sized portion of this product is applied to dry hands, which are rubbed together to cover all surfaces with the product. It is more effective than both plain soap and antiseptic soap in reducing microbial count. Products with 60-95 percent concentrations of ethanol or isopropanol-alcohol are the most effective. Both higher and lower concentrations and amounts used will decrease effectiveness; therefore, follow manufacturer's directions. In addition, these products are not recommended for visibly soiled hands or hands contaminated with blood or saliva. In these cases, wash hands first with antibacterial soap and water, ensuring complete coverage of the hands and fingers, followed by a handrub with an alcohol-based product. All surfaces of the hands and fingers must be covered with the handrub, and the hands must be allowed to completely dry before re-gloving.

Hand Lotions: Healthy intact skin is the primary defense against infection and the transmission of potential pathogens. Therefore, lotions are recommended to reduce drying and cracking of the skin. However, lotions that contain oil-based emollients should only be used at the end of each day. Only water-based lotion products should be used on days that will require the wearing of patient treatment gloves and use of antimicrobial products.

Barrier Techniques: Adhere to the following barrier techniques in all areas of the Creighton Dental School Clinic as part of the universal precautions against the transmission of infectious diseases. The routine use of personal protective equipment (PPE) consisting of intact gloves, correctly worn KN95 masks as well as a Level 3 over mask, protective eyewear, face shields, hair covering, and lab coats provided by Creighton Dental School over scrubs is required.

Environmental Surfaces, Suction System, And Water Lines

Environmental Surfaces: Surfaces contaminated by blood or saliva that cannot be disinfected easily must be wrapped in a barrier cover. Examples of such surfaces include x-ray unit heads and control boxes, and switch controls on the dental units. Change these barriers between each patient. Wear gloves to remove and discard the barriers. After proper handwashing, replace the protective barrier with clean barriers. If the covered surface has been contaminated, proper disinfection of the surfaces is necessary. Take care while disinfecting electrical controls; there is a risk of causing damage to the equipment or of electrical shock. Disinfecting wipes are both a cleaner and disinfectant. The convenient, ready to use wipes are saturated with cleaner and disinfectant to provide superior surface contact. The "Wipe-Discard-Wipe" protocol is as follows: Use one wipe to remove/clean debris and bioburden from all surfaces. Discard the used wipe. Use a second towelette to disinfect all precleaned surfaces. Discard used wipe. Treated surfaces must appear visibly wet for the length of time necessary to kill TB. Check the manufacturer's guidelines on wipe dispensers for the appropriate time.

Vacuums: On the last clinic day of each week (Friday), the vacuum system is cleaned with a disinfection solution. It is the responsibility of the student to check the vacuum trap in their operatory on the last clinic day of each week.

Water Lines: Purge the water lines that supply the air/water syringe and ultrasonic handpieces by running water through these lines at full pressure for 30 seconds at the beginning of the day and between patients. This purge can be done between the 1st and second wipe.

Reducing Contamination: Limit contamination by minimizing the amount of splatter, droplets, or aerosol from patients. Provide a pre-op antimicrobial rinse to each patient, utilize high-speed evacuation, and follow ergonomic positioning strategies to control contamination.

Handling of Needles and Other Sharps: Handle needles and other sharp instruments carefully to prevent unintentional injuries. The clinician must use the cardboard shields when recapping needles. Never hold the cap with fingers while recapping the needle. Place recapped needles, used anesthetic cartridges, and other disposable sharp items in the appropriate puncture-resistant container immediately after use.

Care of Instruments: Each student is responsible for their own cassette and instruments. Be careful to close your own instrument cassette and transport unsterile cassette to the unsterile cart for sterilization at Creighton Dental School.

Accidental Exposures to Body Secretions That May Lead to Infection: Treat all needle sticks, punctures, and mucous membrane contact with blood occurring during the course of treating patients or while cleaning instruments as potentially infectious. Immediately seek first aid treatment and report the injury to the supervising instructor or clinic dentist. Before leaving the premises for follow up care, perform first aid treatment by thoroughly cleaning the wound with soap and water. The faculty will complete an incident report with Creighton Dental School as well as IWCC and NOTE: DO NOT encourage bleeding of the wound!!! A confidential report of occupational exposure must be completed by the exposed student, faculty, or staff member. The Incident Report form must be completed and returned to the program director within 24 hours of the exposure accident. Following immediate first aid treatment, the injured person should initiate appropriate protocols for possible hepatitis and HIV exposure. Post-exposure evaluation and follow-up care is voluntary, but students, patients and faculty are urged to comply. Refusal of post-exposure evaluation must be documented in the Incident Report.

Accidental Exposure to Hazardous Materials: Students, faculty, and staff may be exposed to hazardous materials in the course of providing patient care, and in following infection control procedures. All precautions (including appropriate barrier techniques) should be taken while handling materials to prevent exposure. If exposure occurs, appropriate first aid treatment should be rendered immediately. To determine the appropriate measures to be taken, refer to the Safety Data Sheet (SDS) pertaining to the hazardous material. SDS books are found in the Clark 009 at IWCC and in the PCC cubicle on the West side of the clinic at CDS. An Incident Report should be completed and returned to the appropriate instructor within 24 hours.

Accidental Contamination of the Eye: In the event of an eye contaminant, immediately cleanse the eye at an eyewash station. Eyewash stations are located on the East and West side of CDS clinic within the “fishbowl”. Report the incident to the clinical faculty lead. The instructor and student will identify the nature of the contaminant and the proper treatment. An Incident Report should be completed and returned to the appropriate instructor within 24 hours.

EMERGENCY MANAGEMENT PROTOCOL

IWCC POLICY ON MANAGING EMERGENCIES IN THE CLINIC

Prevention is the most effective way to manage emergencies in a clinical setting. The Dental Hygiene Program strives to prevent emergencies rather than to be surprised by them. When participating in clinic activities the following regulations apply to all students and faculty:

IWCC protocol as per OSHA and CDC guidelines will be always followed.

1. In the event of fire or accident, be familiar with the following items:
 - a. fire extinguisher: on the east and west side of the clinic, in the “fishbowl” area
 - b. exits: located in between east and west sides of clinic.
 - c. first aid kit: in the “fishbowl” area on east and west sides of the dental clinic
 - d. naloxone and bleeding control kit: in the “fishbowl” area on east and west sides of the dental clinic
 - e. medical emergency kit: in the “fishbowl” area on east and west sides of the dental clinic
 - f. eyewash station: sink of the “fishbowl” area on east and west sides of the dental clinic
 - g. SDS book: located in PCC desk on West side of dental clinic.
 - h. AED: on the wall in the center of east and west sides of the dental clinic
 - i. Immediately notify the DDS on staff beginning the clinical emergency protocol.
 - ii. Call 911 immediately if the situation demands EMS.
 - i. Bring only those materials you need to the clinic. Books, book bags, or purses are not to be in clinic and should be stored in personal lockers. No food, beverages, or gum chewing in the clinic.
 - j. Keep your treatment area neat and organized to make access to dental chairs as safe as possible for all.
 - k. In the event of an accident or incident, complete the Incident Report. This must be returned to the appropriate instructor within 24 hours.