DENTAL HYGIENE PROGRAM
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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 health professional is to provide optimum care to the patient. In the educational setting, the transition from lay person to professional person occurs. During this period the student should continually strive for excellence in 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, and you must be covered by a major medical health insurance plan. Students will not be 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 Guidelines for Dental Hygiene Programs.

It is the policy of the Missouri Southern State University dental hygiene program that all dental hygiene curriculum and supporting science courses must be completed with a “C” grade or above. Failure to comply with this criterion will result in immediate dismissal from 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 Lab (DH 165) or Clinic I, II or III (DH 190, DH 290 or DH 390) you will not be allowed to reapply to the program.

As per 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.

The dental hygiene department strives to create a learning environment in which each dental hygiene graduate is instilled with the knowledge, skills and values to provide dental hygiene care to patients, along with a sense of responsibility to self, the community and the profession.
MEET THE FACULTY AND STAFF

FACULTY:

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

JOPLIN
Mrs. Lezlie Cantrel, RDH, PhD Associate Professor
Ms. Kathrine Corum, RDH, MSDH Assistant Professor
Mrs. Sherilyn Merritt, RDH, MEd Clinical Instructor
Mrs. Kimberly Rogers, RDH, BGS Assistant Professor

ADJUNCT FACULTY
Mrs. Becky Harshaw, RDH, BSHS
Mrs. Jill Pyle, RDH, BGS
Mrs. Allison Sparks, RDH, BS
Mrs. Megan Warren, RDH, BS
Ms. Rhonda White, RDH, BSDH
Mrs. Jennifer Dennis, PhD

STAFF
Mrs. Titia Grimsley, Department Secretary (Joplin)
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 and who are capable of critical thinking,
problem solving and responsible decision making skills. 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 and is characterized by mutual respect among students, faculty, patients, and staff. The primary role
of the student within this educational environment is the assumption of responsibility for planning,
implementing and evaluating comprehensive dental hygiene treatment. The patient/client must be informed,
actively involved in treatment and provided opportunities/referral for comprehensive dental care and other
health care needs. The role of the faculty is to provide the translation and linkages of theory to clinical practice.
The faculty will provide guidance, role modeling, mentoring, information and positive feedback. The faculty
will encourage self-assessment and will also evaluate the process involved in performing clinical skills in the
final outcome of dental hygiene treatment. The dental hygiene department strives to create a learning
environment in which each dental hygiene graduate is instilled with the knowledge, skills and values to provide
dental hygiene care to patients, along with a sense of responsibility to self, the community and the profession.

MISSION
Missouri Southern State University Dental Hygiene program empowers students to become life-long learners
and facilitates 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:**
Clinical grade sheets
Graduate Surveys
Employer Surveys
Feedback from Advisory Committee
Dental Hygiene National Board scores
Clinical Board Scores

**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:**
Projects in DH 300 Dental Health Education and DH 330 Community Dental Health
Clinical grade sheets
Student Evaluations
Patient Satisfaction Surveys
Feedback from Advisory Committee
Service Learning Projects

**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:**

- SADHA membership roster
- SADHA conversion rate
- Student Portfolio
- ADEA Membership
- Graduate Surveys

**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 Patients

• 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 patients without discrimination and avoid action toward any individual or group that may be interpreted as discriminatory.
• Hold professional patient relationships confidential.
• Communicate with patient in a respectful manner.
• Promote ethical behavior and high standards of care by all dental hygienists.
• Serve as an advocate for the welfare of patients.
• Provide patients with the information necessary to make informed decisions about their oral health and encourage their full participation in treatment decisions and goals.
• Refer patients to other healthcare providers when their needs are beyond our ability or scope of practice.
• Educate patients 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 will work in close contact with people during your professional career. During your preparation for this professional career, the personal characteristics that will be emphasized are grooming, impeccable manners, maturity, and respect for faculty, staff and fellow students. Combine and coordinate these traits with your intelligence and clinical skills for a successful future in dental hygiene. A few guidelines are presented for your information.

Personal hygiene and conduct are two factors that can make a lasting positive or negative impression. As a dental hygiene student, some of your clinical assignments will be in a formal environment. At other times, the atmosphere will 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 and 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 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.

Students entering the MSSU dental hygiene program will be required to read and sign acknowledgement of this information.
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 must be completed with a “C” grade or above. Failure to comply with this criterion will result in immediate dismissal from the program. If you are unable to successfully pass 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 will not be allowed to reapply to the program.

Grading scale for Dental Hygiene Courses

100-92 = A  
91-83  = B  
82-75  = C  
74-70  = D (not passing)  
69-0   = F (not passing)

EXAMINATIONS
Examinations (Tests) in dental hygiene courses will be scheduled by the course instructor. There will be 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 will be 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 will be 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, distributed 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 clinical course at the time of withdrawal, the student will NOT be considered for re-application or re-admittance to the MSSU Dental Hygiene Program.
3. If a student is dismissed due to earning a failing grade in any dental hygiene course as a result of cheating, violating MSSU’s academic integrity policy or for putting a patient’s health at risk, they will be 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. When 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 unsuccessful 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

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 may result in the student being unable to complete clinical requirements.

- NO absences during laboratory or clinical sessions will be excused, except in the case of illness, emergencies as recognized by the University. A written physician's release will be required to readmit the student to lab or clinic after an absence due to illness.
- 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.
- 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.
- The student is responsible for notifying a course instructor regarding a classroom absence by calling the instructor at least one hour prior to the scheduled class period.
- Refer to each course syllabi regarding the specific policies for absences or tardiness.

RECORDED LECTURES
In the event a course lecture is recorded, the instructor will make the recorded lecture available on Blackboard or email. It is the responsibility of the student to view the recorded lecture prior to the next class meeting for that courses.

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 prorated accordingly.

AMERICANS WITH DISABILITIES (ADA) STATEMENT
If you are an individual with a disability and require any accommodations, 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 may 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 administrative assistant’s phone number; you may be contacted through him/her in case of an emergency.

PRECLINICAL and CLINICAL REQUIREMENTS
- Requirements are established by the faculty in order to provide the most well rounded preclinical and clinical experiences possible for the student and to meet guidelines set forth by the American Dental Association Commission on Accreditation.
- Requirements will be identified at the beginning of each semester in the preclinical and clinical dental hygiene course syllabi. Specific competency levels will also be 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 for each semester's syllabi in order to meet the standards established for the Associate of Science Degree in Dental Hygiene and to be certified to take written and practical exams.
- 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 and a dental examination
- Students will not be allowed to participate in laboratory courses until all mandatory information is on file including:
  - IMMUNIZATIONS
  - HEALTH INSURANCE COVERAGE
  - BASIC LIFE SUPPORT
  - BACKGROUND CHECK

BACKGROUND CHECK POLICY
MSSU dental hygiene students will 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 will be 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 will restrict the student from class attendance. Students who fail to provide full disclosure of their states of residence for the purposes of Criminal Background Checks may 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.
- Special course fees are assessed dental hygiene students each semester. These fees help to cover student instruments, supplies and maintenance of equipment used in the clinical and laboratory courses.
- Students/graduates must take the National Board Dental Hygiene Exam, a clinical examination and a jurisprudence exam for licensure. A schedule of fees for these examinations 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 should 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 a right to appeal to the Dean of the School of Health Sciences within five (5) class/clinical days from the date of conference with Department Chair of the Dental Hygiene Program.

Prior to the scheduled conference at any level of the grievance process, the student shall 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 shall be 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 shall consist of those uniforms purchased with faculty approval. For all students (male or female) this includes scrubs, clean closed heel and toe white, full leather (no mesh) 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 to be worn over uniform in the clinical setting. This scrub jacket may not be 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, well-manicured and free from any nail polish or adornment. 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 should be worn during all lab and clinical procedures. Nail polish, Acrylic nails, tips or overlays are NOT permitted.

- 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 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 will be 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 should 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 should 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.
- NO perfumes or colognes are not allowed to be worn during the course of the dental hygiene program. (Safety measure for patients/people who are allergic or sensitive to any fragrances)
- 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 will not be 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 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 could lead to a conviction and such a conviction could 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, a physical exam, 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 will not be 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” will be conducted and attendance will be mandatory for all dental hygiene students. Student policies will be reviewed with students at this time. Student acknowledgement/consent forms to be tested for the presence of drugs, alcohol, and controlled substances will be 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 will be tested:
1. As a condition of admission, readmission, to the dental hygiene program,
2. Upon reasonable suspicion, and
3. 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 will be performed to confirm the initial result. If an alcohol test is positive, a second test will be performed to confirm the initial result. Any confirmed alcohol result above 0% will be considered positive. A positive test result on the confirming test will result in dismissal from the MSSU Dental Hygiene Program. The dental hygiene student assumes full costs of testing. Any student dismissed following a positive drug, controlled substance, or alcohol test will be removed from all dental hygiene courses. A grade of “W” will be transcribed if prior to the University withdrawal date. A grade of “F” will be 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 will be dismissed from the dental hygiene program.

The Department Chair or another designated administrator 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 a designated administrator may authorize a test. Reasonable suspicion may include, but 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 or marijuana.

Students must abide by the terms of the above policy and must report any substance abuse 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 will be dismissed from the MSSU 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)*

**INCLEMENT WEATHER POLICY**

CLINICAL or LAB: Each student should inform the patient of the procedures for determining if the clinic is closed due to inclement weather. IF MSSU is closed, the MSSU Dental Hygiene Clinic is CLOSED.

**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.
- A printed copy of the new policy will be distributed to dental hygiene students. Students will 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 Program will implement 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 of 1996 (“HIPAA”), 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 and/or dismissal from the MSSU Dental Hygiene Program.

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 sometimes refer to forms the Program uses to help implement the policies and to the Privacy Rules themselves when added detail may be needed.

Please note that while the Privacy Rules speak in terms of “individual” rights and actions, these 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.

If you have questions or doubts about any 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.

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
COMMUNICABLE DISEASE POLICY
In the event of diseases spread by airborne particles, the students must meet the current State of Missouri guidelines to participate in classroom or clinical activities.

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 with Disabilities Act 1990.

In the event of communicable disease, the students must meet the current Missouri Department of Health and/or CDC guidelines 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 may 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>

Retention: Students will be 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 ANY DENTAL HYGIENE COURSE

Students experiencing illness or injury requiring medical treatment during clinical must receive treatment at the closest, appropriate treatment facility. Faculty will not be responsible to transport any ill or injured nursing student. The student is responsible for any costs incurred by medical treatment received.(A Bloodborne Pathogens Incident Form - Appendix III or an Accident Form- Appendix IV for minor injuries not associated with a bloodborne exposures shall be completed by the department representative and turned into the Dental Hygiene Department Chair)

(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 vaccination then completion of the series and obtaining titer as scheduled. The cost of the immunization will be 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 should be considered susceptible to HBV infection, 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 will be having contact with females in the childbearing years and, therefore, must fit in one of the following categories. Dental Hygiene students must:

- Received the rubella immunization or
- Provide evidence of a positive screen or
- Provide evidence of birth prior to 1957, which 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 POLICY
Before starting the MSSU Dental Hygiene Program, students must provide evidence of MMR immunization. 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 by Nursing Council March 2009, Approved by DH Faculty Council 9-14)

TD(Tetanus/Diptheria) AND TDAP (Tetanus/Diptheria/Pertusis) POLICY
Before starting the MSSU Dental Hygiene Program, students must provide evidence of current Td (Tetanus/Diptheria) and proof of one time Tdap (Tetanus/Diptheria/Pertusis). After completing primary series, students should receive Td boosters every 10 years. Health Care Professionals younger than age 65 with direct patient contact should be given 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, optimal time October to November, but no later than 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
Faculty and dental hygiene students must complete an annual -tuberculin; or if known positive conversion, must complete annual Statement for Tuberculin Reactors. Dental Hygiene students whose tuberculin test converts from negative to positive will need consultation by the Safety and Exposure committee with 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 established and enforced. Infection control is a high priority at Missouri Southern State University Department of Dental Hygiene, and is addressed throughout this clinical policy.

Infection control in the department is a team effort. The students, faculty and staff all play an important function in maintaining the chain of asepsis. It is imperative that each team member be familiar with his/her role, and executes it responsibly.

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 which will judge appropriately and effectively to these infections. In summary:

1. The MSSU Dental Program is non-discriminatory with regards to treating patients with infectious diseases.
2. If infectious disease risk is present, the patient may be referred for further evaluation that may involve serologic testing. Because of the informed consent law, HIV testing is referred to appropriate test sites.
3. Patients with active infectious diseases will be 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.
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 will be reviewed annually by the MSSU Dental Hygiene Program to ensure its 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 will continue to advance their knowledge on communicable diseases, Standard Precautions and Safety during the Dental Hygiene Orientation, and throughout the curriculum. The student is further trained in pre-clinical and clinical courses, about the various diseases and their transmission, particularly HIV, AIDS and HBV and the prevention of exposure to infectious organisms in professional and personal situations that apply to patients and the health care worker through the use of standard precautions.

Education concerning blood borne pathogens will be conducted in the following manner, and will include an explanation of:

- The OSHA standard for Blood borne Pathogens
- Epidemiology and symptomatology of blood borne diseases
- Modes of transmission of blood borne pathogens
- This exposure control plan
- Dental procedures which might cause exposure to blood or other potentially infectious materials.
- Control methods which will be used at the facility to control exposure to blood or other potentially infectious materials their use and limitations.
- Personal protective equipment available at this facility. To include their 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
- Who should be contacted concerning
  - Post Exposure evaluation and follow-up
  - Signs and labels used in the dental hygiene clinic and laboratory areas
  - Hepatitis B Vaccine program at the office
- Explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up
- Information on the evaluation and follow-up required after an exposure incident
- An explanation of signs, labels, and color coding systems for hazardous materials.

A copy of the signature page acknowledging that an individual has received training on Infection Control Procedure and Blood Borne Pathogen Exposure can be found in Appendix IV and kept on record with the Department Chair.

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Purpose
In accordance with OSHA Blood borne 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.

In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, tasks or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. 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 which require the following tasks are considered Category 1 and 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 will be treated as though they may be infectious, and the same infection control practices will be utilized with each patient.

**STEPS FOR REPORTING A BLOODBORNE PATHOGEN EXPOSURE**

If at any time during any preclinical or clinical courses a student is exposed to a bloodborne pathogen, such as through a needle stick, instrument stick or other modality where the student has been exposed to infectious material, the student shall stop all activity to report the incident to the instructor. The student will immediately de-glove and wash his/her hands if associated with a hand injury. If infectious material has splashed into the student’s eyes, the student will immediately proceed to the eye-wash station to flush the eyes. The student must immediately report any incident to the instructor/faculty. The student will be referred to the Department Chair and required to complete the Bloodborne Pathogens Incident Form. Students will be referred for post-exposure testing and counseling. All expenses for testing and treatment will be at the cost of the student. MSSU’s Dental Hygiene Program is not responsible for the cost of any testing or treatment obtained by a student. Refer to Appendix III.
**STEPS FOR REPORTING AN ACCIDENT**
During any didactic, preclinical or clinical course, any student who incurs an injury should report the accident to the instructor or lead faculty for the course. An Accident Report Form will be completed and referral for medical consultation or treatment may be recommended. All responsibility for the cost of such medical treatment is the students. MSSU’s Dental Hygiene Program is not responsible for any testing or treatment for any injuries that may occur during any classes. Refer to Appendix IV.

**POLICY ON BASIC LIFE SUPPORT**
It is the policy of the Missouri Southern State University Dental Hygiene Department that all students, 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 and present a copy of the certification to the administrative assistant.

**AED (Automatic External Defibrillator) POLICY**
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 the central sterilization area 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 (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.

**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 will be 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 will be 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 20 FMX within the last 5 years.

C. Radiation will be used strictly as an aid for diagnostic purposes. Individuals will not be exposed to radiation for teaching or training purposes.

D. No radiographic images will be taken on a routine basis, solely determined by time lapsed.

E. All students exposing radiographic images will be supervised and evaluated by a faculty member.

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

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

H. Students will be allowed to take one retake for any projection, only if diagnostically necessary and authorized by the either faculty/or supervising dentist. Any additional retakes will be taken under the direct supervision or direction of the faculty. No more than seven retakes will be taken by a student on any one patient. If seven or more retakes are necessary, a pano will be 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 radiographic image. Appropriate film holding devices will be used.

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

K. Prescribed exposure techniques will be followed and the appropriate exposure times utilized.

L. Every exposure will be recorded in the patient SOAP notes.
M. Patients being exposed to radiation will wear a lead apron with a thyroid collar for intraoral images and a lead apron without a thyroid collar for all panoramic radiographs. Failure to use a lead apron when exposing patients to radiation for diagnostic procedures will result in a failure for the survey.  
N. Lead aprons are not to be folded or crumpled. Lead aprons should be 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.

PREGNANCY

Purpose: To establish a protocol by which pregnant students who train in the vicinity of 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. They may also choose not to disclose such information. They 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 done in written form with a student signature)

If the student chooses to take a voluntary 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 Program Director for further information.

The student may also voluntarily withdraw from the program if she is pregnant. This must be documented, in writing and include the date of withdrawl from the program. Documentation is given to the Department Chair of Dental Hygiene.

Procedure: MSSU Dental Hygiene Program has 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 ProgramDirector. 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 (see leave of absence policy in this manual)

2. Based on past experience, no MSSU 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, such as wearing a lead apron, 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.

**Questions and Additional Information**

If you would like to visit with the Radiation Safety Officer, please contact the Program Director and ask him/her to set you an appointment. You will be asked to acknowledge in writing that the Radiation Safety Officer gave you instruction.

**SENSITIVITY TO 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) has recommended that special precautions be taken to limit exposure when an occupationally exposed woman could be pregnant. Specifically, the NCRP has recommended 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 AND ARE EXPOSED TO IONIZING RADIATION**

When you learn you are pregnant, you may inform the Department Chair of the program, if you will be remaining in the program (with or without modifications) and/or taking a written leave of absence. You may also submit a written notice of revocation if you have declared a pregnancy status.

I have read, understand and acknowledge the above Policy on Pregnancy and Ionizing Radiation.

_________________________________
Student

_________________________________
Program Director
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

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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
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

___________________________________  ____________________________________

___________________________________  ____________________________________

___________________________________  ____________________________________

___________________________________  ____________________________________

NOTES about progress with this student including faculty initial:

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

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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:_____

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APPENDIX II  

MISSOURI SOUTHERN STATE UNIVERSITY  
DEPARTMENT OF DENTAL HYGIENE  

INFORMED REFUSAL FOR HEPATITIS A & B VACCINATION

I, ______________________, am a student of Missouri Southern State University - Dental Hygiene Program. The faculty has provided me with training regarding the Hepatitis A &/or B vaccine. I understand the effectiveness of the vaccine, the risks of contracting Hepatitis A &/or 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 violation and despite the faculties urging, have elected not to be vaccinated against Hepatitis A &/or B. I have personal reasons for making the decision not to be vaccinated.

Signature ______________________

Witness _________________________ Name _________________________

Address _________________________

______________________________

City __________ State ___ Zip____

Date ________
APPENDIX III

MISSOURI SOUTHERN STATE UNIVERSITY
DEPARTMENT OF DENTAL HYGIENE

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.

<table>
<thead>
<tr>
<th>Exposed Individual</th>
<th>S #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position/Title</td>
<td>Department</td>
</tr>
</tbody>
</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:**

<table>
<thead>
<tr>
<th>TYPE</th>
<th>Source Individual, If Known</th>
</tr>
</thead>
</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.)

I verify that the information above is correct and accurately describes the exposure incident in which I was involved.

Exposed Individual’s Signature __________________________ Date ____________

Source Information

Name of Source: __________________________ 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 not previous documentation of positive results of HIV and HBV 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: __________________________

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 employee.

Signature – Clinical Supervisor __________________________ Date ____________
Checklist

Information Provided to Healthcare Professional

The following items must be provided to the healthcare professional who will be evaluating the exposed individual. This section shall be used as a check list to assure all documentation is completed and forwarded to the healthcare professional.

☐ A copy of the Blood borne Pathogens Standard
☐ A copy of this Exposure Incident Report
☐ Employee vaccination status – documentation attached
☐ Description of exposed employee’s duties as they relate to the exposure incident
☐ Documentation of the route(s) of exposure and the circumstances under which the exposure occurred
☐ Results of source individual’s blood testing
☐ Other pertinent medical records

__________________________________________  _______________________________________
Name of Healthcare Professional                  Department/Clinic
APPENDIX IV

ACCIDENT REPORT FORM
Missouri Southern State University
Dental Hygiene Department

DEPARTMENT REPRESENTATIVE SHOULD FILL OUT THIS FORM

Name: ______________________________                                    Date of incident: ________________
Room or location in which incident occurred. _____________________________________________
Did anyone observe the incident? If so, list who. ___________________________________________

Description of incident: Please describe how the incident happened. What was the individual doing? List any specific acts by individuals or conditions that led to the incident. (include any tools, machinery or instrument involved)

<table>
<thead>
<tr>
<th>Nature of Incident</th>
<th>Part of Body Injured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abrasion</td>
<td>Abdomen</td>
</tr>
<tr>
<td>Bite</td>
<td>Ankle</td>
</tr>
<tr>
<td>Bruise</td>
<td>Back</td>
</tr>
<tr>
<td>Bump</td>
<td>Chest</td>
</tr>
<tr>
<td>Burn</td>
<td>Ear</td>
</tr>
<tr>
<td>Cut</td>
<td>Elbow</td>
</tr>
<tr>
<td>Dislocation</td>
<td>Eye</td>
</tr>
<tr>
<td>Splinter</td>
<td>Other (specify)</td>
</tr>
<tr>
<td>Other specify)</td>
<td></td>
</tr>
</tbody>
</table>
Was first aid administered?  Y or N

Additional Comments:  ________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Did you go to the Wilcox Health Center or other facility for treatment:  Y or N ______________

Name of physician:  ________________________________________________________________

Diagnosis:  ________________________________________________________________

Signed:

Signature       Date     Department  Representative signature     Date
APPENDIX V

MISSOURI SOUTHERN STATE UNIVERSITY
DEPARTMENT OF DENTAL HYGIENE

VERIFICATION ON EDUCATION OF INFECTION CONTROL PROCEDURES

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

SIGNATURE______________________________________ DATE _______
APPENDIX VI

MISSOURI SOUTHERN STATE UNIVERSITY
DEPARTMENT OF DENTAL HYGIENE

MEDICAL EMERGENCY INCIDENT REPORT FORM

Patient Name: ____________________________ Date: ____________ Time of Incident: ____________

Description of Incident: __________________________

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________


Blood Pressure: ____________________________

Pulse: ____________________________

Respiration: ____________________________

Oxygen Delivery: ____________________________

Medications administered: ____________________________

Onset: ____________________________

Cessation of Breathing: ____________________________

Cessation of Pulse: ____________________________

CPR Initiated: ____________________________

EMS Called: ____________________________

EMS Arrived: ____________________________

Patient Released: ____________________________
Patient Response to Treatment:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Patient Released to: ___________________________________________________________________
Client Driven Home by: __________________________________________________________________
Follow up call (time and name): ___________________________________________________________________

Signature of Supervising Dentist: ______________________________________________________
Signature of Student: _________________________________________________________________
Signature of Instructor: _______________________________________________________________
APPENDIX VII

MISSOURI SOUTHERN STATE UNIVERSITY
DEPARTMENT OF DENTAL HYGIENE

VERIFICATION OF RECEIPT OF MSSU STUDENT POLICY MANUAL

I, _____________________________________________, 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.

__________________________________________
Student signature

Date

APPENDIX VIII

MISSOURI SOUTHERN STATE UNIVERSITY
DEPARTMENT OF DENTAL HYGIENE

CONFIDENTIALITY STATEMENT

I understand that during my clinical rotations I may have access to confidential information about 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.

__________________________________________
Printed Name

DATE

__________________________________________
Signature

DATE
If pregnant, the student will wear the lead apron for clinicians during their radiology rotation and/or when they are exposing any radiographic images.

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 are to 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 will provide a doctor’s release stating there are no restrictions that would prevent the student from continuing with the MSSU Dental Hygiene Program; specifically dental radiology. If the student has obtained a physician’s clearance, the student will wear a lead apron for when in dental radiology lab, during clinical radiology rotations and any other time she is exposing dental radiographs.

I have read, understand and acknowledge the MSSU Dental Hygiene Program’s Radiation Policy. I understand that MSSU cannot guarantee that I will not be inadvertently exposed to ionizing radiation and the ionizing radiation may have an impact on 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.

________________________________________________  ______________________
Student  Date

________________________________________________  ______________________
Faculty Advisor  Date

________________________________________________  ______________________
Department Chair  Date
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 and physical and motor abilities while in the MSSU 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 at any 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. I agree to pay the full costs of 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 MSSU 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 MSSU Dental Hygiene Program, I understand that I will be dismissed from the MSSU 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:

For the Student: ____________________________
Student’s Signature Date ____________________

If under 18 years of age: ____________________
Guardian’s Signature Date ____________________
APPENDIX XI

MISSOURI SOUTHERN STATE UNIVERSITY
DEPARTMENT OF DENTAL HYGIENE

BROKEN OR DAMAGED EQUIPMENT
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.

_________________________________      _________
Student Signature                   Date
APPENDIX XII

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: ____________________________________________________________

Social Security Number: ______________ Date of Birth: ______________

Home Phone: (    ) ____________________ Work Phone: (    ) ________________

Cell Phone: (    ) ________________________ Other Phone: (    ) ________________

E-mail: _____________________________________________________

****************************

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

****************************

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I give my consent for all my student work in the Associates of Dental Hygiene Curriculum 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)