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1 - INFORMATION

INTRODUCTION
A dental hygienist is a licensed, professional oral health educator and clinical operator. As a dental professional, the hygienist uses preventive, therapeutic, and educational methods for assisting individuals and groups in controlling oral disease and maintaining oral health. The primary responsibility of any healthcare professional is to provide optimum care to the patient. In the educational setting, the transition from layperson to professional person occurs. During this transitional period, the student should continually strive for excellence while learning all techniques and procedures. This handbook is designed to acquaint dental hygiene students with policies and procedures that are essential to the daily operation of the Missouri Southern State University Dental Hygiene clinics.

In order to prepare for your participation in clinical labs, your immunizations must be current; you must be certified in Basic Life Support for Healthcare Providers with AED training; and you must be covered by a major medical health insurance plan. Students are not allowed to participate in laboratory courses until this information is on file.

Course, clinical lab, and extracurricular assignments are established in accordance with the Commission on Dental Accreditation (CODA) Guidelines for Dental Hygiene Programs. The Missouri Southern State University dental hygiene program is fully accredited by the Commission on Dental Accreditation (CODA).

It is the policy of the Missouri Southern State University Dental Hygiene Program that all dental hygiene curriculum and supporting science courses are completed with a “C” grade or above. **Failure to comply with this criterion will result in immediate dismissal from the program.** You may apply to be readmitted to the MSSU Dental Hygiene program, if the grade below a “C” level occurred in a didactic course. Due to MSSU’s insurance policy requirements, when a student is repeating the dental hygiene program, any dental hygiene courses previously taken must be repeated upon re-entry into the program.

**If you are unable to successfully pass (75% or better) any laboratory section in Fundamentals I or II (DH 103 or DH 105), Dental Radiology (DH 165), Dental Materials (DH 225), or Clinic I, II or III (DH 190, DH 290 or DH 390) you are dismissed and not allowed to reapply to the program.**

The faculty of the dental hygiene program hopes you enjoy your educational experience in preparation to becoming a professional, licensed dental hygienist.
MEET THE FACULTY AND STAFF

FACULTY:

Mrs. Stacie Scrivner, RDH, MEd: Assistant Professor, Department Chair (Program Director)

JOPLIN
Mrs. Lezlie Cantrell, RDH, PhD Associate Professor
Ms. Kathrine Corum, RDH, MSDH Assistant Professor
Mrs. Sherilyn Merritt, RDH, BSHS Clinical Instructor
Mrs. Kimberly Rogers, RDH, BGS Assistant Professor
Ms. Rhonda White, RDH, BSDH Assistant Professor

ROLLA
Mrs. Lucinda Shearman, RDH, MEd Assistant Professor
Mrs. Gail Taubel, RDH, MEd Assistant Professor

SIKESTON
Mrs. Lisa Kelley, RDH, BSDH Assistant Professor
Mrs. Emily Leslie, RDH, BSDH Assistant Professor

ADJUNCT FACULTY
Mrs. Becky Harshaw, RDH, BSHS
Ms. Dawn LaRue, RDH, BSDH
Ms. Lori Miller, RDH
Mrs. Allison Sparks, RDH, BSDH

STAFF
Mrs. Titia Grimsley, Administrative Assistant (Joplin)
Mrs. Linda Richardson, Administrative Assistant (Rolla)
Mrs. Kay Stafford, Administrative Assistant (Sikeston)
Mr. Kyle Vann, Technical Support (Joplin)
EDUCATIONAL PHILOSOPHY
The faculty members are committed to creating an educational environment that is conducive to the development of dental hygiene professionals who are self-directed, responsible, and capable of critical thinking when problem solving and making decisions.

The curriculum for dental hygiene students provides a hierarchical progression of knowledge and skills as demonstrated by competencies that reflect the interdependence of biological, behavioral, and clinical sciences. The educational environment is positive and supportive. It is characterized by mutual respect among students, faculty, patients, and staff. The role of the faculty is to provide the translation and linkage of theory to clinical practice. The faculty provides guidance, role modeling, mentoring, information, and positive feedback, as well as encourages self-assessment. The faculty also evaluates the process involved in performing clinical skills and the outcome of dental hygiene treatment. The dental hygiene faculty strives to create a learning environment in which each dental hygiene graduate is instilled with the knowledge, skills, and sense of responsibility to self, community, and the profession needed to provide quality dental hygiene care.

The primary role of the student within this educational environment is the assumption of responsibility for planning, implementing, and evaluating comprehensive dental hygiene treatment. This includes informing and actively involving the patient in their treatment, as well as providing opportunities/referrals for comprehensive dental care and other health care needs.

MISSION
Missouri Southern State University Dental Hygiene program empowers students to become life-long learners and facilitate the development of ethical and competent oral healthcare professionals, who provide patient care to a diverse population utilizing innovative technologies.

GOALS AND COMPETENCIES
Goal 1:
Provide quality education that reflects best practices in dental hygiene in order to become an ethical licensed, oral healthcare professional.

Program Competencies:
1.1: Apply a professional code of ethics in all endeavors.
1.2: Adhere to state and federal laws, recommendations, and regulations in the provision of oral health care.
1.3: Use critical thinking skills and comprehensive problem solving to identify oral health care strategies that promote patient health and wellness.
1.4: Assume responsibility for professional actions and care based on accepted scientific theories, research, and the accepted standard of care.
1.5: Integrate accepted scientific theories and research into educational, preventive, and therapeutic oral health services.
1.6: Apply quality assurance mechanisms to ensure continuous commitment to accepted standards of care, while obtaining the patient’s informed consent based on thorough case presentations.
1.7: Initiate a collaborative approach with all patients when developing individualized care plans that are specialized, comprehensive, culturally sensitive, and acceptable to all parties involved in care planning.
1:8: Initiate consultations and collaborations with all relevant health care providers to facilitate optimal treatments.
1:9: Manage medical emergencies by using professional judgment, providing life support, and utilizing required CPR and any specialized training or knowledge.
1:10: Use patient assessment data, diagnostic technologies, and critical decision-making skills to determine a process of comprehensive care.

**Competency Measures of Assessment:**
Pre-Clinical and Clinical Competencies
Graduate Exit Surveys
Employer Surveys
Service Learning Activities
Feedback from Advisory Committee
Dental Hygiene National Board scores
Clinical Board Scores
Curriculum Management

**Goal 2:**
Provide comprehensive dental hygiene services to the communities served by Missouri Southern State University

**Program Competencies:**
2:1: Promote the values of the dental hygiene profession through service-based activities, positive community affiliations and active involvement in local organizations.
2:2: Communicate effectively with diverse individuals and groups, serving all persons without discrimination by acknowledging an appreciating diversity.
2:3: Assess the oral health needs and services of the community to determine action plans and availability of resources to meet the health care needs.
2:4: Provide screening, referral, and educational services that allow patients to access the resources of the health care system.
2:5: Provide community oral health services in a variety of settings.
2:6: Facilitate patient access to oral health services by influencing individuals or organizations for the provision of oral health care.
2:7: Evaluate reimbursement mechanisms and their impact on the patient’s access to oral health care.
2:8: Evaluate the outcomes of community-based programs, and plan for future activities.
2:9: Advocate for effective oral health care for underserved populations.

**Competencies Measures of Assessment:**
Pre-Clinical and Clinical Competencies
Employer Surveys
Service Learning Activities
Feedback from Advisory Committee
Dental Hygiene National Board scores
Clinical Board Scores
Curriculum Management
Student Evaluations
Goal 3:
Promote the significance of dental hygiene professional development and commitment to lifelong learning.

Program Competencies:
3:1: Use evidence-based decision making to evaluate emerging technology and treatment modalities to integrate into patient dental hygiene care plans to achieve high-quality, cost-effective care.
3:3: Provide specialized treatment that includes educational, preventive, and therapeutic services designed to achieve and maintain oral health. Partner with the patient in achieving oral health goals.
3:4: Evaluate the effectiveness of the provided services, and modify care plans as needed.
3:5: Determine the outcomes of dental hygiene interventions using indices, instruments, examination techniques, and patient self-reports as specified in patient goals.
3:6: Pursue career opportunities within health care, industry, education, research, and other roles as they evolve for the dental hygienist.

Competencies Measures of Assessment:
Student Portfolio
Graduate Exit Surveys
Curriculum Management
Employer Surveys
Feedback from Advisory Committee

ADHA CODE OF ETHICS
Code of Ethics for Dental Hygienists

1. Preamble
As dental hygienists, we are a community of professionals devoted to the prevention of disease and the promotion and improvement of the public’s health. We are preventive oral health professionals who provide educational, clinical, and therapeutic services to the public. We strive to live meaningful, productive, satisfying lives that simultaneously serve us, our profession, our society, and the world. Our actions, behaviors, and attitudes are consistent with our commitment to public service. We endorse and incorporate the Code into our daily lives.

2. Purpose
The purpose of a professional code of ethics is to achieve high levels of ethical consciousness, decision-making, and practice by the members of the profession.

Specific objectives of the Dental Hygiene Code of Ethics are:
• To increase our professional and ethical consciousness, and sense of ethical responsibility.
• To lead us to recognize ethical issues and choices and to guide us in making more informed ethical decisions.
• To establish a standard for professional judgment and conduct.
• To provide a statement of the ethical behavior the public can expect from us.
The Dental Hygiene Code of Ethics is meant to influence us throughout our careers. It stimulates our continuing study of ethical issues and challenges us to explore our ethical responsibilities. The Code establishes concise standards of behavior to guide the public’s expectations of our profession and supports existing dental hygiene practice, laws and regulations. By holding ourselves accountable to meeting the standards stated in the Code, we enhance the public’s trust on which our professional privilege and status are founded.

3. Key Concepts

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

4. Basic Beliefs

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

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

5. Fundamental Principles

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

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

- **Complementarity:** The principle of complementarity assumes the existence of an obligation to justice and basic human rights. It requires us to act toward others in the same way they would act toward us if roles were reversed. In all relationships, it means considering the values and perspective of others before making decisions or taking actions affecting them.

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

- **Community:** The principle expresses our concern for the bond between individuals, the community, and society in general. It leads us to preserve natural resources and inspires us to show concern for the global environment.
• **Responsibility**: Responsibility is central to our ethics. We recognize that there are guidelines for making ethical choices and accept responsibility for knowing and applying them. We accept the consequences of our actions or the failure to act and are willing to make ethical choices and publicly affirm them.

6. **Core Values**

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

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

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

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

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

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

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

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

7. **Standards of Professional Responsibility**

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

**To Ourselves as Individuals**

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

**To Ourselves as Professionals**

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

To Family and Friends

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

To Clients

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

To Colleagues

• Conduct professional activities and programs, and develop relationships in ways that are honest, responsible, and appropriately open and candid.
• Encourage a work environment that promotes individual professional growth and development.
• Collaborate with others to create a work environment that minimizes risk to the personal health and safety of our colleagues.
• Manage conflicts constructively.
• Support the efforts of other dental hygienists to communicate the dental hygiene philosophy of preventive oral care.
• Inform other healthcare professionals about the relationship between general and oral health.
• Promote human relationships that are mutually beneficial, including those with other healthcare professionals.

To Employees and Employers

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

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

To the Community and Society

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

To Scientific Investigation

- We accept responsibility for conducting research according to the fundamental principles underlying our ethical beliefs in compliance with universal codes, governmental standards, and professional guidelines for the care and management of experimental subjects. We acknowledge our ethical obligations to the specific community:
  - Conduct research that contributes knowledge that is valid and useful to our clients and society.
  - Use research methods that meet accepted scientific standards.
  - Use research resources appropriately.
  - Systematically review and justify research in progress to insure the most favorable benefit-to-risk ratio to research subjects.
  - Submit all proposals involving human subjects to an appropriate human subject review committee.
  - Secure appropriate institutional committee approval for the conduct of research involving animals.
  - Obtain informed consent from human subjects participating in research that is based on specifications published in Title 21 Code of Federal Regulations Part 46
  - Respect the confidentiality and privacy of data.
  - Seek opportunities to advance dental hygiene knowledge through research by providing financial, human, and technical resources whenever possible.
• Report research results in a timely manner.
• Report research findings completely and honestly, drawing only those conclusions that are supported by the data presented.
• Report the names of investigators fairly and accurately.
• Interpret the research and research of others accurately and objectively, drawing conclusions that are supported by the data presented and seeking clarity when uncertain.
• Critically evaluate research methods and results before applying new theory and technology in practice.
• Be knowledgeable concerning currently accepted preventive and therapeutic methods, products, and technology and their application to our practice.
• Approved and ratified by the 1995 ADHA House of Delegates.

PROFESSIONALISM
As a dental hygienist, you work in close contact with people during your professional career. During your preparation for this professional career, the personal characteristics that are emphasized include grooming, impeccable manners, maturity, and respect for faculty, staff and fellow students. You should strive to combine and coordinate these traits with your intelligence and clinical skills for a successful future in the dental hygiene healthcare profession. A few guidelines are presented for your information.

• Personal hygiene and conduct are two personal factors that can make a lasting positive or negative impression. As a dental hygiene student, some of your clinical assignments may be in a formal environment. At other times, the atmosphere may be more relaxed and informal. Whatever the location and situation, you must be adaptable.
• Professional attitude is a term commonly used by personnel in the health professions. Those in the profession see professional attitude as a combination of traits or personal characteristics such as pleasantness, enthusiasm, honesty, trustworthiness, and ability to take and give instructions in the use of good judgment.
• Personal problems can easily influence academic achievement and clinical skills. These problems do not belong in the clinical settings.
• If at any time, a student disregards standards of professionalism or engages in behavior that endangers him/her or others, he/she may be immediately removed from the clinical site. In this event, the student must contact the clinical supervisor and Dental Hygiene Department Chair.
• Success in the Dental Hygiene Program is dependent upon the ability of the student to function effectively in the clinical setting. Disruptive behavior may result in the dismissal of the student from the program, even though their grades in the didactic courses are acceptable.
• All dental hygiene students are expected to demonstrate professionalism in behavior, manner and judgment in the classroom, clinic labs, radiology, clinical rotation sites, and volunteer events.
• All students are expected to follow the policies of the dental hygiene program regarding conduct, attire, and asepsis.
ACCREDITATION

The Missouri Southern State University Dental Hygiene Program is accredited by the Commission on Dental Accreditation (CODA).

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

A copy of the appropriate accreditation standards and/or the Commission’s policy and procedure for submission of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago, IL 60611 or by calling 1-800-621-8099 extension 2719.

REQUIRED NOTICE OF OPPORTUNITY AND PROCEDURE TO FILE COMPLAINTS WITH THE COMMISSION ON DENTAL ACCREDITATION:

The Missouri Southern State University Dental Hygiene Program is accredited by the Commission on Dental Accreditation (CODA). Course, clinical lab and extracurricular assignments are established in accordance with the Commission on Dental Accreditation guidelines for dental hygiene programs.

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

A copy of the appropriate accreditation standards and/or the Commission’s policy and procedure for submission of complaints can be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago, IL 60611 or by calling 1-800-621-8099 extension 2719.

Students entering the MSSU dental hygiene program or already in the MSSU dental hygiene program are required to read and sign acknowledgement of this presented information (Appendix I). A copy is kept on record with the Department Chair. Specific statements requiring student signature include:

- Verification of Receipt of MSSU Student Policy Manual
- Verification on Education of Infection Control Procedures
- Verification of Broken or Damaged Equipment Policy
- Acknowledgement of Receipt of Patient Bill of Rights and HIPAA Policy
- Confidentiality Statement
- Acknowledgement of Receipt of Communicable Disease Policy
- Acknowledgement of the Policy on Pregnancy and Ionizing Radiation
- Student Disclosure and Consent Form
- Student Drug/Alcohol Acknowledgement & Consent Form
2 – PROGRAM POLICIES

ACADEMIC STANDARDS
It is the policy of the Missouri Southern State University Dental Hygiene Program that all courses in the dental hygiene curriculum and supporting science courses are completed with a “C” grade or above. **Failure to comply with this criterion results in immediate dismissal from the program.** You can apply to be readmitted to the MSSU Dental Hygiene program, if the grade below a “C” level occurred in a didactic course. **If you are unable to successfully pass (75% or better) any laboratory section in Fundamentals I or II (DH 103 or DH 105), Dental Radiology (DH 165), Dental Materials (DH 225) or Clinic I, II or III (DH 190, DH 290 or DH 390) you are not allowed to reapply to the program.**

Grading scale for Dental Hygiene Courses:

- 100-92 = A
- 91-82 = B
- 81-75 = C
- 74-68 = D (not passing)
- 67–0 = F (not passing)

EXAMINATIONS
The course instructor schedules examinations (tests) in dental hygiene courses. There are no make-up options for missed exams or quizzes unless in conjunction with a doctors excuse. Exams are comprehensive.

ADVANCEMENT AND REMEDIATION POLICY
Every effort is made by the MSSU Dental Hygiene Department to help students succeed in the program. This policy has been adopted for consistency and uniformity. A conference is scheduled with the appropriate instructor when any graded activity is completed below the acceptable level.

ADVANCEMENT

1. Information related to the grading criteria for each course is stated in the course syllabus at the beginning of each semester. All dental hygiene courses must be completed with a grade of C or better to advance in the program.

2. If a student is not passing any DH lab, pre-clinic or clinic course at the time of withdrawal, the student will NOT be re-admitted. Nor will the student be able to re-apply to the dental hygiene program.

3. If a student is dismissed due to receiving a failing grade in any dental hygiene course because of cheating, violating MSSU’s academic integrity policy or for putting a patient’s health at risk, they are ineligible to reapply to the program.

4. Students earning any final grade below a C in a dental hygiene didactic course will fail out of the course and subsequently not progress in the program.
   a. A student may apply to be readmitted to the MSSU Dental Hygiene program, if the grade below a “C” level occurred in a didactic course.
   b. When/ if a student is readmitted into the dental hygiene program, any dental hygiene courses previously taken must be repeated.
REMEDIATION POLICY
The Dental Hygiene Program encourages and implements a remediation policy for students struggling within didactic, pre-clinic, clinic and laboratory courses. Specific remediation policies are described within the course syllabus and information document distributed to students at the beginning of the course.

Adopted by the Dental Hygiene Faculty Council January 2011

See Appendix II for examples of Student Counseling & Advising forms, Pre-Clinic Counseling Session with Student form, and Student Remediation form.

ATTENDANCE
It is critical that each student gains the maximum amount of experience possible during professional training.

• In order to facilitate this, clinical requirements are established based on 100% attendance at clinical sessions. An absence from even one clinical session can result in the student being unable to complete clinical requirements.
• NO absences during laboratory or clinical sessions are excused, except in the case of illness. A written physician's release is required to readmit the student to lab or clinic after an absence due to illness.
• Attendance in clinic is required regardless of failed or canceled appointments. It is the student's responsibility to schedule backup patients for all clinical sessions to insure that clinical time is utilized to the student’s full advantage.
• It is the student's responsibility to notify the dental hygiene department, extended campus facility, and the patient in the case of absence due to illness.
• The student is responsible for notifying a course instructor regarding a classroom absence by calling or emailing the instructor at least one hour prior to the scheduled class period.

RECOMMENDED STUDY HOURS/STUDENT EMPLOYMENT
Students should plan to study a minimum of three hours per week for each credit hour enrolled. For example, a student enrolled in 12 credit hours can expect to study a minimum of 36 hours per week. Due to the rigors of the dental hygiene program and time constraints, the student’s scheduled work hours should be adjusted accordingly.

AMERICANS WITH DISABILITIES (ADA) STATEMENT
If you are an individual with a disability and require any accommodations for this class, please notify the Disabilities Coordinator, at the Student Success Center (417-625-9516).

CLASSROOM BEHAVIOR
Talking and other disruptive behaviors in the classroom are prohibited. Guidelines for student conduct at Missouri Southern State University are outlined within the Missouri Southern State University Student Handbook which is available online at www.mssu.edu. The student can also refer to the course syllabus for specific expectations.

FOOD AND DRINK REGULATIONS
No food or drinks are permitted in classrooms or clinic. Student lounges in the building are available for this purpose.

Approved by DH Faculty Council 8/18/2011
CELL PHONES

- Cell phones are to be turned off during class. No texting is permitted during class. No cell phones allowed in clinic.
- Please give your family the secretary’s phone number; you may be contacted through him/her in case of an emergency.

CLINICAL REQUIREMENTS

- Requirements are established by the faculty in order to provide the most well rounded clinical experiences possible for the student, and to meet guidelines set forth by the American Dental Association Commission on Dental Accreditation (CODA).
- Requirements are located in the Clinical Dental Hygiene course syllabus, and are discussed at the beginning of each semester. Specific competency levels are established, and students are responsible for achieving the level of competency in order to receive passing credit for the requirement.
- The student must meet all requirements and recommendations according to this manual and to each semester's syllabus in order to obtain the Associate of Science Degree in Dental Hygiene and to be certified to take the required written and practical exams for licensure.
- The student is responsible for obtaining patients to meet the established requirements.

HEALTH INSURANCE & HEALTH CARE VERIFICATION

- Health insurance is mandatory for all students. The student must provide the school with the name of the health insurance company and policy number. A copy of the insurance card (front and back) is required.
- Dental Hygiene students are required to have a physical, dental, and vision examination prior to admission to the program.
- If a student chooses to not comply with the recommended immunizations, he/she is required to sign the Informed Refusal for Hepatitis A & B Vaccine form (Appendix III).
- Students are not allowed to participate in laboratory courses until all mandatory information is on file in the Dental Hygiene Department including:
  ✓ IMMUNIZATIONS
  ✓ HEALTH INSURANCE COVERAGE
  ✓ BASIC LIFE SUPPORT
  ✓ BACKGROUND CHECK

BACKGROUND CHECK POLICY

MSSU Dental Hygiene students provide oral hygiene education and care to nursing home residents, as well as to children in school and day care settings. Therefore, dental hygiene students are required to complete a background check with an approved provider. Results of the Criminal Record Check and Background Screening must be on file after notification of admission to the dental hygiene program and prior to the first day of classes. Failure to comply restricts the student from class attendance. Students who fail to provide full disclosure of their states of residence for the purposes of Criminal Background Checks can be subject to dismissal from the dental hygiene program.

Adopted from MSSU Nursing Dept., Approved by DH Faculty Council 4-16-10
TUITION AND FEES

- The tuition rate per credit hour is the same as that for all other courses offered through Missouri Southern State University.
- Students at the distance sites are assessed a distance education fee per credit hour, as are students taking any other distance/online course through MSSU.
- Dental hygiene students are assessed special course fees each semester. These fees help to cover student instruments, liability insurance, and supplies and maintenance of equipment used in the clinical and laboratory courses.
- Students/graduates must take the National Board Dental Hygiene Exam (NBDHE), a state/regional clinical/practical examination, and a jurisprudence exam for licensure in the state/states of their choice. Fees for these exams are available through the various testing agencies and state licensing boards.

DEPARTMENT OF DENTAL HYGIENE DUE PROCESS AND APPEALS POLICY
(Grievance Policy)

Should a difference of opinion develop between a student and an instructor regarding course work, the student is to make an appointment to discuss the matter privately with the instructor involved within five (5) class/clinical days from the date the disputed event occurred.

If the problem persists, the student and the instructor may arrange a conference with the Department Chair of Dental Hygiene within five (5) class/clinical days after the student meets with the instructor.

If the matter is still not resolved, the student has the right to appeal to the Dean of the School of Health Sciences within five (5) class/clinical days from the date of conference with the Department Chair of the Dental Hygiene Program.

Prior to the scheduled conference at any level of the grievance process, the student must submit the grievance in writing to the person with whom the conference is scheduled. A written notice of all decisions regarding a student’s grievance is provided to the student.

The Department of Dental Hygiene Due Process and Appeals Policy ends when the disputed matter is turned over to the campus judicial system.

Adopted from MSSU Nursing Dept., Approved by DH Faculty Council 4-16-10

DRESS AND APPEARANCE

- Full school uniform consists of those uniforms purchased with faculty approval. For all students (male or female) this includes scrubs, clean closed heel and toe white shoes, and safety glasses with side shield or face shield. Further details of specific dress codes will be discussed in class. Shoes must be designated for clinical use only.
- Hip or standard length, long sleeved scrub jackets are worn over the uniform in the clinical setting. This scrub jacket is not worn outside of clinic, and should be laundered after each patient.
- Uniform, crew length socks, shoes, and shoelaces must be neat and clean at all times. It is strongly suggested that a clean, extra uniform be kept in the locker for emergency use.
• Hair must be neat and clean, and must be pulled back from the student's face in a manner which meets with faculty approval. Headbands must be washable or disinfectable, without adornment.
• A male student who chooses to wear a beard must wear it ½ inch or less in length, neat and well-trimmed. Beards must be in place prior to the beginning of each semester.
• Students must take particular care of their hands. Nails must be natural, short, clean, and well-manicured and **free from any nail polish or adornment**. Nail polish, acrylic nails, tips or overlays are **not** permitted. Nails must be shorter than the fingertips when observed from the palm side. Nails should not touch the table when fingertips are placed tip down on a flat surface. Gloves must be worn during all lab and clinical procedures.
• As a health care professional, you are strongly encouraged to dress appropriately for class. Remember, classrooms are frequently cold, and you should dress so you are comfortable for the room conditions.
• Necklaces, bracelets, rings, earrings, or any piercings etc. are **not** permitted in the clinical setting. Watches with bands are permitted as long as the watchband can be disinfected after/before each patient.
• Make-up should not be excessive. Proper application should reflect a neat, natural appearance.
• As a future member of the dental health team, you are required to provide nutritional counseling to your patients. It is, therefore, imperative that your personal appearance be a reflection of good dietary practices.

**There will be no exposed tattoos.** All tattoos are to be discretely covered when in the clinic, outside rotations or when seeing patients.

• Any body piercing jewelry, which is exposed and not covered by scrubs, should be removed. Any piercing that interferes with visual and/or verbal communication with the patient is to be removed. It is strongly suggested that students not get further piercing during the school terms because they will be asked to remove all jewelry, including that which has been recently pierced.

**PERSONAL CARE**

• Guard against offensive odors by bathing and shampooing frequently, and by applying deodorant.
• Avoid heavily seasoned foods particularly those containing onions and garlic.
• Strong perfumes or colognes are **not** allowed to be worn during the course of the dental hygiene program.
• Gum chewing is **not** acceptable in clinic.

**SMOKING POLICY**

Due to the fact that it is not always possible to predict a patient’s reaction to the smoke on a student’s clothing, hair or person, smoking is **not** permitted during clinic hours. This policy reflects the Dental Hygiene Department’s concern for the welfare of the patients that the students serve. If any student needs assistance with smoking cessation or has questions regarding this policy, please contact the Program Director.

*Adopted from MSSU Nursing Dept., Approved by DH Faculty Council 4-16-10*

**SUBSTANCE ABUSE AND DRUG TESTING POLICY**

The Department of Dental Hygiene adheres to the Missouri Southern State University Drug and Alcohol Prevention Program and the Drug-Free Schools and Communities Act Amendments of 1989.

The Missouri Southern State University Catalog states: “Students are prohibited from using alcoholic beverages and illegal drugs on University-owned or controlled property and at University sponsored or supervised activities. Irresponsible alcohol or other drug use off campus resulting in disorderly conduct on campus also is not acceptable. Any student of Missouri Southern State University found to have manufactured, dispensed,
possessed or used a controlled substance in violation of the Substance Abuse Policy of this University will be subject to discipline in accordance with University policy and reported to local, state or federal law enforcement authorities for criminal prosecution. Criminal prosecution for these acts can lead to a conviction and such a conviction can result in a sentence imposing a monetary fine, imprisonment in a state or federal penitentiary or both.”

Offers of acceptance to the Dental Hygiene Department are made as conditional offers. The conditions include satisfactory completion of pre-requisite dental hygiene courses, physical, dental, and vision exams, a satisfactory background check, and a negative alcohol, drug, and/or controlled substance test. An applicant or current dental hygiene student who refuses to authorize and pay for testing or who tests positive for drugs, alcohol, or controlled substances will not receive a final offer of admission, or is not allowed to continue in the dental hygiene program. The Director of the Dental Hygiene Department will notify the conditionally admitted student that the offer of admission is withdrawn secondary to a positive drug or alcohol screen test, and the Director will notify a current dental hygiene student who tests positive for drugs or alcohol of dismissal from the dental hygiene program. Adopted from MSSU Nursing Dept., Approved by DH Faculty Council 4-16-10

A number of programs are available on campus to promote alcohol and drug awareness. In the dental hygiene department, an annual workshop on the subject of “Chemical Dependency and the Impaired Dental Hygienist” is conducted. Attendance is mandatory for all dental hygiene students. Student policies are reviewed with students at the time of the workshop. Student acknowledgement/consent forms to-be-tested for the presence of drugs, alcohol, and controlled substances are signed when a conditional offer of admission to the dental hygiene program is made.

To ensure compliance with the Drug Free Schools and Communities Act Amendments of 1989, dental hygiene students are tested:

- As a condition of admission, readmission, to the dental hygiene program,
- Upon reasonable suspicion, and
- Post-accident or post-injury.

Any student who tests positive for a drug or controlled substance must be able to verify that it was obtained legally and legitimately. If an initial drug or controlled substance test is positive, a second test on the same specimen is performed to confirm the initial result. If an alcohol test is positive, a second test is performed to confirm the initial result. Any confirmed alcohol result above 0% is considered positive. A positive test result on the confirming test will result in dismissal from the dental hygiene program. The dental hygiene student assumes full costs of testing. Any student dismissed following a positive drug, controlled substance, or alcohol test is removed from all dental hygiene courses. A grade of “W” is transcribed if prior to the University withdrawal date. A grade of “F” is transcribed if the student is removed from courses following the University withdrawal date.

Students in clinical agencies are subject to the policies of Missouri Southern State University, and must also abide by the policies of the agency in which they are practicing as a student dental hygienist. A student may be required to have alcohol or drug testing alone or in combination. Any student who refuses to submit to initial or subsequent testing is dismissed from the dental hygiene program.

The Department Chair must authorize reasonable suspicion testing and incident/post-accident testing on a student before such a test is administered. In the absence of the Department Chair, the Dean, or designated
administrator can authorize a test. Reasonable suspicion includes, but is not be limited to accidents or injuries caused by human error, unusual or serious violations of rules, secured drug supply disappearance, irrational or extreme behavior, or unusual inattention or personal behavior, such as smelling of alcoholic beverages.

Students must abide by the terms of the above policy and must report any charge, whether resulting in conviction, plea of guilty, finding of guilt, probation, suspended imposition of sentence, suspended execution of sentence, or plea of nolo contendere under a criminal drug or alcohol statute for violations occurring on or off university premises. Any such violation must be reported within five (5) days. Students with involvement in a criminal drug or alcohol offense are dismissed from the dental hygiene program.

Dismissed students may reapply for admission one time. Dismissed students may be eligible for consideration of readmission to the dental hygiene program upon successful completion and documented evidence of treatment remedying the rationale for dismissal.

Adopted from MSSU Nursing Dept., Approved by DH Faculty Council 4-16-10

Students entering the MSSU dental hygiene program or already in the MSSU dental hygiene program are required to read and sign acknowledgement of the Student Drug/Alcohol Acknowledgment & Consent Form (Appendix I). A copy is kept on record with the Department Chair.

INCLEMENT WEATHER POLICY
For all DIDACTIC courses:

• If the Joplin main campus is closed, then all sites are closed.
• If the site where the course originates is closed due to inclement weather, then that class is cancelled.

For all CLINICAL OR LAB courses:

• If your specific site is closed, then that site’s lab or clinic is also closed.

Each student should inform the patient of the procedures for determining if the clinic is closed due to inclement weather.

COMMUNICATING POLICY CHANGE TO STUDENTS
When a policy is changed, the dental hygiene student is notified as follows:
• A copy of the new policy is distributed to students via a classroom instructor and Blackboard, so students may update their current Department of Dental Hygiene Student Handbooks.
• Students sign an acknowledgement of having received the new policy information. See Appendix VI

Adopted from MSSU Nursing Dept., Approved by DH Faculty Council 4-16-10–revised 6-2013
3- CLINICAL POLICIES

HEALTH INFORMATION PRIVACY POLICIES

Health Information Privacy Policies & Procedures implement obligations to protect the privacy of individually identifiable health information that are created, received or maintained as a healthcare provider.

The MSSU Dental Hygiene Program implements these Health Information Privacy Policies and Procedures as a matter of sound business practice; to protect the interests of students and patients; and to fulfill legal obligations under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, its implementing regulations at 45 CFR Parts 160 and 164 (65 Fed. Reg 82462 (Dec. 28, 2000)) (“Privacy Rules”), as amended (67 Fed. Reg. 53182 [Aug. 14, 2002]), and state law that provides greater protection or rights to patients than the Privacy Rules.

As a member of the workforce, a student in the program, or as a business associate, you are obligated to follow these Health Information Privacy Policies & Procedures faithfully. Failure to do so can result in disciplinary action, including termination of your employment or affiliation with MSSU clinics or dismissal from the program. Students entering the MSSU dental hygiene program or already in the MSSU dental hygiene program are required to read and sign a Confidentiality Statement (Appendix I). A copy is kept on record with the Department Chair.

These Policies & Procedures address the basics of HIPAA and the Privacy Rules that apply in MSSU clinics. They do not attempt to cover everything in the Privacy Rules. The Policies & Procedures refer to forms the MSSU Dental Hygiene Program uses to help implement the policies and to the Privacy Rules themselves when added details are needed.

Please note, while the Privacy Rules speak in terms of “individual” rights and actions, these MSSU Dental Hygiene Program Policies & Procedures use the more familiar word “patient” instead; “patient” should be read broadly to include, students, prospective patients, patients of record, former patients, their authorized representatives and any other “individuals” contemplated in the Privacy Rules.

PATIENT BILL OF RIGHTS AND HIPAA

The MSSU Dental Hygiene Program’s Patient Bill of Rights and HIPAA information is located in Appendix IV. Students entering the MSSU dental hygiene program or already in the MSSU dental hygiene program are required to read and sign Acknowledgement of Receipt of Patient Bill of Rights and HIPAA Policy (Appendix I). A copy is kept on record with the Department Chair.

If you have questions or doubts about use or disclosure of individually identifiable health information or about your other obligations under these Health Information Privacy Policies & Procedures, the Privacy Rules or other federal or state law, consult Stacie Scrivner, Department Chair – at 417-625-9379 or Scrivner-S@mssu.edu
COMMUNICABLE DISEASE POLICY
In the event of diseases spread by airborne particles, the students must meet the current Missouri Department of Health to participate in classroom or clinical activities. The MSSU Dental Hygiene Program’s Communicable Disease Policy, Notice of Privacy Practices is located in Appendix V.

*Students entering the MSSU dental hygiene program or already in the MSSU dental hygiene program are required to read and sign acknowledgement of the Receipt of Communicable Disease Policy, Notice of Privacy Practices (Appendix I). A copy is kept on record with the Department Chair.*

PROGRESSION RELATED TO COMMUNICABLE DISEASES
Students are admitted to Missouri Southern State University Dental Hygiene Program in accordance with the Rehabilitation Act of 1973 and American Disabilities Act 1990.

In the event of communicable disease, the students must meet the current Missouri Department of Health to participate in classroom or clinical activities. The list included below is a partial listing as published in Prevention and Control of Communicable Diseases, Missouri Department of Health; Additional restrictions based on the most recent publications by government authority will apply. Students can return to classes or clinical setting when the period of communicability is over.

<table>
<thead>
<tr>
<th>Communicable Disease</th>
<th>When student may return to classes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chickenpox (Varicella)</td>
<td>When all lesions are dry and crusted</td>
</tr>
<tr>
<td>Herpes Simplex Virus Type 1</td>
<td>When all lesions are dry and crusted</td>
</tr>
<tr>
<td>Influenza</td>
<td>After fever subsides and able to resume activities</td>
</tr>
<tr>
<td>Measles (Rubella)</td>
<td>7 days after appearance of rash</td>
</tr>
<tr>
<td>Mumps</td>
<td>9 days after swelling begins</td>
</tr>
<tr>
<td>Pertussis (Whooping Cough)</td>
<td>Exclude from duty from beginning of catarrhal stage through third week after onset of paroxysms, or until 5 days after start of effective antibiotic therapy</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>Until proved noninfectious</td>
</tr>
</tbody>
</table>

Students are retained in the program based on the following guidelines: Students must be able to practice standard precautions and comply with the guidelines described by state policy Prevention and Control of Communicable Diseases recommendations published by CDC.

STUDENTS RECEIVING MEDICAL CARE
Students must maintain a health status level that permits them to meet the classroom and clinical objectives with reasonable accommodations.
STUDENT RETURNING TO CLASS OR CLINICAL FOLLOWING ILLNESS, INJURY OR HOSPITALIZATION

When the student returns to clinical or class following severe illness, injury or hospitalization, the student must furnish a written release from all health care providers stating that he/she has recovered sufficiently to resume participating in the dental hygiene program.

Approved by Nursing Council 5-7-01; 9-4-07, amended and approved by DH Faculty Council 9-14

STUDENT UNDER A DOCTOR’S (HEALTH CARE PROVIDER’S) CARE

If a student has been or is currently under the care of a primary physician or specialist physician(s), the written release from all physicians must state that the student is sufficiently recovered or is able to resume full participation in clinical and classroom activities. A full written release with no restrictions from the physician (health care provider) is required for all students under a doctor’s care.

Approved by Nursing Council 10-5-04; 9-4-07; 3-6-13, Approved by DH Faculty Council 9-14

STUDENT ILLNESSES OR INJURIES OCCURRING DURING CLINICAL ASSIGNMENTS

Students experiencing illness or injury requiring medical treatment during clinical assignments must receive treatment at the closest, appropriate treatment facility. Faculty is not responsible to transport any ill or injured dental hygiene student. The student is responsible for any/all costs incurred for medical treatment received.

Approved by Nursing Council 5-5-04, Approved by DH Faculty Council 9-14

HEPATITIS A & B IMMUNIZATION POLICY

Each student must show proof of completed Hepatitis A and B vaccine series, and reactive titer. Minimum compliance prior to the first day in the program is receipt of the first vaccination with anticipated completion of the series and titer as scheduled. The cost of the immunization is the student’s responsibility. The Occupation Safety and Health Administration mandate hepatitis B vaccine for persons with a potential blood exposure of at least one time per month.

Non-responders to vaccination are considered susceptible to hepatitis B virus (HBV) infection and are counseled regarding precautions to prevent HBV infection and the need for prophylaxis for any known or probable parental exposure to HBsAg positive blood.

RUBELLA IMMUNIZATION POLICY

Dental hygiene students have contact with females in the childbearing years and, therefore, must fit in one of the following categories. Dental Hygiene students must:

• Receive rubella immunization or
• Provide evidence of a positive screen.
• Birth before 1957 is considered acceptable evidence of measles immunity.

Approved by DH Faculty Council 9-14
VARICELLA IMMUNIZATION POLICY
When student start their first year of the program, all students must demonstrate immunity to varicella. Evidence of immunity includes documentation of 2 doses of varicella vaccine given at least 28 days apart or laboratory evidence of immunity.

Approved by Nursing Council May 2011, Approved by DH Faculty Council 9-14

MEASLES, MUMPS AND RUBELLA (MMR) POLICY
Students must provide evidence of MMR immunization before starting the MSSU Dental Hygiene Program. This may be a record of two doses of live vaccine on or after the first birthday; or serological evidence of immunity; or re-immunization with MMR vaccine.

Approved Nursing Council March 2009, Approved by DH Faculty Council 9-14

TD (Tetanus/Diphtheria) AND TDAP (Tetanus/Diphtheria/Pertussis) POLICY
Students must provide evidence of current Td (Tetanus/Diphtheria) and proof of one time Tdap (Tetanus/Diphtheria/Pertussis) before starting the MSSU Dental Hygiene Program. After completing the primary immunization series, students should receive Td boosters every 10 years. Health Care Professionals younger than age 65 with direct patient contact should receive a 1-time dose of Tdap.

Approved by Nursing Council April 2011, Approved by DH Faculty Council 9-14

INFLUENZA VACCINATION POLICY
All students must receive one dose of available influenza vaccine annually. While the optimal time is October to November, it should occur no later than the earliest mandated requirement of all clinical facilities. The recommendation is based on MMWR Feb 24, 2006 55(RR02); 1-16.

Approved by Nursing Council March 2011, Approved by DH Faculty Council 9-14

TUBERCULIN TEST POLICY
Instructors and dental hygiene students must complete an annual tuberculin or PPD skin test. Dental Hygiene students whose tuberculin test converts from negative to positive need to speak with the Program Administrator and follow up with the Health Department.

Approved by DH Faculty Council 9-14

INFECTION CONTROL/INFECTIOUS DISEASE POLICIES
In an effort to comply with the Occupational Safety and Health Administration (OSHA) infection control guidelines, the following infection control polices and infectious disease policies are enforced. Infection control is a high priority at MSSU Department of Dental Hygiene, and is addressed throughout this clinical policy. Infection control in the department is a team effort performed by faculty, staff, and students. It is imperative that each team member be familiar with his/her role, and executes it responsibly in order to maintain the chain of asepsis.

The dental hygiene faculty and students are at a high-risk level due to their exposure to blood, saliva, gingival fluids, mucous membranes, and aerosols. This section outlines those policies that pertain to the management of
certain serious infectious diseases including Human Immunodeficiency Virus (HIV) and hepatitis B (HBV). MSSU is committed to educational programs and institutional policies that respond appropriately and effectively to these infections. In summary:

1. The MSSU Dental Program is non-discriminatory concerning treating patients with infectious diseases. See Communicable Disease Policy, Appendix V.
2. If infectious disease risk is present, the MSSU Communicable Disease Policy is followed. The patient is referred to an appropriate test site for further evaluation that may involve serologic testing.
3. Patients with active infectious diseases are assigned to the appropriate clinic or program based on the patient’s medical condition, the experience level of the student, and the need for or availability of dental allied personnel, and in accordance with the MSSU Communicable Disease Policy.
4. The major objectives of the Infection Control Program are to (1) reduce the number of pathogens so that normal resistance can prevent infections, (2) break the cycle of infection and eliminate cross-contamination, (3) treat every patient and instrument as infectious, and (4) protect all patients and personnel from infection.

This policy applies equally to and must be complied with by all faculty, staff, and students. This policy is reviewed annually by the faculty in the Dental Hygiene Department to ensure it is in accordance with current medical information and regulation. Questions regarding any part of this policy may be directed to the Department Chair.

EXPOSURE AND PREVENTION TOPICS INCLUDED IN THE CURRICULUM

Students in the Dental Hygiene Program learn about communicable diseases, Standard Precautions and Safety during the Dental Hygiene Orientation, and in DH 101 and DH 103 prior to working on a patient. The student is further trained in pre-clinic, DH 120, DH 295, DH 395 and DH 340 about the various diseases, particularly HIV, AIDS and HBV, and their transmission. The use of standard precautions in the prevention of exposure to infectious organisms that apply to patients and the healthcare professionals in professional and personal situations is also addressed.

Education concerning bloodborne pathogens is conducted in the following manner, and includes an explanation of:

- The OSHA standard for Bloodborne Pathogens.
- Epidemiology and symptomatology of bloodborne diseases.
- Modes of transmission of bloodborne pathogens.
- The MSSU Dental Hygiene Program’s Bloodborne Pathogens Exposure Control Plan (See next section)
- Procedures which might cause exposure to blood or other potentially infectious materials at this facility.
- Regulatory methods that are used at this facility to control exposure to blood or other potentially infectious materials, including their use and limitations.
- Personal protective equipment (PPE) available and required at this facility. This includes the PPE’s use, limitations, location, removal and handling, decontamination and/or disposal and the basis for selection.
- Information on HBV vaccine, including efficacy, safety, method of administration & risk/benefit.
- Established protocols for:
  - Post Exposure evaluation and follow-up
  - Signs and labels used in the dental hygiene clinic and laboratory areas
  - Hepatitis B Vaccine series
• Explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up. See Appendix VI and Appendix VII.
• Information on the evaluation and follow-up required after an exposure incident.
• An explanation of signs, labels, and color coding systems for hazardous materials.

_Students entering the MSSU dental hygiene program or already in the MSSU dental hygiene program are required to read and sign Verification on Education of Infection Control Procedures (Appendix I). A copy is kept on record with the Department Chair._

**BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

**Purpose**
In accordance with OSHA Bloodborne Pathogens standard, 29 CFR 1910.1030, the following exposure control plan has been developed for this clinic.

**Exposure Determination**
OSHA requires employers to perform an exposure determination concerning which students & employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which employees may be expected to incur such occupational exposure, regardless of frequency. OSHA categorizes exposure evaluation as it relates to specific job descriptions. The categories are as follows:

- **Category 1:** Tasks that involve exposure to blood, body fluids or tissues
- **Category 2:** Tasks that do not involve exposure during normal work routine but may perform unplanned Category 1 such as clean-up, instrument processing or helping with dental procedures.
- **Category 3:** Tasks that involve no exposure to blood, body fluids or tissues.

The job classifications and associated tasks for these categories are as follows: Dental program faculty, clinic staff, students and maintenance staff are considered Category 1. Administrative staff are considered Category 2. Student workers are considered Category 3. Occupational duties associated with Category 1 involve some risk of exposure. Category 1 and 2 personnel are required to follow Standard precautions, receive infection control training prior to assuming duties, and receive HBV vaccine.

**STANDARD PRECAUTIONS POLICY**
While every effort is made to obtain a thorough medical history on each patient, it is recognized that not all patients with an infectious disease may be identified. Therefore, all patients are treated as though they may be infectious, and the same infection control practices are utilized with each patient.
POLICY ON BASIC LIFE SUPPORT

It is the policy of the Missouri Southern State University Dental Hygiene Department that all students and faculty who are involved with patient care be certified in Basic Life Support (BLS) for the Healthcare Provider. While this certification is required for renewal of licenses for personnel who are licensed in the state of Missouri, it is the responsibility of the student to investigate the requirements in the state in which they will be working upon graduation. It is also the responsibility of the student to maintain current certification throughout the program. Each student must present a copy of current certification to be kept on record with the Department Chair.

AED (Automatic External Defibrillator)

All faculty and students who have current American Heart Association (AHA) for BLS for Healthcare Providers cards on record with the school may operate/use the AED during a medical emergency. The AED is housed/stored in a convenient location within the dental hygiene clinics for easy access in case of an emergency.
4-RADIOLOGY POLICIES

GENERAL POLICIES REGARDING THE USE OF IONIZING RADIATION

Maximum Permissible Dose

Radiation protection standards dictate the maximum dose of radiation that an individual can receive. The maximum permissible dose (MPD) is defined by the National Council on Radiation Protection and Measurement (NCRP) as the maximum dose equivalent that a body is permitted to receive in a specific period of time. The MPD is the dose of radiation that the body can endure with little or no injury.

The NCRP published the complete set of basic recommendations specifying dose limits for exposure to ionizing radiation in 1987, 1991, and 1993. This most recent report states the current MPD for occupationally exposed persons, or persons who work with radiation (i.e., dental radiographers) is 5.0 rem/year (0.05 Sv/year). For non-occupationally exposed persons, the current MPD is 0.1 rem/year or 0.001 Sv/year. The MPD for a pregnant person, whether she is a patient or an occupationally exposed worker, is the same as for a non-occupationally exposed worker with the limit of 0.1 rem/year or 0.001 Sv/year.

Maximum Accumulated Dose

Occupationally exposed workers must not exceed an accumulated lifetime dose. This is referred to the maximum accumulated dose (MAD). MAD is determined by a formula based on the worker’s age. To determine the MAD for an occupationally exposed person, the following formula is used:

\[
\text{MAD} = (N-18) \times 5 \text{ rem/year}
\]

\[
\text{MAD} = (N-18) \times 0.05 \text{ Sv/year}
\]

In this formula the N refers to the person’s age in years. (Note that 18 years of age is the minimum age required for a person to work with radiation.

ALARA Concept

The ALARA concept states that all exposure to radiation must be kept to a minimum, or “as low as reasonably achievable”. To provide protection for both patients and operators, every possible method of reducing exposure to radiation should be employed to minimize risk. The MSSU Dental Hygiene Program recognizes and follows the ALARA concept.

POLICY FOR RADIATION SAFETY

A. The primary goal is to assure safe effective use of ionizing radiation as a diagnostic tool and to minimize as much as possible any potential risk from adverse biological effects to patients, students, and faculty.

B. No radiographs are taken unless authorized by the supervising dentist following the completion of the medical and dental histories, and the clinical examination. If relevant diagnostic radiographs exist, they are obtained and evaluated before new radiographs are exposed. Relevant bitewings must be taken within the last year; Panoramic radiographs within the past 2 years and a 20-FMX within the last 5 years or sooner based upon the patient needs.
C. Radiation is used strictly as an aid for diagnostic purposes. Individuals are **not** exposed to radiation for teaching or training purposes.

D. No radiographs are taken on a routine basis, solely determined by time lapsed.

E. All students exposing radiographs are supervised and evaluated by a faculty member.

F. Patients are not exposed to radiation following treatment procedures solely to document procedure completion.

G. Patients are not subjected to retakes solely for students to demonstrate technical proficiency.

H. Students are allowed to take one retake for any projection, only if diagnostically necessary and authorized by the either the dental hygiene faculty or supervising dentist. Any additional retakes are taken under the direct supervision or direction of the faculty. No more than seven retakes can be taken by a student on any one patient. If seven or more retakes are necessary, a pano is taken instead of all the additional retakes.

I. No students or faculty shall hold the film in place for the patient during the exposure of the radiograph. Appropriate film holding devices are used.

J. The operator must stand behind the barrier provided for each cubicle.

K. Prescribed exposure techniques are followed and the appropriate exposure times utilized.

L. Every exposure is recorded in the patient soap notes.

M. Patients being exposed to radiation wear a lead apron with a thyroid collar for intraoral images or a lead apron without a thyroid collar for all panoramic radiographs. Failure to use a lead apron while exposing radiographic images in clinic results in a failure for the survey.

N. Lead aprons are not folded or crumpled. Lead aprons are stored in a hanging position and never folded when they are not in use as that will damage the lead lining within the apron. The students are responsible for the full replacement value of the lead apron if it is damaged. **Students entering the MSSU dental hygiene program or already in the MSSU dental hygiene program are required to read and sign Verification of Broken or Damaged Equipment Policy (Appendix I). A copy is kept on record with the Department Chair.**

**PREGNANCY**

Purpose: To establish a protocol by which pregnant students who train near ionizing radiation are educated as to the proper safety precautions and options in the program.

Policy: Students who are current members of the program or are selected to begin the program may voluntarily disclose a pregnancy to program officials. Students may also choose not to disclose such information.

Students have the option to take a **written** leave of absence or to continue the program with or without modifications to their training. Students may also withdraw their declaration of pregnancy. This must be completed in written form with a student signature.

If the student chooses to take a voluntary written leave of absence, they must document in writing, the dates they will leave and return. Failure to comply with the dates will be cause for dismissal from the program. See the Department Chair for further information.
The student may also voluntarily withdraw from the program. Again, this decision must be presented in writing to the Department Chair and it must stipulate the date of withdrawal from the program.

Procedure: MSSU School of Radiologic Technology and the Dental Hygiene Program adopted the conservative recommendation of restricting the dose of ionizing radiation to the fetus during the entire period of gestation to no more than 500 mrem.

1. If you train in an area where the anticipated dose is less than 500 mrem to the fetus over the gestational period, you are able to continue to train in this area with or without modifications. You may request information or possible modifications from the Department Chair. In addition, the radiation safety officer may make certain recommendations regarding your training assignments to further reduce the dose to the fetus. One other alternative is to take a leave of absence as outlined in the previous paragraph.

2. Based on past experience, no clinical areas have been identified which would be considered likely to result in a dose to the fetus exceeding 500 mrem if the established radiation safety procedures are practiced. If a situation is identified in which the anticipated dose to the fetus over the gestation period would be more than 500 mrem, the following guidelines are suggested (although, the student would make the final decision):
   A. You may continue to train in the area with certain modifications to limit exposure of the fetus to less than 500 mrem (based on recommendations of the RSO). The training environment may require slight modifications to insure that the dose to the fetus does not exceed 500 mrem.
   B. You may, at your option and with full awareness of a slight increased risk for the unborn child, decide to continue training in this area without modification. It is possible, under these circumstances, that the fetus could receive a dose of more than 500mrem. If you choose this option, you must sign a statement acknowledging your willingness to train in the area where the dose to the fetus might exceed 500mrem. You are not encouraged to select this option.

3. If you are unwilling to accept the increased risk to your unborn child due to your current level of radiation exposure, you may be placed on a leave of absence in accordance with the MSSU School of Radiologic Technology and Dental Hygiene policy.

4. Individuals who are pregnant are not prohibited from training in or frequenting radiation areas. These individuals may also operate sources of ionizing radiation.

*Students entering the MSSU dental hygiene program or already in the MSSU dental hygiene program are required to read and sign acknowledgement of the Receipt of the Radiation, Nitrous Oxide/Oxygen Analgesia, and Pregnancy Policy (Appendix I). A copy is kept on record with the Department Chair.*
Questions and Additional Information

If you would like to visit with the Radiation Safety Officer, please contact the Department Chair and ask to schedule an appointment. You will be asked to acknowledge in writing that the Radiation Safety Officer gave you instruction.

SENSITIVITY OF THE FETUS TO IONIZING RADIATION

A number of studies have suggested that the embryo/fetus may be more sensitive to ionizing radiation than an adult, especially during the first three months of gestation. The National Council on Radiation Protection and Measurements (NCRP) recommends that special precautions be taken to limit exposure when an occupationally exposed woman could be pregnant. Specifically, the NCRP recommends the maximum permissible dose to the fetus from occupational exposure of the expectant mother should not exceed 500mrem. This is approximately 1/10th the maximum permissible occupational dose limit.

Adopted by the Radiology Department, Approved by DH Faculty Council 9-14

WHAT TO DO IF YOU BECOME PREGNANT AS A STUDENT IN THE DENTAL HYGIENE PROGRAM

AS SOON AS a student learns she is pregnant, it is recommended that the Dental Hygiene Department Chair and student advisor be informed. The student has the option of remaining in the program with/without modifications to their training, or taking a leave of absence. The leave would constitute the student being placed in the FIRST YEAR class starting the upcoming fall semester. You may also submit a written notice of revocation if you have declared a pregnancy status.

If the student elects to remain in the program, she must provide a licensed physician of record’s release stating there are no restrictions that prevent the student from continuing with the Dental Hygiene Education at MSSU. Specifically dental radiology and pain management courses, as well as within the clinical setting where other students are working with ionizing radiation and/or nitrous oxide need to be addressed by the physician of record. If the student’s status changes at any time during the pregnancy, an additional release addressing the status change must be provided from a licensed physician of record.

Students entering the MSSU dental hygiene program or already in the MSSU dental hygiene program, when announcing a pregnancy, are required to read and sign acknowledgement of the Radiation, Nitrous Oxide/Oxygen Analgesia, and Pregnancy Policy (Appendix IX). A copy is kept on record with the Department Chair.

5 – USE OF NITROUS OXIDE/OXYGEN ANALGESIA POLICIES

Dental healthcare providers are exposed to nitrous oxide (N₂O) during administration of this anesthetic gas to patients. While the Occupational Safety and Health Administration (OSHA) does not currently specify an occupational exposure limit for N₂O, the National Institute for Occupational Safety and Health (NIOSH) has concluded that exposure to N₂O causes decreases in mental performance, audiovisual ability, and manual
dexterity with long-term exposure. Studies of workers exposed to N\textsubscript{2}O have reported adverse health effects such as reduced fertility, spontaneous abortion, and neurological, renal, and liver disease.

NIOSH research has shown controls including system maintenance, ventilation and work practices can effectively reduce N\textsubscript{2}O concentrations in dental operations to approximately 25 ppm during analgesia administration, the exposure limit recommended by NIOSH. MSSU Dental Hygiene Department addresses all 3 controls through the inspection and maintenance of the anesthetic delivery system; use of a scavenging system; and work practices that include the selection of the proper size scavenging mask to fit the patient, and prudent use of nitrous oxide/oxygen analgesia.

Adopted from the Center for Disease Control (CDC), National Institute for Occupational Safety and Health (NIOSH)

Questions and Additional Information

If you would like to visit about the use of nitrous oxide/oxygen analgesia in the MSSU Dental Hygiene Clinics, please contact the Department Chair or Pain Management faculty, and ask to schedule an appointment.

_Students entering the MSSU dental hygiene program or already in the MSSU dental hygiene program are required to read and sign acknowledgement of the Receipt of the Radiation, Nitrous Oxide/Oxygen Analgesia, and Pregnancy Policy (Appendix I). A copy is kept on record with the Department Chair._

_Students entering the MSSU dental hygiene program or already in the MSSU dental hygiene program, when announcing a pregnancy, are required to read and sign acknowledgement of the Radiation, Nitrous Oxide/Oxygen Analgesia, and Pregnancy Policy (Appendix IIX). A copy is kept on record with the Department Chair._
Appendix I

MISSOURI SOUTHERN STATE UNIVERSITY
DEPARTMENT OF DENTAL HYGIENE

VERIFICATION OF RECEIPT OF MSSU STUDENT POLICY MANUAL

I, (printed name)________________________________________________________________, acknowledge receipt of the MSSU Student Policy Manual. I have read, understand and will abide by all the policies outline in the MSSU Dental Hygiene Policy Manual.

SIGNATURE_________________________ DATE ________________

VERIFICATION ON EDUCATION OF INFECTION CONTROL PROCEDURES

I have been instructed in the bloodborne pathogen curriculum and infection control procedures and understand my responsibility in carrying out these precautions for the protection of my patients, classmates, and myself.

SIGNATURE_________________________ DATE ________________

VERIFICATION OF BROKEN OR DAMAGED EQUIPMENT POLICY

Students assume the responsibility for the replacement costs of MSSU equipment and supplies that are lost, broken or damaged by the student.

I have read and understand this statement.

SIGNATURE_________________________ DATE ________________

ACKNOWLEDGEMENT OF RECEIPT OF PATIENT BILL OF RIGHTS AND HIPAA POLICY

I have read, understand and will comply with the Patient Bill of Rights and HIPAA Policy of the Missouri Southern State University Dental Hygiene Department.

SIGNATURE_________________________ DATE ________________
CONFIDENTIALITY STATEMENT

I understand that during my clinical rotations I may have access to confidential information about clients, patients, their families and clinical facilities. I understand I must maintain the confidentiality of all verbal, written or electronic information and in some instances the information may be protected by law, such as HIPAA.

Through this understanding and its relationship to professional trust, I agree to discuss confidential information only in the clinical setting as it pertains to patient care and not where it may be overheard by visitors and/or other patients.

During each clinical rotation in the Dental Hygiene Program, I agree to follow each agency’s established procedures on maintaining confidentiality.

SIGNATURE__________________________ DATE ______________

ACKNOWLEDGEMENT OF RECEIPT OF COMMUNICABLE DISEASE POLICY

I have read, understand and will comply with the Communicable Disease Policy of the Missouri Southern State University Dental Hygiene Department.

SIGNATURE__________________________ DATE ______________

ACKNOWLEDGEMENT OF RECEIPT OF THE RADIATION, NITROUS OXIDE/OXYGEN ANALGESIA, AND PREGNANCY POLICY

I have read, understand and acknowledge the Missouri Southern State University Dental Hygiene Department’s Policy on Pregnancy and Ionizing Radiation.

SIGNATURE__________________________ DATE ______________
Appendix I

MISSOURI SOUTHERN STATE UNIVERSITY
DEPARTMENT OF DENTAL HYGIENE

STUDENT DISCLOSURE AND CONSENT FORM

Name (print): ________________________________

If you have been known by any other name(s), please indicate name(s) below:
__________________________________________
_______________________________

Local Address (Street): ________________________________

City, State, Zip: ________________________________

Date of Birth: ______________________

E-mail: ________________________________

Home Phone: ( ) _________________________ Work Phone: ( ) _________________________

Cell Phone: ( ) _________________________ Other Phone: ( ) _________________________

I consent to the following disclosures of information to clinical sites to which I apply for placement for the purpose of clinical experience and the Missouri Dental Board, as appropriate:

✓ Student Name
✓ CPR Status
✓ Immunization Status (HEP B, MMR, Tetanus, Varicella)
✓ TB Status
✓ Professional Liability
✓ Completion of MSSU
✓ Results of criminal background check
✓ Academic status in the Dental Hygiene Program
✓ Drug and Alcohol Screening

____________________________________________  _________________________
Signature Date

I give my consent for my student work in all Associate of Dental Hygiene courses to be used in the following ways: (Please circle your response)

Yes  No  Example for other students (my name will be removed)
Yes  No  Example of student work for accreditation or review by governing bodies and other regulatory agencies.

____________________________________________  _________________________
Signature Date
I hereby consent to and authorize the use by Missouri Southern State University, its officers and employees, (“University”) of my image, voice and/or likeness as follows: The University shall have the right to photograph, publish, re-publish, adapt, exhibit, perform, reproduce, edit, modify, make derivative works, distribute, display or otherwise use or reuse my image, voice and/or likeness in connection with any product or service in all markets, media or technology now known or hereafter developed in the University’s products or services, as long as there is no intent to use the image, voice and/or likeness in a disparaging manner. University may exercise any of these rights itself or through its successors, transferees, licensees, distributors or other parties, commercial or nonprofit.

____________________________________________
Signature

____________________________________________
Date

I hereby agree to this authorization and understand that it must contain Personally Identifiable Information (PII), as defined by HIPAA to ensure accuracy. I understand I have the right to limit the type of information released and to revoke this authorization. If I choose to limit the information released, I understand MSSU may inform the requestor that portions of the record have been withheld.

____________________________________________
Signature

____________________________________________
Date

Nursing Council Approved 2009, Approved by DH Faculty Council 9-14
Appendix I

STUDENT DRUG/ALCOHOL ACKNOWLEDGEMENT & CONSENT FORM

Please carefully read each paragraph and initial the blank next to each paragraph.

1. I acknowledge receipt of the Department of Dental Hygiene’s Substance Abuse and Drug Testing Policy and the University’s Drug and Alcohol Prevention Program. I have had an opportunity to ask questions about these policies and this Student Acknowledgement And Consent Form. I have carefully read and understand these policies. By my signature below, I represent that I am at least eighteen (18) years old, and I agree to comply with all aspects of these policies.

2. I am not currently under the influence of illegal drugs, alcohol, or inappropriate legal drugs.

3. I understand that, as a dental hygiene student, I will spend a considerable amount of time learning patient care in a variety of settings, including but not limited to, clinical settings where patients are present. I understand that I must be fully in control of my judgment, mental faculties, physical and motor abilities while in the Dental Hygiene Program, and that it is of the utmost importance that I perform my duties without the presence of illegal drugs, alcohol, or inappropriate legal drugs in my system. I understand that performing my duties with the presence of illegal drugs, alcohol, or inappropriate legal drugs in my system poses an unacceptable risk of danger to patients, students, the MSSU dental hygiene clinics, clinical rotation sites and agencies. I agree that the University has a special need—public safety—to test me for illegal drugs, alcohol, and/or inappropriate legal drugs.

4. I knowingly and voluntarily agree to submit to laboratory testing of my blood, hair, urine, and/or breath for the presence of illegal drugs, alcohol, and the improper or abusive use of legal drugs prior to admission and all times thereafter upon request by the University during my enrollment in the Dental Hygiene Program. I agree that the University in its sole discretion, with or without reasonable suspicion, may require me to submit to such tests. To the fullest extent allowed by applicable law, I hereby irrevocably and unconditionally consent to all such testing, and to all actions which the University may take based upon the results of such testing, and I hereby irrevocably and unconditionally waive any rights I otherwise may have to refuse or object to any such testing. I understand that admission to and participation in the Dental Hygiene Program is a privilege, and I am signing this Consent form and making the foregoing agreements, consents, and waivers voluntarily.

5. I understand that I may be denied admission to the Dental Hygiene Program if I test positive for the presence of illegal drugs, alcohol, or inappropriate legal drugs. If I have already been accepted to the Dental Hygiene Program, I understand that I will be dismissed from the Dental Hygiene Program if I refuse to submit to testing upon request by the University or test positive for the presence of illegal drugs, alcohol, or inappropriate legal drugs.

6. I consent to the release of test results to the Department of Dental Hygiene for appropriate review and action, including but not limited to, for use in determining my eligibility to enroll or continue in the Dental Hygiene Program.

7. To the fullest extent allowed by applicable law, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE AND AGREE TO INDEMNIFY AND HOLD HARMLESS the drug testing facility and its physicians, employees and representatives that conducted the drug testing. By my signature below, I agree to the terms of this Student Acknowledgement and Consent Form:

<table>
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<tr>
<th>Student’s Signature</th>
<th>Date</th>
<th>Guardian’s Signature</th>
<th>Date</th>
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</thead>
</table>

If under 18 years of age:
MISSOURI SOUTHERN STATE UNIVERSITY
DEPARTMENT OF DENTAL HYGIENE

STUDENT COUNSELING AND ADVISING FORM

Student Name: __________________ Date: __________

Course __________________________ Course Average to Date: __________ Absences from Class__________________

Specific course Recommendation(s): (check all items requiring improvement)

Improved Attendance ______ Improved Effort ________ Improved Class Work______
Study Early in Evening_______ More Serious Approach to Class Work __________
Improved Preparation_______ After Class Help _________ Tutoring__________

Specific Comments and Recommendations Relating to this Course:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Overall Program Progress

Current Status: 5 = Very Good 3 = Satisfactory 1 = Needs Improvement

Ability: Aptitude in Subject_______ Motivation_______ Working to Potential______

Attitude Attendance/Tardiness ___ Prepared for Class _____ Responsibility_______

Performance Test Grades___ Attention ___ Participation ___ Cooperation ___ Lab Work ___ Clinical ___

WRITTEN WARNING REGARDING ATTENDANCE (Classroom and/or Clinical)

This is to certify your attendance record indicates you have __________ hours of absence and _______ tardies recorded as of the date of this report. This action is taken in accordance with the Dental Hygiene Attendance Policy.
Please carefully review the Attendance Policy located in the Dental Hygiene Policy Manual.

________________________________________  __________________________
Student Signature Date Instructor Signature Date
MISSOURI SOUTHERN STATE UNIVERSITY  
DEPARTMENT OF DENTAL HYGIENE  

STUDENT LAB COUNSELING AND ADVISING FORM

Student Name: __________________________ Date: ____________

LAB/CLINIC Course __________________________

Course Average to Date: __________ Absences from Class______________

Specific course Recommendation(s): (check all items requiring improvement)

Improved Effort ________ Improved Preparation_______ Instructor Help_______

Follow Protocol __________ More Serious approach _______

Specific Comments and Recommendations Relating to this Course:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Overall Program Progress

Current Status: 5 = Very Good 3 = Satisfactory 1=Needs Improvement

Ability: Aptitude in Subject_______ Motivation_______ Working to Potential_______

Attitude Attendance/Tardiness ____ Prepared for Class _____ Responsibility_______

Performance Test Grades ___ Attention ___ Participation ___ Cooperation ___ Lab Work ___ Clinical ___

WRITTEN WARNING REGARDING ATTENDANCE (Classroom and/or Clinical)

This is to certify your attendance record indicates you have ________ hours of absence and ________ tardies recorded as of the date of this report. This action is taken in accordance with the Dental Hygiene Attendance Policy

Please carefully review the Attendance Policy located in the Dental Hygiene Policy Manual.

________________________________________________________________________

Student Signature ______________________ Date ____________ Instructor Signature __________________ Date ____________
### APPENDIX II

**MISSOURI SOUTHERN STATE UNIVERSITY**  
**DEPARTMENT OF DENTAL HYGIENE**

**PRE-CLINIC COUNSELING SESSION WITH STUDENT**

I, ________________________________ have agreed to participate in the DH 103/105. I understand that there will be/has been a variety of instructors who have remediated with me.

1. I agree to meet/ or have met on the following dates with the following instructors for one-on-one instruction

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**NOTES about progress with this student including faculty initial:**

_______________________________________________________________________________________
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_______________________________________________________________________________________
APPENDIX II

MISSOURI SOUTHERN STATE UNIVERSITY
DEPARTMENT OF DENTAL HYGIENE

STUDENT REMEDIATION FORM

Student Name: __________________________________ Date: ____________

SKILL: __________________________

Assignment:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Student Signature ___________________________ Date ___________________________ Instructor Signature ___________________________ Date ___________________________

One-on-One Session
Date: ____________ Time started: ____________ Time ended: ____________

Specific Comments and Recommendations Relating to this Course:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Student Signature ___________________________ Date ___________________________ Instructor Signature ___________________________ Date ___________________________

Independent practice Documentation
Date _______ Time Started: _______ Time Ended: _______

Independent practice Documentation
Date _______ Time Started: _______ Time Ended: _______
APPENDIX III

MISSOURI SOUTHERN STATE UNIVERSITY
DEPARTMENT OF DENTAL HYGIENE

INFORMED REFUSAL FOR HEPATITIS A & B VACCINATION

I ________________________, am a student of Missouri Southern State University - Joplin Dental Hygiene Program as a dental hygiene student. The faculty has provided training to me regarding the Hepatitis A & B vaccine. I understand the effectiveness of the vaccine, the risks of contracting Hepatitis A & B in the dental hygiene clinical facilities and the importance of taking active steps to reduce the risk.

However, I, of my own free will and volition and despite the faculties urging, have elected not to be vaccinated against Hepatitis A & B. I have personal reasons for making the decision not to be vaccinated.

Signature ____________________________ Date: ____________

Printed Name ____________________________

Witness ____________________________ Date: ____________

Address ____________________________ City ____________ State ____ Zip__________
APPENDIX IV

PATIENT BILL OF RIGHTS AND HIPAA

Effective date of notice: June 2009

NOTICE OF PRIVACY PRACTICES

Dental Hygiene Clinics

Joplin
3950 E. Newman Road
Joplin, MO 64801
Clinic: 417-625-9711
Fax: 417-625-3078

Rolla
500 Forum
Rolla, MO 65401
Clinic: 573-458-0101, ext. 16116
Fax: 573-458-4183

Sikeston
2401 N. Main
Sikeston, MO 63801
Clinic: 573-472-3210
Fax: 573-472-4689

_________________________________________________________________

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

_________________________________________________________________

We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. This Notice describes how we protect your health information and what rights you have regarding it.

TREATMENT, HEALTH CARE OPERATIONS AND EDUCATIONAL PURPOSES

The most common reason why we use or disclose your health information is for treatment, educational purposes or health care operations. Examples of how we use or disclose information for treatment purposes are setting up an appointment for you; examining your teeth; referring you to another doctor or clinic for other health care or services; or getting copies of your health information from another professional that you may have seen before us. “Health care operations” mean those administrative and managerial functions that we have to do in order to run our Clinic. Examples of how we use or disclose your health information for health care operations are financial or billing audits; internal quality assurance; personnel decisions; defense of legal matters; business planning. It is sometimes desirable to photograph, televisize, record, copy or publish treatment procedures for education or research purposes. The patient’s name is not identified.

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

USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

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

• when a state or federal law mandates that certain health information be reported for a specific purpose;
• for public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the federal Food and Drug Administration regarding drugs or medical devices;
• disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence;
• disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else;
• disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations;
• uses or disclosures for health related research;
• uses and disclosures to prevent a serious threat to health or safety;
• uses or disclosures for specialized government functions, such as for the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service;
disclosures of de-identified information;
disclosures relating to worker's compensation programs;
disclosures of a "limited data set" for research, public health, or health care operations;
incidental disclosures that are an unavoidable by-product of permitted uses or disclosures;

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

APPOINTMENT REMINDERS
We may call or write to remind you of scheduled appointments, or that it is time to make a routine appointment. Unless you tell us otherwise, we will call you and/or leave you a reminder message on your home answering machine or with someone who answers your phone if you are not home to remind you of pending appointments.

OTHER USES AND DISCLOSURES
We will not make any other uses or disclosures of your health information unless you sign a written "authorization form." Federal law determines the content of an “authorization form”. Sometimes, we may initiate the authorization process if the use or disclosure is our idea. Sometimes, you may initiate the process if it is your idea for us to send your information to someone else. Typically, in this situation, you will give us a properly completed authorization form, or you can use one of ours.

If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the use or disclosure. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing. Send them to the Clinic contact person named at the beginning of this Notice.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION
The law gives you many rights regarding your health information. You can:

- Ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to the Clinic contact person at the address, fax or E-Mail shown at the beginning of this Notice.
- Ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, or by using email to your personal E-Mail address. We will accommodate these requests if they are reasonable. If you want to ask for confidential communications, send a written request to the Clinic contact person at the address or email shown at the beginning of this Notice.
- Ask to see or to get photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your health information within 30 days of asking us (or sixty days if the information is stored off-site). You may have to pay for photocopies in advance. If we deny your request, we will send you a written explanation, and instructions about how to get an impartial review of our denial if one is legally available. By law, we can have one 30-day extension of the time for us to give you access or photocopies if we send you a written notice of the extension. If you want to review or get photocopies of your health information, send a written request to the Clinic contact person at the address, fax or email shown at the beginning of this Notice.
- Ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons who we know got the wrong information, and others that you specify. If we do not agree, you can write a statement of your position, and we will include it with your health information along with any rebuttal statement that we may write. Once your statement of position and/or our rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By law, we can have one 30-day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your health information, send a written request, including your reasons for the amendment, to the Clinic contact person at the address, fax or email shown at the beginning of this Notice.
- Get additional paper copies of this Notice of Privacy Practices upon request. It does not matter whether you got one electronically or in paper form already. If you want additional paper copies, send a written request to the office contact person at the address, fax or email shown at the beginning of this Notice.

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

COMPLAINTS
If you think that we have not properly respected the privacy of your health information, you are free to complain to MSSU Dental Hygiene Program or the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to the Clinic contact person at the address, fax or email shown at the beginning of this Notice. If you prefer, you can discuss your complaint in person or by phone.
**APPENDIX V**

Effective date of notice: January 2010

**COMMUNICABLE DISEASE POLICY**
**NOTICE OF PRIVACY PRACTICES**
MSSU Dental Hygiene Clinic

**Communicable Disease – Patient Treatment**

Students in the dental hygiene program will provide treatment to patients after competency has been demonstrated. Faculty will provide direct supervision and consultation to oversee student and patient safety. To fully develop clinical skills, students must treat all scheduled patients. Treatment will be provided to all patients regardless of their race, color, sex, religion, national origin, handicap, or other human diseases or conditions. Dental hygiene personnel will not refuse to treat or discriminate in any way against a patient solely because the patient has an infectious disease or is at risk of contracting an infectious disease. This includes any disease process such as human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), or hepatitis infections. The one exception to this policy is the patient with active tuberculosis (TB). Individuals with active TB will not be treated in the dental clinic or assigned for clinical procedures until TB treatment is completed, and the responsible medical doctor issues a patient clearance. In the event that a student and/or employee contracts an infectious disease, it is the intent of the university, by means of this policy, to strike a balance between the right of a student and/or employee having an infectious disease and the right of students and university employees to be free from the risk of exposure to an infectious disease which may affect their health, safety, and/or welfare.

**Hepatitis B Vaccination**

All health care providers should be immunized against the hepatitis B virus as well as childhood diseases. Hepatitis is an inflammation of the liver. There are several types but the greatest risk to health care workers is hepatitis B (HBV). Available since 1982, the Hepatitis B vaccine is considered safe and effective, and is recommended for the prevention of HBV infection by the Centers for Disease Control and Prevention (CDC). Additionally, the MSSU Dental Hygiene Clinic strictly adheres to and routinely practices the “Standard Precautions” against bloodborne pathogens enforced by OSHA (Occupational Safety and Health Administration) and recommended by the CDC.
APPENDIX VI

POST OCCUPATIONAL EXPOSURE PROTOCOL

The following guidelines will be observed whenever students in the MSSU Dental Hygiene Program sustain a needlestick, sharps or other occupational injury resulting in the exposure to blood, bodily fluids, or other potentially hazardous substances.

1. Immediately wash the affected area with soap and water, if applicable.
2. Cover the area with a dressing, if possible.
3. For an ocular exposure, flush thoroughly with water preferably at the eyewash station available in the first aid area.
4. Inform an instructor immediately.
5. Complete a Post Occupational Exposure Incident Report. The original report will be forwarded to the Dental Hygiene Department Chair, and a copy will be given to the student to be taken to the healthcare provider of their choice.
6. It is highly recommended that within 24 hours after the exposure, the student consult with a healthcare provider who is trained in assessing post occupational exposures.

Student and Patient Testing

1. The student is strongly encouraged to be tested for baseline HBV, HCV, and HIV status following an occupational exposure. The student will bear the cost of testing. The student has a right to refuse testing, and will be required to sign a statement to that effect.

2. Source patient involved in the occupational exposure will be handled in the following manner:
   a) The patient will be informed of the exposure and asked if he/she will submit to baseline testing for HBV, HCV, and HIV status.
   b) The patient will be informed that the testing will be performed at the expense of the student.

3. Follow-up care will be provided as determined by the student’s physician.

4. Testing results: A copy of the student’s and the patient’s lab results will be maintained in the student’s file in the Dental Hygiene Department.

5. If the exposure occurs while at an off-site clinical rotation, the student and patient will follow the Post Exposure Guidelines recommended at that institution.
### BLOODBORNE PATHOGEN EXPOSURE INCIDENT REPORT

This form must be completed by following an exposure incident. When an exposure incident occurs, the exposed employee shall notify the appropriate supervisor and complete the front of this form as soon as feasible.

#### Exposed Individual

<table>
<thead>
<tr>
<th>Position/Title</th>
<th>Department</th>
</tr>
</thead>
</table>

#### Have you received the HBV vaccination series?  ○  No  ○  Yes

#### Incident Description

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Exact Location</th>
</tr>
</thead>
</table>

#### Potentially Infectious Material(s) Involved:  Source Individual Eaglesoft Chart ID #

<table>
<thead>
<tr>
<th>TYPE</th>
<th>Source Individual Eaglesoft Chart ID #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Describe your duties as they relate to the exposure incident:

______________________________________________

______________________________________________

______________________________________________

Route of exposure: (i.e. Splash, needlestick, etc.)

______________________________________________

Describe the circumstances under which exposure occurred:

______________________________________________

______________________________________________

______________________________________________

______________________________________________
Which personal protective equipment was being used? (i.e. Gloves, etc.)

Source patient was referred to ______________________________ (Physician) for HIV, HBV and HCV blood testing. Results may be obtained from the above facility/physician.

I certify that the above information regarding the source individual has been documented and I will forward a copy of this form and other necessary records or documents to the above named healthcare professional for their evaluation of the exposed individual.

Exposed Individual’s Signature                                      Date

Signature – Clinical Supervisor                                      Date

☐ I understand the information presented, and refuse post-occupational exposure testing.

Exposed Individual’s Signature                                      Date

Signature – Clinical Supervisor                                      Date

Source Information

Source Individual Eaglesoft Chart ID #: __________  Date of Birth: __________

Previously diagnosed HIV positive? ☐ No ☐ Yes – Date: __________
Previously diagnosed HBV positive? ☐ No ☐ Yes – Date: __________
Previously diagnosed HCV positive? ☐ No ☐ Yes – Date: __________

If there is no previous documentation of positive results of HIV, HBV or HCV blood testing, source content shall be obtained to test for HIV, HBV and HCV.

Consent to HIV, HBV, HCV testing obtained? ☐ No ☐ Yes – Attach documentation

If consent is not obtained, you must establish that legally required consent cannot be obtained. When the source individual’s consent is not required by law the source individual’s blood, if available, shall be tested and the results documented.

Results of HIV Testing: _________________ Date: _________________
Results of HBV Testing: _________________ Date: _________________
Results of HCV Testing: _________________ Date: _________________
WHAT TO DO IF YOU BECOME PREGNANT WHILE A STUDENT IN THE DENTAL HYGIENE PROGRAM.

AS SOON AS a student learns she is pregnant, it is recommended that the Dental Hygiene Department Chair and student advisor be informed. The student has the option of remaining in the program with/without modifications to their training, or taking a leave of absence. The leave would constitute the student being placed in the FIRST YEAR class starting the upcoming fall semester.

If the student elects to remain in the program, she must provide a licensed physician of record’s release stating there are no restrictions that prevent the student from continuing with the Dental Hygiene Education at MSSU. Specifically dental radiology and pain management courses, as well as within the clinical setting where other students are working with ionizing radiation and/or nitrous oxide need to be addressed by the physician of record. If the student’s status changes at any time during the pregnancy, an additional release addressing the status change must be provided from a licensed physician of record.

I have read, understand and acknowledge the MSSU Dental Hygiene Program’s Radiation, Nitrous Oxide/Oxygen Analgesia, and Pregnancy Policy. I understand that MSSU cannot guarantee that I will not be inadvertently exposed to ionizing radiation and/or nitrous oxide; and the ionizing radiation and/or nitrous oxide has the potential of adversely affecting my health and/or the health of the developing fetus. I knowingly accept the risks and will not hold MSSU accountable for any detrimental health effects I may incur by choosing to continue in the dental hygiene program. I understand and acknowledge that I must provide a licensed physician of record’s release stating that I have no restrictions that prevent me from continuing as a student within the MSSU Dental Hygiene Program.

__________________________________________  _______________________
Student                                      Date

__________________________________________  _______________________
Faculty Advisor                              Date

__________________________________________  _______________________
Department Chair                            Date