EAST TENNESSEE STATE
UNIVERSITY

Dental Hygiene Program
Clinic Manual
2017

Updated: January 2018

Introduction

This manual has been designed as a clinical resource and reference guide for dental hygiene students. The student will be responsible for all information contained in this manual and will use it as a reference for all clinic procedures.

Repeated offenses of any student related procedure would necessitate dismissal from the clinic. The content of this manual includes a comprehensive description of clinical policies and requirements, evaluation criteria and specific objectives for the performance of all dental hygiene procedures. Should changes in these policies/requirements be deemed necessary, the ETSU Clinic Coordinators reserve the right to make appropriate changes at any time.

Foundational Competencies

I. Professionalism and Ethics
   1. Adhere to the ADHA Code of Ethics
      a. Students receive a daily professionalism grade in all clinical practice courses
   2. Provide care to all individuals without discrimination, using humane, empathetic treatment.

II. Health Promotion and Disease Prevention
   1. Provide community oral health education/dental hygiene services in a variety of settings.
      a. Students will go to the auxiliary sites to provide dental hygiene services
      b. Students will provide oral health education to a variety of audiences
      c. Students will provide smoking cessation information
   2. Students will assist patients in utilizing resources to enhance their own self-care.
      a. Students will present an oral hygiene evaluation in every clinical course

III. Patient Care
   1. Utilize appropriate infection control procedures on all patients in clinical settings
      a. Students will pass all clinical competencies
   2. Students will apply the dental hygiene process of care model: assessment, planning, implementation, evaluation, and documentation.
      a. Students will complete a daily treatment plan
      b. Students will pass the instrumentation portion of preclinical and clinical courses
   3. 100% of all students will treat a variety of patients according to age, medically compromised, and all types of periodontal disease
      a. Students will meet the specific clinical requirements of each semester in clinic.

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Section 1

Sterilization and Infection Control Policy

A. INFECTION CONTROL POLICIES AND PROCEDURES

- The dental hygienist has both a professional and legal obligation to render treatment utilizing the highest standards of infection control available. Strict adherence to the principles and practices of infection control will ensure the standard of care and practice expected by both practitioner and patient.
- The ETSU Exposure/Infection Control policies and procedures are based on the concept of Standard Precautions. Standard Precautions refers to an approach to infection control that assumes that all human blood and other potentially infectious materials (OPIM's) of all patients are potentially infected with HIV, HBV, or other bloodborne pathogens. Standard Precautions are intended to prevent health care workers from parenteral, mucous membrane and non-intact skin exposure to blood-borne pathogens while carrying out the tasks associated with their occupation.

Objectives for the Delivery of Care

Infectious Diseases: Dental education has the obligation to maintain standards of health care and professionalism that are consistent with the public's expectations of the health professions. The following principles should be reflected in the education, research, and patient care programs for all dental personnel, including dentists, dental hygienists, dental assistants, dental laboratory technologists, and other faculty, students, and support personnel.

- All dental health care providers are ethically obligated to provide competent patient care with compassion and respect for human dignity.
- Dental health care personnel cannot refuse to treat a patient based on suspicion that the patient may have a bloodborne illness. Patients must not be subjected to discrimination.
- All dental health care providers are ethically obligated to respect the rights of privacy and confidentiality of patients with infectious diseases.
- Dental health care providers who pose a risk of transmitting an infectious agent should consult with appropriate health care professionals to determine whether continuing to provide professional services represents any material risk to the patient, and if so, should not engage in any professional activity that would create a risk of transmission of the disease to others.
- This protocol is subject to annual review and modifications as knowledge and recommendations from appropriate agencies become available.

B. HAND HYGIENE

- Hand Hygiene (e.g. handwashing, hand antisepsis, or surgical hand antisepsis) substantially reduces potential pathogens on the hands and is considered the single most critical measure for reducing the risk of transmitting organisms to patients.
- An antimicrobial soap is used in the ETSU dental hygiene clinic.
- At the beginning of the day, three consecutive hand washings with antimicrobial soap are performed during a one minute period. During the day, hands will be washed at the following times for 15 seconds with an antimicrobial soap:
    - Between patients

    - Before gloving
    - After removal of gloves
    - Before leaving the operatory
    - Upon returning to the operatory
    - As necessary to maintain the aseptic chain
    - Gloves should be washed before disposal if visible blood is present
- Fingernails will be kept short and nail polish will not be worn. Jewelry will not be worn during treatment or at any time in the clinic. (Except for 1 pair of small stud earrings; no larger than 5 mm)
- Guidelines for handwashing:
    - Don mask and protective eyewear
    - Use cool water,
    - Apply antimicrobial soap
    - Lather hands, wrists, and forearms, rubbing all surfaces vigorously, interlace fingers, rubbing back and forth with pressure
    - Rinse thoroughly
    - Repeat twice
    - Use paper towel for drying, being careful not to recontaminate
    - A surgical procedure will require scrubbing hands and arms up to the elbows for 5 minutes with a surgical antimicrobial handwash. Hands will be dried with a sterile towel.

C. GUIDELINES FOR USE OF PERSONAL PROTECTIVE EQUIPMENT

Gloves: Treatment

- Treatment gloves (nitrile) are worn during patient treatment
    - Perform hand hygiene as outlined in the pre-treatment infection control competency evaluation
    - Gloves should be donned in the presence of the patient
    - Gloves are changed between patients or if punctured, ripped, or torn
    - Gloves are removed and hands washed before leaving the operatory
    - Do not touch mask, glasses, face or hair with gloved hands
    - Do not touch any unnecessary surfaces with gloved hands (e.g. cabinet handles)
    - No petroleum or mineral based lotions may be used, as these items affect glove integrity.

- Glove Disposal
    - When removing gloves, avoid touching contaminated glove with bare hand
    - Gloves are disposed of immediately following treatment and before leaving operatory
    - Hands are washed immediately after removal of gloves

Gloves: Utility

- Utility gloves are worn:
    - During all disinfection procedures
    - Whenever handling contaminated instruments or sharps
    - When assigned to clinical assistant duties

- Following use, utility gloves will be washed with an antimicrobial hand soap, rinsed thoroughly, and dried and sprayed with disinfectant prior to removal. The utility gloves will be replaced at the first signs of cracking or deterioration.

Masks

- Disposable masks will be worn whenever aerosol spray or spatter is generated (during patient treatment, operatory preparation, disinfection, and sterilization)
- Mask should be comfortable and fit well over the nose to avoid fogging glasses
- A new mask is worn for each patient; if mask becomes wet during treatment, it should be replaced.
- Remove mask when treatment is complete
- Remove mask by the elastic earloops; do not touch contaminated portion of mask
- Masks are disposed of with regular waste
- Masks should always be removed before leaving the operatory

Eyewear: Operator

- Protective eyewear with side and top shields will be worn for all procedures whenever aerosol spray or spatter is generated
- Disposable chin-length face shields are to be used over prescription glasses without top shields whenever aerosol spray or spatter is anticipated. Masks must be worn with face-shields.
- Glasses are to be cleaned with soap and water between patients.

Eyewear: Patient

- Protective eyewear is required and must be used during all intra-oral procedures
- Eyewear must be disinfected between patients
- Patients may wear their own prescription glasses or protective eyewear

Protective Clothing

- Students will be required to purchase three designated lab coats
- To prevent contamination of uniform and to protect the skin of dental health care providers from exposures to blood and body substances, a lab coat will be worn during all patient care procedures
- The lab coat should be buttoned during all patient treatment procedures
- Students should avoid touching clothing throughout the day; inspect the lab coat between patients, and change the lab coat every day or sooner if visibly soiled
- The lab coat should be removed before leaving the operatory
- Protective clothing is not to be worn outside the clinic area
- Following the clinic session and before leaving the department, the lab coat will be placed in a clear plastic bag and taken home to be laundered.
- Clinic attire should be washed separately from street clothes. In situations in which the water temperature is questionable, a laundry sanitizer should be considered (e.g. Lysol or bleach).

D. PRE PROCEDURAL MOUTH RINSE

- Antimicrobial mouth rinses used by the patient before a dental procedure are intended to reduce the number of microorganisms present in the oral cavity, thereby reducing the number of microorganisms present in the form of aerosols or spatter that can contaminate dental health care personnel and equipment surfaces. In addition, pre procedural mouth rinsing can decrease the number of microorganisms introduced into the patient's bloodstream during invasive dental procedures.
- Procedure:
    - Dispense mouth rinse into disposable patient cup

- Prior to treatment, at the beginning of each appointment, instruct the patient to swish the mouth rinse for 30 seconds and expectorate

E. DENTAL UNIT WATER LINES

- Dental unit water lines are to be flushed for 3 minutes before use at each clinic session and 30 seconds between each patient. Water lines should be flushed for 3 minutes at the end of the clinic session.
- Water lines for the ultrasonic scaler and air polisher should be flushed for 3 minutes before use and 30 seconds between patients prior to inserting sterile tip. Water lines should be flushed for 3 minutes at the end of the clinic session.

F. EVACUATION UNITS

- Suction lines should be flushed for 3 minutes at the beginning of each clinic session and 30 seconds between patients. At the end of the clinic session, suction lines should be flushed for 3 minutes.
- At the end of the clinic session, the suction basket will be removed and scrubbed clean. OraEvac™, suction system cleaner, will be run through the suction hoses weekly (each Friday).
- Do not advise patients to close their lips tightly around the tip of the saliva ejector to evacuate oral fluids.

G. GUIDELINES FOR MAINTAINING SURFACE AND EQUIPMENT ASEPSIS

- Utilize standard precautions with every patient
- Remove any unnecessary supplies and equipment from the operatory
- Touch as few operatory surfaces as possible; have the clinic assistant retrieve items needed from outside the treatment area
- Minimize aerosols by utilizing HVE system
- After use, all reusable, autoclavable items are cleaned, dried, wrapped, immediately sterilized and stored for future use
- During the data collection phase of the appointment, students will use laminated charts and transfer data after patient dismissal (during Pre-Clinic and Clinic I). Students will record assessment data on paper charts during Clinic II, III, and IV. Meticulous care should be taken to prevent contamination of the records. During screening sessions an assistant will record data.

H. TECHNIQUES USED TO ACHIEVE ASEPSIS

Good housekeeping and cleaning practices are the basis of sound aseptic technique. This is followed by a combination of sanitization, disinfection, and sterilization. Whenever possible, instruments and equipment are sterilized and disposable products are used. Items that cannot be sterilized are disinfected.

The dental hygiene program currently has 2 large autoclaves and a Statim in the supply room. Student clinic assistants, under the supervision of the appropriate clinic coordinator are responsible for autoclaving the instruments and supplies. As recommended by the American Dental Association and the Centers for Disease Control and Prevention, sterilization will be verified weekly using a biological indicator. A biological indicator will be utilized to test each autoclave that is routinely used for sterilization to ascertain that the equipment is functioning properly. Manufacturer's instructions will be carefully followed to ensure accurate test results. Verification records will be kept on each autoclave that is routinely used by the department.

Cleaning of Instruments and Equipment

- Place instruments in ultrasonic cleaner for 16 minutes; close ultrasonic bath before activating
- Rinse off ultrasonic solution
- Air dry
- Wrap instrument cassette in IMS tray wrap, labeling with student's name in capital letters and students number
- Ultrasonic inserts are wiped with disinfectant and placed in sterilization bags
- Handpieces are lubricated and placed in sterilization bags
- Autoclave tape is placed on all packages

Sterilization

Critical and semi-critical items (penetrate soft tissue or contact mucous membranes) are autoclaved whenever possible. Instruments that are heat sensitive will be prepared for sterilization and immersed in an EPA approved disinfectant/sterilant for the contact time specified by the manufacturer.

Items to be autoclaved:

- All instruments
- Handpieces
- Ultrasonic inserts
- Air polisher inserts
- Cavitron handles
- XCP equipment
- Oraqix dispensers
- 2x2 gauze, cotton rolls, cotton tip applicators, tongue depressors
- All items must be wrapped or bagged prior to sterilization

Statim:

- The statim sterilizer is available for items that are needed quickly, such as handpieces between patients or items that become contaminated during treatment and are needed quickly.

Procedure

- All sterilizable instruments, equipment and supplies are packaged and sterilized before and after each use
- Instrument cassettes should be prepared and placed in the sterilizer according to the manufacturer's directions
- Remove items from sterilizer immediately after cycle is complete and place in students' assigned instrument box
- All non-autoclavable, non-disposable items will be scrubbed with an EPA approved disinfectant, rinsed, dried and soaked in a 2% glutaraldehyde solution for 10 hours.

Operatory Disinfection (Please refer to Pre-Clinic Infection Control Competency Evaluation for step-by-step infection control instructions)

- An EPA registered disinfectant/sterilant will be used for high-level disinfection. An EPA approved hospital disinfectant with a claim for tuberculocidal activity will be utilized for intermediate-level disinfection. The mixing, dilution, replenishing, monitoring and changing of the solutions will be performed by the student clinic assistants under the supervision of the appropriate clinic coordinator.

- Use the Environmental Protection Agency (EPA) approved disinfectant
- Wear appropriate personal protective equipment
- Disinfect all articles before and after each use

- Items to disinfect:
    - Counter tops
    - Cabinets and handles
    - Dental chair (seat, back, arms, headrest)
    - Operator stool and lever
    - Unit light switch and handles
    - Bracket tray
    - X-ray view box
    - Color-coded signal light switches
    - Dental unit arms
    - Air/water syringe and housing
    - Handpiece motor and housing
    - Suction hoses and holder
    - Clip board
    - Hand mirror
    - Pencils and pens
    - Safety glasses
    - Ultrasonic scaler
    - Any other items touched during treatment
- Procedure:
    - Surfaces should be sprayed, wiped, and then sprayed and left wet for 10 minutes for disinfection. Items that cannot be sprayed (e.g. electronic items, such as x-ray view box) are wiped twice. Saturate paper towels with disinfectant and wipe all surfaces with overlapping strokes; repeat procedure.

Barriers

Barrier protection of surfaces and equipment can prevent contamination of clinical contact surfaces, but is particularly effective for those that are difficult to clean. Barriers include clear plastic wrap, bags, plastic adhesives, or other materials that are impervious to moisture. Because such coverings can become contaminated, they should be removed and discarded between patients, while dental health care providers are still gloved. After removing the barrier, examine the surface to make sure it did not become soiled inadvertently. The surface needs to be cleaned and disinfected only if contamination is evident. Otherwise, after removing gloves and performing hand hygiene, dental health care providers should place clean barriers on these surfaces before the next patient.

- Use a disposable cover as a barrier
- Equipment to be covered:
    - Light handles
    - Light switch
    - Color-coded signal light switches
    - Any switches/controls (including ultrasonic scalers, air polishers, etc.)
    - Bracket tray
    - Back of dental chair
    - Operator stool lever
    - Air/water syringe

    - Handpiece
    - Saliva ejector
    - Curing light
    - X-ray view box
    - Ultrasonic scaler
    - X-ray head/tube
    - Computer keyboard and mouse
- Technique for use
    - At the beginning of each clinic day, disinfect item before putting barrier in place
    - Between patients, replace barrier
    - At end of day, disinfect after removing barrier

Disposables

- Replace for each patient:
    - Saliva ejector/HVE tip
    - Drinking cup
    - Prophy angle
    - Air/water syringe tip
    - Fluoride trays
    - Patient napkins
    - All plastic barriers

Other Infection Control Techniques

- **Radiography Asepsis**
    - Prepare the area before bringing the patient into the radiography room; use standard aseptic and barrier techniques to prepare the tubehead, cone, chair arms, control panel, chair, and work areas such as countertops. Barriers should be placed on the dental chair, x-ray tube head, controls, computer keyboard and mouse.
    - The tray setup for the patient will include the appropriate number and type of films, and sterilized x-ray equipment. The tray will be covered until used.
    - Patient charts and forms will be kept away from the treatment area to prevent contamination.
    - After exposure, place the film into a plastic cup on tray outside operatory; do not touch the outside of the cup with contaminated gloved hand
    - Remove gloves; pick up cup (touching outside only) and proceed to darkroom
    - Turn on safe light; place paper towel on the counter beside the processor
    - Don gloves and remove film packets from cup one at a time; carefully open packets and drop the individual film onto the clean paper towel; dispose of wrappings into waste container; remove and discard gloves
    - Feed film into processor
    - Disinfect radiography area according to established guidelines
    - XCP instruments will be autoclaved.
    - Digital radiography sensors will be disinfected with a paper towel dampened with an EPA approved disinfectant before use. The sensor will be covered with a plastic barrier during use, and disinfected after removal of the barrier. When using the digital radiography system, the computer keyboard and mouse must be covered with barriers.
- **Laboratory Asepsis**
    - Impressions and Study Models**:**
        - Students will use disposable or autoclavable impression trays

- Patients will rinse with an antiseptic mouth rinse prior to inserting the impression trays
- Rinse all impressions and wax bite registrations thoroughly with cool water to remove blood and/or saliva
- Disinfect: spray with phenol; cover with disinfectant soaked paper towel and seal in plastic bag for 10 minutes prior to pouring

I. MONITORING STERILIZATION AND INFECTION CONTROL

The clinical faculty will be responsible for monitoring and assuring compliance of this infection control plan within their respective sections on a daily basis. There can be on exceptions to these policies. A 30 day period will be allowed for those engaged in patient care to become familiar with and comply with regulations. Thereafter, continued patient care privileges will be contingent upon compliance.

At the end of each clinic session, the clinical instructor assigned as "lead instructor" will ensure that all infection control procedures have been completed.

J. MISCELLANEOUS INFECTION CONTROL INFORMATION

- Never return anything to the bracket table that has fallen on the floor or the patient.
- Do not allow patients to handle instruments from the bracket table, top of the mobile cart, or instrument tray.
- Never place non-sterile items such as hand mirrors, pens. audio-visual aids, etc. on the bracket table.
- Personal items such as purses and books are not allowed in the cubicle.
- Open all sterile packages in the presence of the patient, including the hand piece.
- Set out all the necessary instruments and supplies for your first procedure. All disposable supplies are to be dispensed prior to patient treatment and discarded at the end of the appointment.

K. HOUSEKEEPING

- The window sills and operatory ledges will be dusted daily. Operatory ledges will not be used as storage areas.
- The cubicle walls will be scrubbed clean approximately every 6 months or when visibly soiled. This task will be completed routinely when the clinic is closed at the end of each semester.
- At the end of the semester, the operatories, x-ray units, supply room, common areas, and reception area will be thoroughly cleaned, disinfected, and restocked.
- Non-infectious departmental trash will be emptied daily by the custodians.
- Departmental restrooms will be routinely cleaned by the custodians.
- The clinic floor will be mopped by the custodians as warranted.

L. DEPARTMENTAL RISK LEVELS

High Risk

Faculty Members

The clinical faculty are considered to be at a high-risk of contracting a blood borne virus (i.e., HBV and HIV) due to their exposure to blood, saliva, gingival fluids and mucous membranes as well as their potential contact with aerosols.

Students

The dental hygiene students are classified at a high-risk level due to their knowledge level, as well as their exposure to blood, saliva, gingival fluids, mucous membranes and aerosols.

Moderate Risk

Dental Equipment Technician

The Dental Equipment Technician is at moderate risk of being exposed to bloodborne pathogens through contact with contaminated equipment, and pre-cleansed, wrapped instruments.

Low Risk

Custodians

On a day to day basis, the custodians are at low risk of being exposed to blood since the infectious waste generated within the department is separated from the non-infectious waste. The custodians will not be exposed to the infectious waste as they will only be required to collect the non-infectious waste from the trash receptacles on the clinic floor. The custodians will wear gloves when emptying the clinic floor trash.

Student Workers

The student workers have no exposure to blood, mucous membranes, body fluids or aerosols.

Section 2

HAZARD CONTROL POLICIES

A. Material Safety Data Sheets File

B. Eye Wash Stations

C. Infectious Waste Disposal

D. Blood Spills and Other OPIMs

E. Protocol for Handling Sharps

F. Immunizations

G. Actions to Take in the Event of Occupational Exposure at the ETSU Clinic

H. Actions to Take in the Event of Occupational Exposure at an Offsite Facility

Section 2

The intent of the Dental Hygiene Program is to provide a safe and healthy working environment for all employees, students, and patients.

All faculty and staff must attend/review an annual educational program that reviews the risks present in the dental environment and the measures available to control these risks. Verification of attendance is required. All students must complete the Occupational Safety course during their first semester in the dental hygiene program.

A. MATERIAL SAFETY DATA SHEETS FILE

- Material Safety Data Sheets (MSDS) are located in the supply room in a designated notebook

B. EYE WASH STATIONS

Dark room
Clinic (at Common Area #2)
Laboratory

C. INFECTIOUS WASTE DISPOSAL

Infectious Waste

- During the appointment, contaminated gauze or cotton rolls will be placed in a plastic cup on the bracket table. Care should be taken to avoid gauze saturation. Saturated gauze will be placed in the red biohazard bag found in each operatory and then placed in the biohazard container in the sterilization/processing cubicle.

Non-Infectious Waste

- Non-infectious waste will be placed in the operatory waste receptacle. Following treatment, the operatory waste should be emptied into one large waste receptacle located on the clinic floor. The large can will be emptied daily by a gloved custodian.

D. BLOOD SPILLS & OTHER OPIM'S

Blood spills and other OPIM's will be cleaned by clinical faculty as follows:

- Fluid-resistant clothing, mask, utility gloves and glasses will be worn by persons cleaning the spill.
- The spill will be decontaminated for 10 minutes with an EPA approved chemical germicide, cleaned up with disposable paper towels, and decontaminated again with a chemical germicide.

The faculty, staff and/or students performing any non-routine tasks will evaluate the risk of contacting blood or body fluids during the task, and don the personal protective equipment necessary to prevent an occupational exposure.

E. PROTOCOL FOR HANDLING SHARPS

Work-practice controls for needles and other sharps include placing used disposable syringes and needles, scalpel blades and other sharp items in appropriate **puncture-resistant containers** located as close as

feasible to where the items were used. Used needles should never be recapped or otherwise manipulated by using both hands or any other technique that involves directing the point of the needle toward any part of the body. A one-handed scoop technique, a mechanical device designed for holding the needle cap to facilitate one-handed recapping, or an engineered sharps injury protection device (e.g., needles with resheathing mechanisms) should be employed for recapping needles between uses and before disposal. Dental health care providers should never bend or break needles before disposal because the practice requires unnecessary manipulation. Before attempting to remove needles from non-disposable aspirating syringes, they should be recapped to prevent injury. Passing a syringe with an unsheathed needle should also be avoided because of the potential for injury.

Immediately, or a soon as feasible after use, contaminated sharps must be disposed of in sharps containers. Containers provided for this purpose are closable, puncture-resistant, leak-proof on sides and bottom and marked with the biohazard label or color-coded red.

Protocol:

- Sharps containers are located in each operatory under the sink
- A large sharps container is also located in the cabinet in the processing cubicle and at the end of the clinic near the trash can
- Sharps containers should be considered full when ¾ full to prevent overfilling. Alert the appropriate clinic coordinator when sharps containers are full.

F. IMMUNIZATIONS

- All dental hygiene students, faculty and staff who are at risk of coming into contact with blood or other infectious materials are required to be vaccinated for Hepatitis B, if they are not already immune. The department will provide the immunization for their employees; however, students will be responsible for the payment for their vaccination. A record of each employee's hepatitis B vaccination will be kept in the personnel records. Employees or students refusing to be vaccinated will sign an "Informed Refusal for Hepatitis B Vaccination Form" which will be kept in their confidential file.

G. ACTIONS TO TAKE IN THE EVENT OF OCCUPATIONAL EXPOSURE AT THE ETSU CLINIC

1. After an occupational blood exposure, first aid should be administered as necessary. Puncture wounds and other injuries to the skin should be washed with soap and water; mucous membranes should be flushed with water. The eye-wash stations can be used for this.
2. Report the incident immediately to the appropriate clinic coordinator.
3. Following a mucous membrane, percutaneous or cutaneous exposure to blood or body fluids, the program director or appropriate clinic coordinator will notify the source patient of the incident and inform the patient of protocol for testing.
4. The patient and the exposed individual will be serologically tested as soon as possible after the exposure. ETSU Family Medicine Associates (917 W. Walnut St., Johnson City, TN 37604, 439-6464) will perform the serological tests for student clinicians, faculty, and patients..
5. The exposed individual should report and seek a medical evaluation for any acute febrile illness (characterized by fever, rash or lymphadenopathy) that occurs within 12 weeks following the exposure.

6. Seronegative individuals should be retested 6 weeks post-exposure and on a periodic basis thereafter (e.g., 6 weeks, 12 weeks and 6 months after exposure).
7. If the source patient cannot be identified, the decision regarding proper follow-up care will be individualized.
8. The same procedures will be followed in the event that the patient is exposed to the blood or body fluids of the health-care worker.
9. Obtain an "OSHA Form No. 101" and "Exposure Incident Report" from clinic coordinator or clinical faculty. These forms are located in the red Exposure Control Plan notebook located in the supply room.
10. Complete the "OSHA Form No. 101" and "Exposure Incident Report". Document the source patient information. Also document the date and time of exposure, circumstances surrounding the incident, the route of exposure, other engineering controls, work practices, and personal protective equipment used at the time of the exposure, and details of the exposed person.
11. Obtain consent from the exposed individual for post-exposure medical evaluation. Complete the "Consent or Declination of Post-exposure Medical Evaluation" form. ETSU must document consent or declination of the post-exposure follow-up that was recommended. Even if the individual refuses baseline testing, counseling and evaluation of reported illnesses is required.
12. The completed forms should be taken to ETSU Family Medicine Associates and then returned to the appropriate ETSU dental hygiene clinic coordinator.
13. The originals of all forms will be placed in the exposed individual's confidential medical file.

Hepatitis B

- Since all students, faculty and staff involved in patient care have been immunized against Hepatitis B, the treatment following a percutaneous exposure to blood will be dependent on the source of exposure and on whether the vaccinated person has developed anti-HB's following vaccination. The recommendations of the Centers for Disease Control and Prevention Advisory Committee on Immunization Practice (June 20-21, 2001) will be followed.

H. ACTIONS TO TAKE IN THE EVENT OF OCCUPATIONAL EXPOSURE AT AN OFFSITE FACILITY

- When exposure occurs, immediately report incident to the supervising faculty.
- Follow site-specific protocols which have been outlined by each facility.
- Upon returning to the ETSU clinic, obtain post-exposure forms from appropriate clinic coordinator and complete.

EXPOSURE INCIDENT REPORT

(Routes and Circumstances of Exposure Incident)

Please Print

Name _____Date_____

Date of Birth _____E#_____

Telephone (Business) _____ (Home)_____

Job Title_____

Date of Exposure_____ Time of Exposure _____ AM___PM_____

Hepatitis B Vaccination Status_____

Location and department where incident occurred_____

Describe what job duties you were performing when the exposure incident occurred_____

_____

Describe the circumstances under which the exposure incident occurred (what happened that resulted in the incident)_____

_____

What body fluid(s) were you exposed to?_____

What was the route of exposure (e.g., mucosal contact, contact with nonintact skin, percutaneous)?_____

Describe any personal protective equipment in use at time of exposure incident_____

Did PPE fail?_____If yes, how?_____

Identification of source individual(s)(names)_____

Other pertinent information_____

Cc: Human Resources Box 70564
Environmental Health & Safety Box 70653

East Tennessee State University
OSHA Form No. 101

SUPPLEMENTARY RECORD OF OCCUPATIONAL INJURIES AND ILLNESSES

EMPLOYER

1. Name: EAST TENNESSEE STATE UNIVERSITY 33272
2. Mailing Address: Human Resources, Box 70564, Johnson City, Tennessee, 37614
3. Location, if different from mail address: _____

INJURED OR ILL EMPLOYEE

4. Name _____ Social Security No. ____-____-____
(First) (Middle) (Last)
5. Home address _____
(No. and street) (City or town) (State) (Zip Code)
6. Age _____ 7. Sex: Male ____ Female ____ (Check one) 8. Home Phone: _____
9. Occupation _____
(Enter regular job title, not the specific activity being performed at the time of injury.)
10. Department _____
(Enter name of department or division in which the injured person is regularly employed, even though they may have been temporarily working in another department at the time of injury.)

THE ACCIDENT OR EXPOSURE TO OCCUPATIONAL ILLNESS

11. Place of accident or exposure _____
(No. and street) (City or town) (State)

If accident or exposure occurred on employer's premises, give address of plant or establishment in which it occurred. Do not indicate department or division within the plant or establishment. If accident occurred outside employer's premises at an identifiable address, give that address. If it occurred on a public highway or at any other place which cannot be identified by number and street, please provide place references locating the place of injury as accurately as possible. State weather conditions: _____

12. Was place of accident or exposure on employer's premises? _____ (Yes or No)
13. What was the employee doing when injured? _____
(Be specific. If employee was using tools or equipment or handling material, name them and tell what employee was doing with them.)
14. How did the accident occur? _____
(Describe fully the events which resulted in the injury or occupational illness. Tell what happened and how it happened. Name any objects or substances involved and tell how they were involved. Give full details on all factors which led or contributed to the accident. Use separate sheet for additional space.)

OCCUPATIONAL INJURY OR OCCUPATIONAL ILLNESS

15. Describe the injury or illness in detail and indicate the part of body affected. _____
(i.e., amputation of right index finger at second joint; fracture of ribs; lead poisoning; dermatitis of left hand, etc.)
16. Name the object or substance which directly injured the employee. (For example, the machine or object employee struck against or was stuck by; the vapor or poison inhaled or swallowed; the chemical or radiation which irritated the skin; or in cases of strains, hernias, etc., the object being lifted, pulled, etc.)
17. Date of injury or initial diagnosis of occupational illness _____
(Date) (Time)
18. Did employee die? _____ (Yes or No)
19. Name and address of physician _____
20. If hospitalized, name and address of hospital _____

Date of report _____ Prepared by _____ Position _____

Employee Signature _____

NUMBER OF WORK DAYS MISSED _____

NAME & ADDRESS OF WITNESS(S): _____ _____

Consent or Declination of Postexposure Medical Evaluation

Department Of Dental Hygiene
Protocol for Post-Exposure Potential HIV (AIDS) Virus

To be Completed by Clinic Coordinator

Name: _____ **SSN:** _____-_____-_____

Address: _____

Student: _____ **Faculty:** _____

All employees or students exposed to potentially HIV contaminated materials will seek immediate evaluation of the incident through their Clinic Coordinator .

Reporting Date: _____ **Exposure Date:** _____

Dental Hygiene Clinic/Other site: _____

Statement of Exposure/Circumstances: _____

_____

_____

_____

Patient and/or Source of Infective Material: _____
Name

_____
Address

Patient known to be HIV infected: **Yes** _____ **No** _____

I have been informed and advised to pursue HIV testing immediately and a follow up test at six weeks, 12 weeks, and six months post exposure . I am aware that if I choose to wait for HIV serologic testing, a blood sample may be drawn and preserved for 90 days and I may then request for a sample testing. I understand that this service is available from at no charge.

_____ _____
STUDENT/FACULTY SIGNATURE **CLINIC COORDINATOR**

_____ _____
DATE **DATE**

Consent or Declination of Postexposure Medical Evaluation

Department Of Dental Hygiene
Protocol for Post-Exposure Potential HIV (AIDS) Virus

To be Completed by Clinic Coordinator

Name: _____ **SSN:** _____-_____-_____

Address: _____

Student: _____ **Faculty:** _____

All employees or students exposed to potentially HIV contaminated materials will seek immediate evaluation of the incident through their Clinic Coordinator .

Reporting Date: _____ **Exposure Date:** _____

Dental Hygiene Clinic/Other site: _____

Statement of Exposure/Circumstances: _____

_____

_____

_____

Patient and/or Source of Infective Material: _____
Name

_____
Address

Patient known to be HIV infected: **Yes** _____ **No** _____

I have been informed and advised to pursue HIV testing immediately and a follow up test at six weeks, 12 weeks, and six months post exposure . I am aware that if I choose to wait for HIV serologic testing, a blood sample may be drawn and preserved for 90 days and I may then request for a sample testing. I understand that this service is available from at no charge.

_____ _____
STUDENT/FACULTY SIGNATURE **CLINIC COORDINATOR**

_____ _____
DATE **DATE**

Section 3

CLINIC AND LABORATORY POLICIES

Section 3

A. CLINIC AND LABORATORY POLICIES

The following guidelines apply to all clinical personnel, including students, faculty and staff, who may come into contact with blood, OPIM's and body tissues.

Uniforms

- All students (male and female) will wear scrubs that are specified by the clinic coordinator.
- Uniform must be clean and wrinkle free
- Students will wear lab coats over their scrubs during patient therapy. If needed for warmth, a plain t-shirt or turtleneck may be worn under the scrub top. Sweatshirts, heavy sweaters, etc. are not allowed on top of scrubs.
- Laundry: scrubs and lab coats are the responsibility of the student and are to be kept clean and neatly pressed. Contaminated lab coats should be turned inside out and transported in a plastic laundry bag.

Footwear

- Shoes must be close-toed with no holes or openings
- Shoes must be white or neutral-colored. Socks must be white.
- Shoes and socks must be clean and neat in appearance

Hair

- Hair must be neat and clean
- Must be worn away from the face and prevented from falling into the operator's face and/or the operating field
- Long bangs must be clipped back
- Hair accessories must be conservative in size and able to withstand washing and/or disinfection.
- Hair cannot be dyed "unnatural" colors (such as pink, blue, purple, etc.)
- Facial hair must be neatly trimmed and not interfere with proper placement of the mask.

Other guidelines

- Fingernails must be clean, short, and smoothly trimmed and should not be visible from the palm side; no polish or artificial nails
- Jewelry is prohibited in the clinic, reception area, radiology, etc. (except for 1 pair of small stud earrings, no larger than 5 mm)
- Personal hygiene: as contact with patients in the clinic is close, antiperspirants/deodorants must be worn; shower daily
- No perfume or cologne
- Make-up may be worn in moderation and appropriate for a clinical setting
- No smoking in uniforms. ETSU is a tobacco-free campus!!!
- Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are strictly prohibited in treatment areas, sterilization areas, laboratory areas, or waste storage areas.
- Chewing gum and smoking are not permitted during clinic, including the break between patients
- Students must wear proper clinic attire at any time they visit the clinic floor.

Dress Code for Laboratory

- For all laboratory sessions, students will wear uniforms
- Clinic guidelines for PPE, hair, nails, jewelry, and makeup apply

Conduct

- Speak in a normal tone of voice on the clinic floor. Also, refrain from speaking loudly across cubicles.

- Do not congregate in areas on the clinic floor. If you do not have a patient, find someone to assist.
- Students are not to receive any personal phone calls during clinic unless there is an emergency. The phone at the front reception desk may be used to contact patients.
- Students are not allowed in the executive aide's office.
- In the event of a problem or any misunderstanding, please see the instructor involved. If the problem cannot be resolved, consult the Clinic Coordinator.
- Exhibit professional etiquette by:
    - Introducing yourself to the patient and the patient to the instructor. For example, "Mr. Jones I'd like you to meet my instructor Dr. Faust"
    - Explaining to the patient the need for each service and the procedure involved

Clinic Hours

- Students must be set up and ready to seat patients AT THE BEGINNING of each clinic session. Allow sufficient time by arriving at least 30 minutes prior to the clinic session.
- The clinic grade will be reduced by 5 points if the student is not prepared to seat the patient at the beginning of the clinic session
- Patients shall not be seated in the clinic until an instructor is present.
- Students are to schedule patients for ALL clinic sessions, even if clinic requirements are complete.
- Patients are to be treated during scheduled clinic time only. This includes ANY dental hygiene care.
- No children are allowed in the reception or clinic areas unattended.
- Broken Appointments:
    - The student should wait for 15 minutes for the late arrival of a scheduled patient. After that time period, the student should make every effort to obtain another patient for the clinic session.
    - Attendance is required for the entire clinic session. If it is impossible to schedule a patient to fill the broken appointment, the student will use the clinic time to assist other students.
    - Write the date and the details of the broken or cancelled appointment in the treatment record and have signed by clinical faculty

Clinic Attendance

- Clinic attendance is MANDATORY. Dental hygienists have a professional obligation to provide patients with prompt, quality care. The clinic grade will be reduced by 5 points for each unexcused absence, tardiness, or failure to remain until the end of the clinic session. Please note that attendance means being in the clinic on time, regardless of whether the student has a patient scheduled. Students must be available to help classmates.
- Attendance is required at ALL clinic sessions. Absences will be excused only in cases of illness or emergencies. Written documentation is required prior to the student returning to clinic (doctor excuse, etc.). Five points will be deducted from the final clinic grade for each unexcused absence. If the student is unable to attend clinic, he/she must call or email the clinic coordinator by 8:00 a.m. It is the student's responsibility to contact their patients to cancel their appointments.
- Personal business is not to be attended to during clinic hours. This includes personal phone calls or visitors.

Clinic Attendance at Off-Site Clinics

- Attendance at off-site clinics is also mandatory, and the above policies apply.
- If the student is unable to attend an off-site clinic session, the student should contact the clinic coordinator and the off-site clinic.

- Note: In the event of inclement weather, each off-site clinic operates on the schedule of the public school systems in each respective city.

Completing Patients

- All clinic patients must be completed. Students may share patients for competency purposes, but the hygienist of record will have the responsibility of confirming that the patient has completed therapy. Any patient who indicates that they cannot return must be referred to the clinic coordinator. The clinic grade will be dropped by one letter grade for each patient that has not completed therapy.

Completion of Clinic Requirements

- For Pre-Clinic Lab and Clinical Practice I, II, & II, clinic requirements for each semester should be completed by the last clinic day of each semester. Students who do not complete the requirements within the time limits of the semester will receive a "0" for each incomplete requirement. These incomplete requirements must be completed during the first two weeks of the next semester, or the clinic grade will be changed to an "F". Student progress will be monitored at each clinical evaluation to ensure that students are progressing through the clinical requirements. Students should present a plan at each clinical evaluation for completing requirements during the time limits of the semester.
- For Clinical Practice IV (the final clinical course), incomplete patient clinical requirements (A, B, C, D patients) will result in a grade of "incomplete". The student must complete the requirements during the following summer semester. The student will then receive a grade for Clinical Practice IV. Other incomplete clinical requirements (examples: margination, sealants, OHI performance exams, x-rays, etc.) will result in point deductions from the final clinic grade.

Infection Control Monitoring

- Infection control will be monitored daily by clinical faculty and the clinic coordinator. Any violation of infection control policies will result in a reduction of the clinic grade. Point values are listed on clinic violation sheets. Three infection control violations will result in suspension from clinic until the student receives remediation and completes the infection control competency to 80%.
- Clinic violations (as listed on violation forms, or at the discretion of clinical faculty) will result in point deductions from the final clinic grade.
- Students must observe clinical policies whenever present in the clinic. If violations are received during lab time, the points will be deducted from the clinic grade.

Recare Policy

- Upon completion of each patient, the student should make a recommendation for the patient's next treatment based on their oral health condition. The student will inform the patient when they are due to return to the clinic and document appropriately in the treatment record.

Periodontal Probing Policy

- Periodontal probing shall be performed on all patients during assessment at each recare appointment. Probing depths of 4 mm and higher are recorded in red, probing depths of 3mm or less are recorded in blue. Bleeding points are circled in red.
- Periodontal evaluation will include recording of: gingival margin, mobility, furcation involvement, open contacts, abrasion/abfraction, attrition, food impaction, etc.
- Periodontal probing on children will begin when the child has a full permanent dentition. PSR is performed on younger children.
- So as not to disrupt the healing process, students should avoid probing dental implants placed within 6 months. Students may probe and scale implants under direct faculty supervision. If there are signs of gingival inflammation or radiographic bone loss around a dental implant, the patient will be referred to their specialist.

Periodontal Debridement Policy

- Periodontal debridement includes the complete removal of all plaque and calculus. The patient should be completely plaque and calculus free at the final debridement check prior to dismissal.
- During Clinic I: patients are to be checked by an instructor after scaling, and again after polishing. In subsequent clinics, A and B patients should be scaled, polished, and flossed prior to instructor check.
- C & D patients are to be checked by an instructor after each quadrant is scaled. C & D patients should also be polished, and flossed prior to final instructor check.

Cosmetic Stain Removal Policy

- The decision to polish a patient's teeth will be based on the patient's individual needs. When polishing in indicated, the choice of the appropriate cleaning or polishing agent, is to be selective. If a cleaning agent will not remove the stain, the least abrasive polishing agent should be applied.
- Some patients may request full mouth coronal polishing. In this situation, students may polish using a cleaning agent, such as toothpaste.

Oral Hygiene Plan and Treatment Plan

- Every patient will have a signed Oral Hygiene Plan and Treatment Plan completed at each recare visit. Failure to complete will result in a loss of points from the clinic grade. The Oral Hygiene Plan/Treatment Plan must be signed by the patient, before treatment is provided.

Patient Hygiene Performance (PHP)
(Wilkins)

- At each appointment, the PHP score will be recorded on the Oral Hygiene Plan form.
- Purpose: to assess the extent of plaque and debris over a tooth surface. Debris is defined for the PHP as the soft foreign material consisting of bacterial plaque, materia alba, and food debris that is loosely attached to tooth surfaces.
- Selection of Teeth and Surfaces
  - Teeth Examined

Maxillary	Mandibular
No. 3 Right first molar	No. 19 Left first molar
No. 8 Left central incisor	No. 24 Left central incisor
No. 14 Left first molar	No. 30 Right first molar

- Substitutions: When a first molar is missing, is less than three-fourths erupted, has a full crown, or is broken down, the second molar is used. The third molar is used when the second molar is missing. The adjacent central incisor is used for a missing incisor.
- Surface: The facial surfaces of incisors and maxillary molars and the lingual surfaces of mandibular molars are examined.
- Procedure:
  - Apply disclosing solution with cotton tipped applicator and rinse.
  - Examine tooth surfaces using a mouth mirror.
  - Each tooth surface to be evaluated is subdivided (mentally) into five sections as follows:
    - Vertically: Three divisions—mesial, middle, and distal
    - Horizontally: The middle third is subdivided into gingival, middle, and occlusal or incisal thirds
  - Each of the five subdivisions is scored for the presence of stained debris as follows:
    - 0 = No debris (or questionable)
    - 1 = Debris definitely present
- Scoring
  - Debris score for Individual Tooth: Add the score for each of the five subdivisions. The scores range from 0 to 5.

- PHP for the Individual: Total the score for the individual teeth and divide by the number of teeth examined. The PHP ranges from 0 to 5.
- Suggested Range of Scores for Evaluation:
Rating	Scores
Excellent	0 (no debris)
Good	0.1-1.7
Fair	1.8-3.4
Poor	3.5-5.0

Referral

- Every patient will receive a referral to a dentist. Our services are not a substitute for examination by a dentist. Referrals should be given at the initial screening appointment and at the recare appointment, following polishing and fluoride. Referrals must be signed by the student hygienist and the dental hygiene instructor.
- Patients can request an examination by the ETSU dental hygiene clinic supervising dentist for an additional fee. The supervising dentist will examine the patient, if he/she is available.

Screening

- A screening program has been developed to assist the students in securing an adequate distribution of patient case levels. Students work in pairs alternating as operator and data recorder.
- All new patients to the ETSU dental hygiene clinic must have a screening appointment that includes: radiographs, medical history, vital signs, intra/extraoral examination, dental charting, and periodontal evaluation.
- At the completion of the screening appointment, the patient will be classified.
- Each patient is assigned to a student hygienist by the clinic coordinator and will be contacted for a cleaning appointment by the student hygienist.
- When assigned to screening, students are to set up in the assigned screening operatories.
- Screening is designed to ensure students have an equal distribution of case loads. The clinic coordinator is responsible for the assignment of screening patients to students. In the event a patient is assigned to a student who is unable to fulfill patient therapy, the student should immediately return the screening form to the clinic coordinator for reassignment. Students may not give patients to other students without the approval of the clinic coordinator.
- Professionalism violations will be given if a student screens a patient and does not turn in the appropriate screening form to the clinic coordinator. The clinic coordinator reserves the right to deny credit for therapy administered to patients who should have been assigned through the screening process.
- Screening students are to set up in the operatories designated for screening only.

Radiographs

- All patients should have appropriate radiographs. All screening patients will be assessed by clinical faculty to determine the need for radiographs. Please see Section 5 for information on prescribing radiographs.

Local Anesthesia

- If a patient requires local anesthesia, the student should notify the supervising dentist in advance. Each patient must complete the "Informed Consent for Local Anesthesia" form. Local anesthesia will be administered by clinical faculty or supervising DDS during Clinics I, II, & III and by dental hygiene students during Clinic IV.
- In the state of Tennessee, a licensed dental hygienist must obtain certification to administer local anesthesia before he/she can administer local anesthesia on any patient. Dental hygienists can only administer local anesthesia under the direct supervision of a licensed dentist who (1)

examines the patient before prescribing the procedures to be performed, (2) is physically present at the same office location when the local anesthesia is administered, (3) designates a patient of record upon whom the procedures are to be performed and describes the procedure to be performed, and (4) examines the patient upon completion of the procedures. (Rules of Tennessee Board of Dentistry-Revised December 2007)

- Faculty will consult with the supervising dentist regarding the patient's medical history prior to administration of local anesthesia.
- Following the administration of local anesthesia, the following information must be documented in the treatment record:
    1. date and time of administration
    2. identity of individual administering
    3. type of anesthesia administered
    4. dosage/amount administered
    5. location/site of administration
    6. any adverse reaction (if no adverse reaction occurs; state that no adverse reaction occurred). (Rules of Tennessee Board of Dentistry-Revised December, 2007).

Remedial Clinic

- Since the faculty of the dental hygiene program wants each student to be the best that they can be, a remedial clinic session may be offered for students identified by instructors as needing additional practice experience. Students may also request a remedial clinic session.

Messages

- General information is distributed to the students in their mailboxes, which are located in the clinic. Students should check their mailboxes daily for messages from patients and from the clinic coordinator.
- Additionally, announcements will be posted on the clinic D2L site and sent via email.

Unit Repairs

- If clinical equipment is inoperable, record the following information and give to the Dental Equipment Technician.
    - Unit number
    - Description of malfunction
    - Date
    - NOTE: any broken equipment (cavitrons, handpieces, etc.) must be returned to the Dental Equipment Technician with an explanation of the malfunction!!

Color Coded Light System

- Blue light: to notify the clinic assistant that you need supplies
- Red light: to notify an instructor that you need a check or require assistance

Instrument Replacement

- Instruments that break, are dropped or lost must be replaced. See the Dental Equipment Technician for instrument replacement.

Appointment Book

- All patients' names must be written in the appointment book as soon as possible. All patient names should be in the book at least 30 minutes prior to the clinic session, or the student will receive a professionalism violation. If the student writes the patient's name in the book after charts have been pulled for that day, it is the student's responsibility to pull the chart. If the patient is new, please write NP next to their name.

Medical History Protocol

- New medical history forms are to be completed every 2 years, along with a new patient consent form

- Students are to review the medical history form, according to the procedure outlined in the preclinic "Medical History" learning experience form and must be verbally presented to the instructor.
- Medical history forms for patients who are mentally handicapped or under the age of 18 years must be signed by a parent or legal guardian.
- Medical history form must be signed by patient, student, and faculty before treatment may begin.
- No treatment shall be rendered until the instructor has approved and signed the patient's medical history.

Tobacco Cessation Counseling Intervention Program
Scope
Every patient will be evaluated for tobacco use
Every patient who uses tobacco will receive a clear quit message and will be followed-up at each subsequent visit

Process
1. Reception Area: the patient will be given a *Tobacco Use Survey* along with the other intake forms (health history, consent form...)

2. DH student: review the tobacco use survey and decide
   a) what stage of change they are in and
   b) what type of assistance they have requested

3. DH Student: review health history then discuss the stage of change and the appropriate intervention with a faculty member

4. DH Student: proceed with the appropriate chair side intervention, utilizing the 5 A's (Ask, Advise, Assess, Assist, and Arrange) as presented in the *Chair Side Intervention* script – encouragement, appropriate pamphlets, teaching aids.

PAMPHLETS to GIVE OUT

Pre-contemplator:	*The Decision is Yours*- ACS*
Contemplator:	*The Decision is Yours* – ACS *Questions about Smoking, Tobacco, and Health*- ACS State Quit Line number
Preparation / Action:	*Set Yourself Free-ACS* State Quit Line number
Non-smoker / True maintainer:	*Second-hand Smoke* (Health EDCO)

Use smoking related dental health pamphlets as needed.

*Make note on the health history. *Tobacco Cessation Chart Record*: record frequency, amount and type, and what stage of change they are in.

*If they do not use tobacco – encourage them - GREAT choice! Give second-hand smoke resource materials if requested.

5. If the patient is ready to quit and wants help:
   a) Offer words of encouragement
   b) Make note on their *Tobacco Cessation Chart Record* that they are a smoker and what stage of change they are in.
   c) Follow the *Chair Side Script* for the appropriate stage
   d) Answer any questions to the best of your ability then move on to the exam
   e) Fill out the DH *Tobacco Cessation Chart Record* and place it in the patient's chart

6. For patients in the pre-contemplation state (not ready to quit), students will utilize the 5 R's (relevance, risks, rewards, roadblocks, and repetition)

* ACS - American Cancer Society, * ADA – American Dental Association

Follow-up Visits
Do not have the patient fill out another tobacco use survey if they have already filled one out.

*If the patient is a non-tobacco user or a long-term maintainer:
No additional intervention or survey is given.

*If the patient is a tobacco user:
1. Verbally ask if they have thought about their tobacco use after their last appointment – be sensitive, listen and adjust your response accordingly
2. If their stage of change is different than the last visit, proceed with the appropriate intervention, pamphlet, script
3. If they are ready to quit: – follow the steps already presented in the *Initial Visit* section. Fill out the DH Tobacco Cessation Chart Record (found in the patient's chart). Place back in patient's chart.
4. If the patient is not ready to quit, make a note in the treatment notes then move to the next step of patient care.

Remember…

Do not become discouraged if patients do not respond or make any change in behavior.

Patients know tobacco use is 'bad' but the hold nicotine has on them is strong. Many do not want to face withdrawal, change in life habits, loose friends who smoke and many other real issues they will have to face if they quit.

Tobacco users need empathy, truth - and a health care provider who is willing to provide both.

You will make a difference!

Tobacco Free Curriculum by Joan Davis, RDH, MS

Assessment Protocol

- Students will perform a thorough intra/extra oral examination, gingival inspection, dental chart, and periodontal evaluation of all patients at each recare appointment.
  - **Intra/Extraoral examination**:
    - Students are to complete the intra/extra oral examination, according to the procedure outlined in the pre-clinic "Intra/Extra Oral Examination" learning experience form.
    - Findings are to be recorded at the first appointment. Accurately record the condition of all structures, lesions, and anomalies on the oral exam sheet.
    - When describing lesions, note the size (measure with probe), color, location, consistency, clinical impression, duration, and pain association.
    - Check with the supervising dentist concerning any suspicious oral lesion. If recommended by the dentist, refer the patient to the appropriate specialist.
    - Inform the patient of any abnormal condition, even when it has been determined by the supervising dentist that the lesion does not require immediate referral. Tell the patient to consult a dentist/physician if the condition has not resolved in two weeks.
    - Perform an intra/extra oral exam at all recare visits and record any new findings and date on the oral exam form.
  - **Gingival inspection:**
    - Students are to complete the gingival inspection, according to the procedure outlined in the pre-clinic "Gingival Inspection" learning experience form.
    - The gingival inspection should be completed at the initial screening appointment and at each recare visit.
  - **Dental Charting:**
    - Students are to complete the dental charting, according to the procedure outlined in the pre-clinic "Dental Charting" learning experience form.
    - The dental charting should be completed at the initial screening appointment and at each reacare visit
  - **Periodontal Evaluation:**
    - Students are to complete the periodontal evaluation, according to the procedure outlined in the pre-clinic "Periodontal Evaluation" learning experience form
    - The periodontal evaluation should be completed at the initial screening appointment and at each recare and re-evaluation visit.

Intra-Oral Photographs

- Operatory #18 is to be utilized for the intra-oral camera.
- Operatory #18 will be prepared daily by the clinic assistant for students to take intra-oral photographs for various case study assignments.
- Clinic assistants are also responsible for disinfecting and preparing the operatory between patients.

Procedure for Requesting Faculty Check or Assistance

- Students are assigned to one instructor for each clinic session. The student is responsible for setting up in the appropriate clinic section with the assigned instructor. Students are to work with their assigned instructor throughout the entire clinic session.
- All assessment data must be checked by clinic faculty before the student may proceed with treatment
- Necessary paper work must be completed and laid out in proper order
- The patient is to be properly positioned for the procedure
- The bracket tray and light are to be accessible for adjustment by faculty
- The bracket table is to be cleared of all sponges, floss, disclosing solution, etc.
- Clean sterile sponges must be available and accessible
- Instruments are to be in an orderly fashion for quick transfer to faculty upon request
- The mirror face is to be properly rinsed and dried
- Turn on call light when you are prepared for a faculty check or assistance
- When the faculty enters the operatory, use professional terminology: such as: tooth number, surface or line angle
- Introduce the patient to your faculty while the faculty is adjusting light and bracket tray
- Be prepared with clean mirror in hand to transfer it to the faculty. Pass dull instruments palm up
- Sharp instruments are to be passed palm down. Instruments are to be passed over the patient's chest, not face to reduce the risk of patient injury
- Listen attentively and carefully to faculty feedback

B. CLINIC FEES

- The current fees for services provided by the Dental Hygiene Program will be provided at the beginning of each academic year. These fees are subject to change when mandated by the State Board of Regents
- Fees:
    - Oral prophylaxis and Periodontal Therapy $20.00
    - Sealants $12.00
    - Duplication of full-mouth radiographs $30.00
    - Duplication of bite-wing radiographs $20.00
    - Duplication of periapical radiograph $5.00
    - Duplication of panorex radiograph $30.00

C. RESPONSIBILITIES OF THE STUDENT HYGIENIST

Each student is individually responsible for fulfilling clinical requirements. Students are assigned a patient list, and also receive patients from screening. However, they may still need to recruit patients in order to meet all clinical requirements. The clinic coordinator is available to advise students on how to meet clinical requirements. The student's progress is monitored at each clinical evaluation by their assigned instructor.

Appointing Patients

- Each student is responsible for scheduling their own cleaning appointments.
- Students are responsible for promptly returning all patient phone calls. If the student is unable to schedule the patient at the current time, he/she should call to inform the patient. The student should then consult with the clinic coordinator for assistance in reassigning the patient to another student.
- Screening appointments are scheduled by the clinic receptionist.
- The clinic coordinator will assign screening patients to the students, according to the case type needed by each student.
- Patients of record who would like an appointment call the reception desk and messages are left for their assigned student hygienist.
- If the student hygienist cannot appoint a new patient or a patient from their patient list, due to scheduling conflicts/time availability, it is still the student's professional duty to contact the patient. The student may ask another student if they have time available to appoint the patient. The student assigned the new patient must inform the clinic coordinator if the said patient is given to another student. Patients are not to be given to other students without approval from the clinic coordinator.
- Patient's name and telephone number must be recorded in the master appointment book immediately.
- Any cancellations or changes made to a scheduled appointment must be updated in the master appointment book immediately.
- Students are responsible for confirming each cleaning appointment 24 hours prior to the appointment. Students should request that patients give a 24 hour notice if any changes are needed to their appointment.
- The student hygienist is responsible for reviewing the patient's chart in advance of the appointment.
- At the completion of a patient appointment, the patient's chart should always be placed in the specified basket in the supply room. These charts are collected by the Executive Aide, and treatment provided is updated in the "patient database".
- All cancellations and no-shows will be entered in the patient's treatment record. If a patient has two no-shows, a dismissal letter will be mailed to the patient.

D. RESPONSIBILITIES OF THE CLINIC RECEPTIONIST

- Each student will be assigned as Clinic Receptionist several times during each semester.
- The overall goal of the assignment is to give the student experience in the management of business aspects of the practice of dental hygiene, including HIPPA, patient scheduling, and collection of fees. It also assures that the operation of the Dental Hygiene Clinic proceeds smoothly and efficiently.
- When assigned to clinic receptionist duty, the student should refer to the "Clinic Reception Duties" form (shown below).

CLINIC RECEPTION DUTIES

- Report to reception area 30 minutes prior to the beginning of clinic. Being late will result in a zero for the day. The side door must stay closed at all times.

- Take the phone off voice mail before patients arrive. Instructions are posted by the phone. Take messages off voice mail and respond as needed. This is important to do early as there may be messages of cancellations. You will know the phone is off voice mail and all the messages have been removed, if there is a regular dial tone. ***All messages should be addressed prior to leaving.***

Act as receptionist to greet all patients with a smile.

- Be friendly, professional, and helpful.
- Ask the patient to sign in and ask if this is their first time at the clinic.
    - If it is their first time, give them a clipboard with a medical history and patient consent form.
    - Highlight their name on the appointment book to show that they have arrived.

When the patient has completed the paperwork, use the intercom to call for the hygienist by saying, Ms. Smith - your patient is ready.

- **This call should be made at the appropriate time – such as 8:15, 9:15, etc.**
- **Please do not call for patients to be taken back early.**

Answer the phone by saying, ETSU Dental Hygiene Clinic.

- If the caller wants to make an appointment...the first thing you should ask is if they have been to the clinic before.
- If they have been here, look up their name on the database.
- Explain to the caller that you will give their name and number (**Confirm number with database-very important**) to their assigned hygienist and the hygienist will call to set up an appointment.
- If they are a new patient, you may schedule them for a screening. **As receptionist, you may only schedule appointments for screenings or x-rays.** Use ***pencil only*** in the appointment book!

Collect clinic fees when the patient is completed.

Service	Fees
Screening	No charge
Cleaning • Senior Citizens (+55)	$20 • Free
X-rays	
• Duplication of Full-Mouth	$30
• Duplication of Bite Wings	$20
• Duplication of Periapical	$5
• Duplication of Panorex	$30
Sealants	$12 each

A receipt must be written for each patient seen in our clinic, if money is received or not. If a payment is received and change is required, the Executive Aide has a small amount of change if you need it. If you need to void a receipt, please write VOID on the receipt and place it in the money bag. Do not throw away the voided receipt.

After the patients have been seated:

- Pull patient files from the names on the appointment book for the next clinic day.
- Prepare files for new patients.
- File patient files from the previous clinic day.
- Confirm screening appointments for the next day. Mark appointment sheet with a **red** C when appointment is confirmed.

Maintain the reception area in a clean and orderly fashion. Please check the waiting room to make sure magazines and newspapers are picked up.

Put the phone on voice mail before you leave for the day.

You are not allowed to leave the reception area until every patient has left the clinic. Give the money bag to the Executive Aide and check with her to make sure everything has been completed.

Make sure magazines are straight, file cabinets are closed, desk is straight, and please spray disinfecting spray over the chairs and general in the air.

EXTRA NOTES CONCERNING RECEPTIONIST DUTIES, APPOINTMENT BOOK, PHONE, ETC:

1. The side door MUST remain closed at all times.
2. Enter the receptionist area through the side door....not through the Executive Aide's office.
3. We do not accept insurance.
4. You will want to explain how difficult it is to find parking and ask the patient to allow extra time to find parking.
    a. If your patient gets a parking ticket, have the patient bring the ticket back into the office and we will validate the parking ticket, **as long as it was not in handicapped parking, loading zone, ROTC 24 Hour, Service Vehicles, or a fire lane.**
    b. If they bring you a ticket and it is a ticket we can validate, have them sign and date each ticket they have received. Many instances they may receive more than one ticket, so please make sure they sign and date each ticket and then place the ticket(s) in the money bag.
    c. **ETSU student tickets cannot be validated! ETSU students should not park in clinic parking!**
5. Directions to the clinic are posted at the reception desk.
6. **Do not use your time as receptionist to call your patients.** The phone is very busy during clinic and it needs to be available for patients to call in.
7. **The reception area is not a place to gather and talk, therefor, do not come into the reception area unless you are required to be in that area.**
8. If you are screening and cleaning on the same day...please write NP (for new patient) in the appointment book beside your patients name so we do not spend time looking for a chart.
9. Please speak slowly and clearly when leaving messages for your patients, especially senior patients.
10. When requesting a fax from a physician's office...please ask that your name be put on the fax.
11. The clinic only accepts cash or checks. No debit or credit cards are accepted.
12. **No eating, drinking, or gum allowed during clinic hours**.

Your patient's name must be written in the appointment book at the beginning of the day.

- Use ***pencil only*** in the appointment book.
- You may schedule screening and x-ray appointments for anyone in the appointment book (1st year or 2nd year). Make sure you explain the time involved with the appointment, if it is a first year or second year student.
- Do not schedule cleaning appointments for anyone other than yourself.
- **The office does not have a copier for student use**.
- **Do not use the phone for personal long distance calls.**
- **If you need to use the phone during non-clinic times...please do not take the phone off of forward.**

August 16, 2010

E. RESPONSIBILITIES OF THE CLINIC ASSISTANT

- Each student will be assigned as Clinic Assistant (CA) several times during each semester.
- The overall goal of the assignment is to give the student experience in the management of the clinical aspects of the practice of dental hygiene.
- To develop the student's skills in aseptic procedures including: sterilization, disinfection, and instrument cleaning and handling
- To maintain clinic equipment daily, weekly, and periodic maintenance procedures
- To demonstrate understanding of and practice all ETSU Infection Control Policies
- To assure that the operation of the Dental Hygiene Clinic proceeds smoothly and efficiently in order to facilitate optimum delivery of patient care
- To demonstrate working as a team member by assisting students and faculty as needed
- When assigned to clinic assistant duty, the student should refer to the "Clinic Assistant Duties and Responsibilities" form (shown below).

EAST TENNESSEE STATE UNIVERSITY

DEPARTMENT OF ALLIED HEALTH SCIENCES
DENTAL HYGIENE PROGRAM

CLINIC ASSISTANT DUTIES AND RESPONSIBILITIES:

GENERAL CA RULES: *The clinic assistant (CA) must remain in the clinic at all times. You must get permission from the appropriate clinic coordinator if you need to leave the clinic for any reason. Even if there is a "slow period" during clinic you are not allowed to "hang out" in the student lounge, the reception area, or x-ray. You are not allowed to use the student computer located in the clinic area. You are not allowed to eat or drink or take a break to do so during clinic. You must complete your ca duties before taking a break or leaving for the day. Failure to comply with any of these rules will result in an automatic critical incident violation.*

THINGS TO DO BEFORE CLINIC SESSION BEGINS:

- ❑ Report to the appropriate clinic coordinator **30 MINUTES PRIOR** to the start of clinic. It is the responsibility of the Clinic Assistant (CA) to check-out instruments to each student prior to the start of clinic. **FAILURE TO DO SO WILL RESULT IN A CRITICAL INCIDENT VIOLATION!**
- ❑ It is **mandatory** that the CA wear a laboratory coat! Do not remove your coat during clinic hours. Utility gloves, masks, and safety glasses should be worn as directed under the departmental infection control guidelines and/or as directed by the clinic coordinator. After handling contaminated objects/instruments, wash your hands and gloves with antimicrobial soap. Spray-wipe-spray utility gloves at the end of the clinic session. Please note that you should *NEVER* cross the threshold between the clinic and the carpeted hallway with gloves on; doing so will result in an automatic infection control violation.
- ❑ Disinfect the counter tops of each common area, and the supply room with Phenol (spray-wipe-spray)
- ❑ Cabinets will be unlocked for student access to instruments each day after CA reports to the appropriate clinic coordinator.
- ❑ Remain in the supply room checking out instruments and other requested equipment as needed by the students**. Record all equipment/instruments being used for clinic and make certain that each student's cubicle number (or other area) is recorded on the check-out sheet. Failure to do so will result in a professionalism violation.**
- ❑ Following instrument check-out, set up of the processing cubicle is as follows:
  a) Wearing utility gloves, mask, and safety glasses prepare ultrasonic bath:
     - In each ultrasonic unit, using sprayer, fill with warm water to the fill line (almost to capacity)
     - Add *one and one half cups* of liquid General Purpose Cleaner
  b) Place blue IMS tray wrapping sheets on counter
  c) Place a permanent marker and a pair of scissors on counter
  d) Refill autoclavable tape dispensers as necessary
  e) Refill Phenol spray bottles when date has expired. Also, make sure the Phenol bottle is labeled with the correct area. In other words, if you are filling a Phenol bottle for Cubicle # 1 be sure the bottle is labeled **Cubicle # 1**. Add 1/8 cup of concentrated Phenol into the 16 oz. spray bottles and fill with water. With permanent marker, write the expiration date on a label sticker which should be dated **60 days** from the day of mixing.
  f) Wearing clean utility gloves, mask, and safety glasses, remove sterilized items from the glutaraldehyde container. Rinse each item and place on a paper towel to air dry. Expiration date of glutaraldehyde must be checked daily! When date has expired please dispose of chemical

wearing utility gloves, mask, and safety glasses. Replace by adding new bottle to container, then add activator. Be sure to date with new label. Glutaraldehyde solution expires in **28 days**. Items must remain in the solution for **10 hours** to be sterile.

THINGS TO DO DURING CLINIC SESSION:

- ❑ Make certain that each cubicle is stocked with the following supplies:
  a. Disinfectant (Phenol) in spray bottle with unexpired date
  b. One bottle of mouthwash
  c. One can of spray foam cleaner
  d. One can of Tannery conditioner
  e. Paper towel dispenser is full
  f. Soap dispenser is filled with Lysol antimicrobial soap
- ❑ In common areas, restock the following items to capacity:
  a. Blue safe socks
  b. Large and small cup
  c. Safety wipes
  d. Thermometer covers
  e. Ziploc bags
  f. Disclosing solution
  g. Patient napkins
  h. Contents of all stainless steel containers located on countertop
  i. Masks and gloves (including the extra supply that we store inside the cabinets underneath the counter).
- ❑ It is the CA's responsibility to remain in the clinic at all times. The CA should walk through the clinic periodically and be available to assist any student that has their call light on.
  ***NOTE*: CA'S ARE NOT ALLOWED TO CHART FOR OTHER STUDENTS!**
- ❑ If dentures or partials need to be cleaned, **label a Ziploc bag with patients name or the cubicle number**. Place appliance in bag, pouring enough Tartar/Stain remover to completely cover appliance and seal bag. (Tartar/Stain remover is located the cabinet directly underneath the small ultrasonic unit in the processing cubicle.) Fill the small ultrasonic unit (located on the countertop in the processing cubicle) 2/3 -3/4 full of tap water, place the bagged appliance in the ultrasonic unit and set the timer for 15 minutes. When timer sounds, remove appliance from bag and rinse thoroughly, making sure to handle with great care as dentures and partials are easily broken. While rinsing and handling the cleaned appliance be sure to wear CLEAN NITRILE GLOVES (this is the ONLY time you may wear the nitrile gloves while working in the processing cubicle). NEVER handle the appliance with contaminated utility gloves, as this appliance will go back into the patient's mouth. After appliance is thoroughly rinsed, wrap a moistened paper towel around the cleaned appliance, place it on another dry paper towel and return it to the cubicle where that patient is located.
- ❑ Sterilize and maintain an adequate supply of disposable clinic supplies, which are as follows:
  a. 2" x 2" gauze
  b. Cotton tipped applicators
  c. Cotton rolls
  d. Tongue depressors
- ❑ When collecting instruments from cubicles, be sure to record when instruments are checked-in at the end of the clinic session on the Instrument Check-out Sheet and initial.
- ❑ When collecting instruments, prepare them for autoclave sterilization as follows:
  a. Place contaminated trays in the prepared ultrasonic bath (clip-side up) and set timer (located beneath cabinet) for 16 minutes

b. IMS instrument trays must agitate in the ultrasonic units for a FULL 16 minutes
c. Remove instruments when 16 minute cycle is complete; place in sink and rinse thoroughly with sprayer removing all soap residue
d. Allow cassettes and instruments to air dry or pat dry with paper towels if needed
e. When trays and instruments are completely dry, wrap cassettes as you have been instructed, making sure to label autoclave tape with a permanent marker NEATLY, IN ALL CAPS with the student's last name and their cassette number. A list of all student names and their cassette numbers is conveniently located in the processing cubicle for your use. If wrapping cavitron tips, be sure to bag the tip in nyclave, place a small piece of autoclave tape on bag, and place it securely in the cassette tray to be autoclaved.
f. **Handpieces must be sterilized in the Statim autoclave AT THE END OF <u>EACH</u> <u>CLINIC SESSION.</u>** At the end of the day all handpieces should be processed thru the assistina and then packaged in **paper** backed bags.
g. Place all instruments in the contaminated instruments bin. When instruments are ready for sterilization, ask clinic coordinator to supervise loading of the autoclaves.

- ❑ Approximately thirty minutes prior to the end of the clinic appointment take the fluoride cart to each cubicle and ask each student if and/or what type of fluoride they will need for their patient. Leave the requested fluoride type in appropriate tray size on a clean paper towel, as well as prophy paste, if required. BE SURE TO WASH YOUR HANDS BEFORE HANDLING FLUORIDE TRAYS!
- ❑ Disinfect the counter tops of each common area, the processing cubicle, and the supply room (spray-wipe-spray). Restock items in common area.
- ❑ Empty the trash beneath each sink in the common areas at the end of the day.
- ❑ Spray-wipe-spray each handpiece motor ("shorty" motor) that is returned at the end of the day and return each unit to the basket provided, which is located in the first overhead cabinet in the supply room.

THINGS TO DO AT THE END OF THE <u>DAY</u>:

- ❑ Remain in the clinic until all areas are cleaned and stocked. All instruments should be checked in, processed through the ultrasonic, wrapped, and ready for sterilization.
- ❑ Drain ultrasonic units and rinse thoroughly with hot water making sure all soap and residue is rinsed away.
- ❑ Neatly organize fluoride cart and supply cart and return both to the supply room.
- ❑ Report to clinic coordinator at the end of the clinic session for permission to leave clinic.

ON THE LAST CLINIC DAY OF THE <u>WEEK</u>, complete the following:

a. A container of Ora-Vac Evacuation System Cleaner, a scoop, and a quart container are provided for each cubicle. Following dismissal of **<u>all</u>** patients, students are to place one scoop of the Ora-Vac cleaner in the container then fill with warm water for use on the suction system hose. The CA is responsible for suctioning those cubicles that are not occupied by a student on the last day of clinic, but were used during the week. Students are to check-in with the CA when they have completed suctioning their cubicle. The CA is responsible for completing the check-off form and turning it in to the clinic coordinator at the end of the day.
b. Drain the water from the small ultrasonic unit (used only for partials & dentures) into the sink.
c. Flush the stationary eye wash stations located in Common Area # 2, in the radiology darkroom, and in the dental laboratory (Room 82) for **3 minutes** and document this by signing your name on the form provided on the wall inside the processing cubicle.

F. AUXILIARY CLINICAL ROTATIONS

Students are assigned to provide dental hygiene care at several auxiliary clinics each semester.

- Students are to arrive at least 30 minutes prior to the clinic session at each of the auxiliary clinics.
- Students are expected to contact the auxiliary clinical site in the event that they are unable to attend the clinic session, or if they will be late for any reason. The student must also call the clinic coordinator.
- When going to an auxiliary clinic, the student should take the following equipment:
    - Lab coat
    - Utility gloves
    - Protective eyewear
    - Sterile instruments and sharpening stone
    - Sterile ultrasonic inserts
    - Sterile Rinn instruments (if desired)
    - Patient educational materials
    - Pens
- No ETSU clinic equipment is to be taken off-site, such as Cavitrons, handpieces, etc. Each auxiliary clinic has its own equipment.

Information for each auxiliary clinic is listed below:

Keystone Dental Care
603 Bert Street, Suite 12, Room 206, Johnson City, TN
(423) 232-7919
Appointment Times: 8:00 & 10:00
Please arrive by 7:30 to prepare for your patient.
Inclement weather policy: Keystone Dental Care will cancel patients if Johnson City Schools are closed. If Johnson City schools are on a snow delay, Keystone will still see patients on a normal schedule.

Procedure:
Medical History/Vital Signs
Assessment (Periodontal chart, chart decay)
Oral Hygiene Instruction
Take any necessary radiographs

Healing Hands
210 Memorial Drive, Bristol, TN
(423) 652-0051

Appointment Times: 8:00 & 10:00
Please arrive by 7:30 to prepare for your patient.
Inclement weather policy: Healing Hands will cancel patients if Bristol, TN City Schools are closed. If Bristol, TN City Schools are on a snow delay, Healing Hands will still see patients on a normal schedule.

Procedure:
Medical History/Vital Signs
Assessment (PSR, chart decay)
Oral Hygiene Instruction
Take any necessary radiographs

Friends in Need
1105 West Stone Drive, Kingsport, TN
(423) 224-5697

Appointment Times: 8:00 & 10:00
Please arrive by 7:30 to prepare for your patient.
Inclement weather policy: Friends in Need will cancel patients if Kingsport, TN City Schools are closed. If Kingsport City Schools are on a snow delay, Friends in Need will still see patients on a normal schedule.

Procedure:
Medical History/Vital Signs
Assessment (PSR, chart decay)
Oral Hygiene Instruction
Take any necessary radiographs
***Hygiene treatment notes are written in green.

Community Health Center
2151 Century Lane Johnson City, TN 37604
(423) 439-4497

Appointment Times: 8:15 & 10:15
Please arrive by 7:45 to prepare for your patient.

Procedure:
Medical History/Vital Signs
Assessment (Periodontal chart, chart decay)
Oral Hygiene Instruction
Take any necessary radiographs

Mountain Hope Good Sheperd Clinic
312 Prince St., Sevierville, TN 37862
(865) 774-7684

Appointment Times: 9:00 & 11:00
Please arrive by 8:30 to prepare for your patient.
Procedure:
Medical History/Vital Signs
4 BWX
Assessment (PSR, chart decay)
Oral Hygiene Instruction

James H. Quillen VA Medical Center
Adjacent to ETSU's medical school
Lamont & Veterans Way
Mountain Home, TN 37684
(423) 439-4497

Healing Hands and Keystone Dental
What to Include in Your Charting

1. Medical hx update; look-up meds and write down dental considerations
2. Vitals
3. Extra/Intra oral exam; was it WNL? Or write down findings
4. Write down any suspicious areas that are not already charted for DDS to check (decay, broken teeth, lesions, etc.)
5. Write down OHI instructions given to patient that you provide; be sure OHI is tailored to the patient's need
6. Write what tx you did today; hand –scaled, ultrasonic, polish, fl2, used topical, BWX, etc.
7. Write down patient tolerance of tx; EX: did well, sensitive, used topical, couldn't use ultrasonic, nervous, not receptive to OHI, uncooperative
8. Write down what was completed today and what patient is returning for next
9. Write down the recommended recall interval
10. Sign your name and include "ETSU DHYG Student"

Section 4

MEDICAL HISTORY MANAGEMENT POLICIES &
MANAGEMENT OF MEDICAL EMERGENCIES

Section 4

Medical History Management Policies & Management of Medical Emergencies

MEDICAL HISTORY MANAGEMENT POLICIES

Graduates must be competent in assessing the treatment needs of patients with special needs. This category includes patients whose medical, physical, psychological or social situations may make it necessary to modify oral procedures. The Dental Hygiene Program will utilize the following evidence based protocols in decision making.

Medical/Dental Histories

Medical/dental histories are to be completed on all patients and may be signed by any licensed clinical staff. Please consult the supervising dentist as warranted.

The current medical/dental history may be utilized for two years from the initial appointment date. After this time period, the patient/guardian must complete a new form.

Vital Signs

The following vital signs will be taken at every appointment for all patients: blood pressure, pulse, temperature, and respiration. For patients with diabetes, the blood glucose level will be recorded at every appointment.

Blood Pressure Management and Evaluation

Blood pressure is measured on all patients at every appointment. The following guidelines will be utilized:

Blood Pressure	Dental Treatment Considerations
<140/90	Routine dental treatment can be provided. Re-measure BP at recall appointment as a screening strategy for hypertension.
140-159/90-99	Re-measure BP after 5 minutes and document after patient has rested. Measure prior to any appointment; if patient has measurements above normal range on two separate appointments, and has not been diagnosed as hypertensive, refer for medical evaluation. Inform patient of BP measurement. Routine treatment can be provided.
160-179/100-109	Re-measure BP after 5 minutes and document after patient has rested. If still elevated, inform patient of readings. Refer for medical evaluation within 1 month; delay treatment if patient is unable to handle stress or if dental procedure is stressful. Use local anesthesia/1:100,000 vasoconstrictor if required. Routine treatment can be provided. The ETSU policy is that treatment will not be provided if the diastolic is equal to or exceeds 105. Consider using a stress-reduction protocol during dental treatment.

≥180/≥110	Re-measure blood pressure after 5 minutes and document after patient has rested. Delay elective dental treatment until BP is controlled, require a medical release form approving oral healthcare treatment to be completed and signed by the patient's physician. If emergency dental care is needed, it should be done is a setting in which emergency life support equipment is available.

ETSU Policy: Patients will be dismissed when BP is ≥180/105.

MEDICALLY COMPROMISED FINDINGS

Angina Pectoris (chest pain): Routine care should be limited to patients with stable angina in which the pattern of symptoms has been unchanged in the past 2 months or results after a predictable amount of exertion, but is relieved by rest or nitroglycerin.[1]

Anticoagulant/antiplatelet therapy: Given the importance of antiplatelet medications in post-stent implantation in minimizing the risk of stent thrombosis, these medications should not be discontinued prematurely.[2] The student may provide dental hygiene treatment in a sextant. If there is bleeding, apply direct pressure to the site. If there is profuse bleeding, stop the procedure and contact the patient's healthcare provider. If bleeding is not a problem, complete care may be provided.

Corticosteroid Supplementation: Most routine dental procedures, including periodontal debridement, can be performed without glucocorticoid supplementation or steroid cover.[3]

Diabetes: Patients with a history of diabetes will be asked to provide their blood glucose levels and most current glycated hemoglobin test (HbA1c). If the patient has not tested within 24 hours of the appointment, he/she will be tested in the clinic. Give the blood glucose monitor to the patient and have him/her check the level. Patients will only be seen if their blood glucose is equal to or greater than 75mg/ml.[4]

Myocardial Infarction (heart attack): No treatment will be provided to those individuals who report having an MI within the past 4 to 6 weeks. After this time period, periodontal debridement is generally safe for individuals with neither major nor intermediate predictors of clinical risk and moderate or excellent functional capacity (four METs or greater).[5]

Pacemakers and Implanted Cardiac Defibrillators: Pacemakers and ICDs with current technology are shielded. Manufacturers have reported no interference between ultrasonic scaling equipment and these products.[6,7] Sonic toothbrushes with a battery charger need to be used with caution. A distance of 6 inches between the battery and the charger and the implanted device should be maintained. Moreover, a distance of at least one inch should be maintained between the toothbrush itself and the implanted device.[8]

Premedication Policy: The current guidelines from the American Heart Association on the Prevention of Infective Endocarditis will be followed.[9] When the supervising dentist reviews the patient's current health history and feels that a prophylactic antibiotic is necessary for patient treatment, the dentist may prescribe the appropriate regime or fill out a medical consultation request. The original request form will be given to the patient and the copy will be placed in the patient's chart.

When the patient returns for his/her appointment, he/she must be taking his/her antibiotic as prescribed before treatment can be started. If the patient was referred to his/her healthcare provider, the signed statement must be presented before treatment can be provided and placed in the patient's chart.

The student must record the time the patient took his/her medication; dose; the name of the drug in the patient's treatment; and have the patient sign the treatment record before any treatment may begin. (Example: Patient states pre-medicated with four 500mg tablets of amoxicillin at 7:15 am., one hour prior to appointment).

Stroke: Do not provide elective oral healthcare during the 6 month period after a stroke.[10]

Total Joint Replacement: The American Dental Association (ADA) and the American Academy of Orthopedic Surgeons (AAOS) are currently in the process of developing evidence-based clinical guidelines on the topic of antibiotic prophylaxis for patients with orthopedic implants undergoing dental procedures. The ADA and the AAOS do not have a joint recommendation at this time. There are differing opinions on the need for antibiotic prophylaxis.[11] The ETSU dental hygiene clinic policy will be that patients with orthopedic implants will be referred to their appropriate health care provider to determine the need for antibiotic prophylaxis prior to receiving dental hygiene treatment. A written clearance is required for the patient's health care provider.

References

1. Pickett F, Gurenlian JR. The medical history: clinical implications and emergency prevention in dental settings. Philadelphia: Lippincott Williams & Wilkins; 2005: 140.
2. ADA.org:A-Z Topics. Drug-eluting stents(DES) and antiplatelet therapy educational document for dentists.
3. Sharuga CR. Corticosteroid supplementation: is it still relevant? Dimensions of Dental Hygiene. 2008;6(6): 16-19.
4. Malamed, SF. Medical emergencies in the dental office, 6th ed. St. Louis:Mosby; 2007:275.
5. Pickett F. American College of Cardiology/American Heart Association Updated Guidelines for Peri-Operative Care Cardiovascular Evaluation Prior to Noncardiac Surgery: Implications for Dental Hygiene Treatment in Post-Myocardial Infarction. Access 2008;22(7): 36-40.
6. Conlin K. Treating patients with implanted heart devices. Dimensions of Dental Hygiene. 2008;6(1): 14-17.
7. Pickett F, Gurenlian JR. Preventing medical emergencies use of the medical history, 2nd ed. Philadelphia: Lippincott Williams & Wilkins; 2010: 173.
8. Grimes EB. Medical emergencies essentials for the dental professional. Upper Saddle River: Pearson Prentice Hall; 2009: 142.
9. Wilson W, Taubert KA, et.al. Prevention of infective endocarditis: guidelines from the American Heart Association: a guideline from the American Heart Association Rheumatic Fever, Endocarditis and Kawasaki Disease Committee, Council on Cardiovascular Disease in the Young, and the Council on Clinical Cardiology, Council on Cardiovascular Surgery and Anesthesia, and the Quality of Care and Outcomes Research Interdisciplinary Group. JADA 2008; 139: 3-24.
10. Pickett F, Gurenlian, Jr. The medical history: clinical implications and emergency prevention in dental settings. Philalephia: Lippincott Williams & Wilkins; 2005: 152.
11. http://www.ada.org/2583.aspx?currentTab=2

MANAGEMENT OF MEDICAL EMERGENCIES

Emergencies can happen at any time. The student must be prepared for an emergency by knowing what to do and what is expected. All students and staff must be CPR certified at the Healthcare Provider level. Handling clinic emergencies is the responsibility of the supervising dentist. Only the dentist may give emergency drugs, except for oxygen. Students should be prepared to assist the dentist in handling emergencies. Should an emergency occur:

1. The operator must NOT leave the patient.
2. The operator must inform the two nearest responders that there is an emergency.
3. Responder #1 is responsible for the following and in the order stated:
   a. assist operator in getting the patient to a hard surface (floor) if necessary
   b. get the oxygen tank located at Common Area 3
   c. assist operator with basic life support techniques
   d. return to your patient if not needed
4. Responder #2 is responsible for the following and in the order stated:
   a. inform supervising dentist and clinic coordinator
   b. return to emergency site with the emergency cart (located at Common Area #3)
   c. get the AED, if advised to do so
   d. call 911 and inform them of the emergency, if appropriate
   e. return to your patient if not needed
5. The supervising dentist and clinic coordinator will be in charge of keeping records throughout the procedure until the patient leaves the clinic.

EMERGENCY PROCEDURES
EAST TENNESSE STATE UNIVERSITY

EVACUATION INFORMATION

1. Become familiar with the evacuation diagrams located in the hallways throughout the building to identify your nearest evacuation route.
2. Remain calm; follow emergency guidelines and directions given by emergency personnel.
3. If the fire alarm has been activated, go to the nearest stairwell or exit door and leave the building immediately.
4. If you are in clinic, take your patient with you.
5. If you are the student receptionist, take all individuals in the reception area with you.
6. Assist disabled persons out of the building. In the event a person with a disability cannot be immediately evacuated from the building, he or she should be directed to the nearest stairwell landing to await the arrival of emergency personnel. The Johnson City Fire Department must be notified immediately upon arrival, identifying the location of the individual.
7. Go to the designated assembly area.
   a. For the ETSU campus: <u>THE NORTH LAWN BEHIND HUTCHESON HALL, BEYOND THE SIDEWALK</u>
8. Do not re-enter the building unless directed by emergency response officials.
9. It will be up to clinic faculty to insure that all patients and students have evacuated the area.

FIRE

1. If fire or smoke is discovered, notify the fire department or Public Safety immediately by dialing 9-1-1 or 9-4480.
2. Go to the nearest stairwell or exit door and leave the building immediately.
3. If you are in clinic, take your patient with you.
4. If you are the student receptionist, take all individuals in the reception area with you.
5. Pull the fire alarm as you leave the building.
6. Do not use the elevators.
7. Assist disabled persons out of the building. In the event a person with a disability cannot be immediately evacuated from the building, he or she should be directed to the nearest stairwell landing to await the arrival of emergency personnel. The Johnson City Fire Department must be notified immediately upon arrival, identifying the location of the individual.
8. Go to the designated assembly area.
    a. For the ETSU campus: THE NORTH LAWN BEHIND HUTCHESON HALL, BEYOND THE SIDEWALK
9. Do not re-enter the building unless directed by emergency response officials.
10. It will be up to clinic faculty to insure that all patients and students have evacuated the area.

SEVERE WEATHER

1. During a Tornado Warning
    a. Move to the basement, or
    b. First floor interior hallway, or
    c. Restroom or other enclosed small areas away from large class areas
    d. Get under sturdy furniture
    e. Stay away from windows
    f. If you are in clinic, take your patient with you.
    g. If you are the student receptionist, take all individuals in the reception area with you.
    h. It will be up to clinic faculty to insure that all patients and students have evacuated the area.
    i. If caught outside, crouch in a nearby ditch or close to the ground
2. During a Severe Thunderstorm Warning
    a. Immediately go inside for protection
    b. Stay away from windows, water faucets, and other plumbing fixtures
    c. Do not use telephone, television, or computers since lightening can travel through connecting wiring
    d. If outside, stay away from tall trees and other objects that are likely to be struck by lightening
    e. If caught in an open field, crouch in a ditch or close to ground

HAZARDOUS MATERIALS RELEASE

1. Evacuate
    a. Leave spill area immediately.
    b. Remove personnel from danger of spill.
    c. If you are in clinic, take your patient with you.
    d. If you are the student receptionist, take all individuals in the reception area with you.
    e. It will be up to the clinic faculty to insure that all patients and students have evacuated the area.

f. Alert other building occupants.

2. Confine
    a. Block area to unnecessary personnel.
    b. Use doors to contain vapors.
    c. Shutdown ventilation systems, where possible
    d. Use hood to exhaust vapors.
3. Notify
    a. Public Safety at 9-4480
    b. Facilities Management at 9-7900
    c. Environmental Health and Safety Office at 9-6028

POWER OUTAGE

1. For information about a prolonged outage, go to ETSU's website for an ETSU alert, or listen to your radio at WETS-FM, 89.5, for an up-to-the-minute information.
2. Help co-workers, patients in darkened areas move to safe locations.
3. It will be up to clinic faculty to insure that all patients and students have evacuated the area.
4. Unplug personal computers.
5. Take personal belongings if instructed to leave the building.
6. Secure any hazardous materials or equipment before leaving.

TO OBTAIN EMERGENCY INFORMATION

1. Get to a computer and go to ETSU's website for an ETSU alert, or
2. Listen to your radio at WETS-FM, 80.5, for up-to-the-minute information, or
3. Check your email or cell phone for a GoldAlert Emergency Text Message. Be sure to sign up for texts.

Section 5

RADIOLOGY POLICIES

A. Introduction

B. Policy

C. Selecting the Patient

D. Infection Control in Dental Radiography

E. Performance Criteria for Periapical and Bitewing Exposure

F. Grading Criteria for FMX and BWX

G. Physical Facilities and Equipment

H. Records

I. Darkroom Quality Control

J. Radiation Hygiene Guidelines

K. Automatic Processor

Section 5
Radiology Policies

A. INTRODUCTION

In keeping with the goals of the Dental Hygiene Program to prepare students to provide high quality care for all patients, these guidelines regarding exposure of radiographs have been established. The guidelines have been developed to assist you in making decisions with instructor approval, before exposing radiographs. Since dental radiography presents the risk of long term sequelae that may result from radiation of the oral cavity, it is vital that the patient's relative risk benefit ratio be assessed. The quality of oral health care must be maintained at a high level while minimizing the potentially deleterious effects of radiation exposure to the patient as well as the operator. It is our responsibility to use professional judgment in applying the guidelines in assessing any patient's need for radiographs.

B. POLICY

1. **All radiographs shall be approved by a faculty member at the time of the medical history review and clinical screening examination.**
2. Evaluate prior radiographs before new radiographs are made. Expose additional radiographs as needed.
3. The patient must be capable of cooperating.
4. Patients must be informed of the reasons why radiographs are being taken, and the patient must give his/her informed consent in writing prior to exposure. Minors must have a parent or guardian approval.
5. The need for radiographs during treatment and post-operatively and the frequency of recare radiographs shall be based on the patient's need and approval by the instructor.
6. Radiographs for third parties (insurance) shall not be made.
7. Students must meet competency on radiographs exposed on DEXTRs. as determined by criteria established in the radiology laboratories before exposing patients.
8. Radiographs shall not be made on patients for the purpose of training or demonstration. These radiographs may not be taken by a student, however, until that student has successfully completed the radiology laboratory class.
9. **No retakes are permitted without the instructor's permission. The instructor shall supervise retakes.** A complete intraoral radiographic survey shall demonstrate each root apex and periapical bone and each crown with minimum overlapping.
10. Vertical bitewing surveys are recommended for periodontally involved patients, in place of horizontal bitewings. **Vertical bitewings should be taken on any patient with greater than 4mm's of bone loss.**
11. Radiographs may be taken upon written prescription from the patient's dentist.
12. Radiographs may be purchased by the patient for use by their dentist. Upon completion of the Radiographic Request Form the radiographs will be mailed to the appropriate dentist. Radiographs may be picked up by the patient, if the student makes arrangements to meet the patient to deliver them.
13. Radiographic exposure requirements and grading criteria will be established on a semester basis as student skills improve.
14. A lead apron and thyroid collar is used on all patients, making sure the lead collar does not obstruct the rays on a panoramic survey. Hang the apron and collar on rack provided when not in use.

15. A consultation with the patient's physician is required before radiographs are taken of patients who have had recent extensive medical or therapeutic exposure to radiation.
16. Aseptic technique will follow the established clinical protocol.

NOTE: These guidelines are based on a clinical teaching situation and do not necessarily reflect all private practice protocol.

C. SELECTING THE PATIENT

These guidelines were established by the US Department of Health and Human Services

New Patient: All new patients may receive x-rays to assess dental disease and growth and development.

- Child: Posterior BWX if the interproximal spaces aren't visible clinically. Panoramic radiograph to look at growth and development of the permanent dentition. May also take PA's/occlusal views with posterior BWX..
- Adolescent: Individual BWX and selected PA's. A FMX is appropriate when the patient presents with generalized dental disease or a history or extensive previous dental work.
- Adult: Same as for an adolescent.
- Edentulous: FMX or preferable a panoramic radiograph.

Recall Patient: Clinical caries or high risk factors for caries.

- Child: Posterior BWX at 6 mo intervals or until no caries is evident.
- Adolescent: Posterior BWX at 6 to 12 mo intervals or until no caries is evident.
- Adult: Posterior BWX at 12 to 18 mo intervals.
- Edentulous: N/A

Recall Patient: No clinical caries and no high risk factors.

- Child: Posterior BWX at 12 to 14 mo intervals if interproximal spaces aren't visible clinically. For transitional dentition, 12 to 24 mo intervals.
- Adolescent: Posterior BWX at 18 to 36 mo intervals.
- Adult: Posterior BWX at 24 to 36 mo intervals.
- Edentulous: N/A

Recall Patient: Perio disease or a history of perio tx.

- Child: Selected PA's as needed
- Adolescent: Selected PA's and BWX as indicated clinically
- Adult: Selected PA's and BWX as indicated clinically
- Edentulous: N/A

Recall Patient: Growth and development assessment.

- Child: not indicated, except for transitional dentition, and then use occlusal and /or pan.
- Adolescent: PA's or pan for third molars
- Adult: N/A
- Edentulous: N/A

D. INFECTION CONTROL IN DENTAL RADIOGRAPHY

Introduction

- The exposure of dental radiographs does not carry the same risks for needle and instrument sticks, exposure to aerosols, and risk of the transmission of infectious disease that is present for most dental procedures. There remains, however, a high risk of cross-contamination between radiographic patients while exposing and processing radiographs. It is therefore necessary to follow accepted aseptic guidelines while exposing and processing radiographs.

Sources of Contamination

- Unexposed and exposed film
- Dental chair
- Tube head, PID, and arms
- Control panel and dead-man switch
- Lead apron and thyroid collar
- Panoramic positioning devices
- Operatory door handles
- Film holders
- Film positioning devices

Barrier Protection

1. Gloves: Non-sterile nitrile gloves for intraoral procedures and processing. Utility gloves for operatory clean-up and handling contaminated instruments.
2. Masks: Protect the mouth and nose from potentially infectious aerosol particles and mucous membranes from direct contamination. Masks should be changed for every patient.
3. Protective Eyeglasses: Contaminated glasses should be thoroughly washed with soap and water, rinsed and disinfected.
4. Clothing: Lab coat.
5. Barrier covers: The dental chair should be covered with a plastic bag. The tube head and PID should be wrapped in a plastic bag. Plastic wrap should be placed on the control panel, dead-man switch, door handles, and chair controls. When using digital radiography, the digital sensor should be placed in a plastic barrier. The computer keyboard and mouse should be covered with plastic wrap.

Infection Control Protocol

1. Surface cleaning and disinfecting: Student clinicians are responsible for all infection control procedures in the operatories. Barrier techniques are used wherever possible. Surfaces touched and not protected by barriers must be cleaned and disinfected between patients. This includes:
    - tube head, PID, and arms
    - chair, headrest, armrest, back k support, and chair controls
    - control panel and dead-man switch
    - light switches and doorknobs
    - any surfaces where exposed film or contaminated instruments are placed
    - digital sensor
2. Instrument sterilization

    - Snap-o-ray and Rinn instruments must be properly washed, bagged, and sterilized after each use. (This is the responsibility of the clinician, not the clinic assistant.)
3. Patient Screening
    - Clinicians must adhere to standard precautions.
    - The patient's medical history must be evaluated for indications of infectious disease.
4. Utilization of lead apron and thyroid collar.
    - Placement: lead apron and thyroid collar should be placed prior to gloving to prevent contamination.
    - Removal: lead apron and thyroid collar should be removed following removal of gloves and hand washing.
5. Handling of Film
    - The clinician should wash hands prior to dispensing film.
    - Film are placed on a tray set-up by the clinician. The tray should be covered until used.
    - Exposed film are placed in a paper cup for transport to the darkroom. Before proceeding to the darkroom, the clinician should remove gloves and wash the hands. The clinician opens the film packets with a new pair of gloves and drops the exposed film onto a clean, dry paper towel. When all film are opened, the clinician removes the gloves.. The exposed film are then run through the developing process.
6. Personal Protective Equipment
    - Clinician must wear lab coat, mask, protective eyewear, and gloves.

Exposure Procedures

1. Use only E speed film or digital sensors.
2. Circular collimation is limited to a beam diameter of 2.75 inches or less at the patients face. Only lead-lined, open ended PIDs shall be used.
3. The target to skin distance shall not be less than 7".
4. Film holding devices shall be used rather than digital retention of film. Paralleling technique is to be used unless the patient cannot cooperate.
5. Lead aprons and thyroid collar must be used on all patients. Use the double sided shield for panoramic.
6. Any malfunctioning unit shall be corrected immediately and not used until servicing is complete.
7. Do not allow the tubehead to vibrate or drift during the exposure, and do not stabilize by hand during exposure.
8. No operator shall hold a patient or film during an exposure. A non-radiation worker or a patient's family member may help. The individual shall wear a lead apron and stay out of the primary beam.
9. The operator shall stand at least six feet away from the x-ray source and behind the appropriate barrier.
10. The exposure control switch shall be immobilized behind the barrier and requires the operator to have continuous pressure throughout the exposure.
11. Extraoral radiographs require the use of the portable lead shield, and the patient should be viewed during the entire exposure.

E. PERFORMANCE CRITERIA FOR PERIAPICAL AND BITEWING EXPOSURES

Periapical Examinations:

1. General Considerations: All periapicals should demonstrate:

- 2-3 of alveolar bone visible beyond the apex of the tooth
- Films should have adequate density and contrast for proper interpretation

2. Film Positioning for Periapical Exposures
    - Maxillary Central Incisor: The film packet is positioned so that the interproximal space between the two centrals is centered. The film must include both central incisors with open contacts between the central/central and central/lateral, and may include the following: incisive foramen, nasal fossa, mid-palatine suture, nasal septum, nasal conchae, ant. nasal spine, and soft tissue shadows.
    - Maxillary Lateral Incisor: The film packet is positioned so that the lateral incisor is centered. The film must include the lateral incisor with open contacts between the lateral/central and lateral/canine. The same structures as the central exposure may be present.
    - Maxillary Canine: The film packet is positioned so that the distal contact between the canine and premolar is centered. The film must include the canine with open contacts between the lateral/canine. (The interproximal space between the canine and premolar will be overlapped because of the film and PID placement.) Structures which may be evident are: fossa, sinus, inverted Y, and soft tissue shadows.
    - Maxillary Premolar: The film packet is positioned so that the distal of the canine is present, as well as the entire first and second premolar. The interpoximal contacts between the 1st premolar/2nd premolar must be open as well as the contacts between the 2nd premolar/1st molar. Structures which may be evident are: maxillary sinus, floor of sinus, malar, nasal fossa, floor of the fossa, and nasolabial fold.
    - Maxillary Molar: The film packet is positioned so that the second molar is centered on the film and all three molars are evident. Interproximal contacts are open between all molars. Structures which may be evident are: malar, maxillary sinus, hamulus, maxillary tuberosity, coronoid process, zygomatic arch, nasal fossa, and the floor of the nasal fossa and sinus.
    - Mandibular Incisors: The film packet is positioned so that the central incisors are centered on the film. Both central and lateral incisors must be present, with open interproximal spaces. Structures which may be evident are: lingual foramen, genial tubercles, inferior border of the mandible, mental ridge, tori, and soft tissue shadows.
    - Mandibular Canine: The film packet is positioned so that the distal contact between the canine and premolar is centered on the film. The entire canine must be present, with open contacts between canine/lateral, and canine/first premolar. Structures which may be evident are: the same as the mandibular incisor view as well as the mental foramen.
    - Mandibular Premolar: The film packet is positioned so that both premolars and the distal of the canine are present with all interproximal spaces open. Structures which may be present are: mental foramen, sub-mandibular gland fossa, inferior border of the mandible, mandibular canal, and tori.
    - Mandibular Molar: The film packet is positioned so that the second molar is centered on the film and all three molars are evident. Interproximal contacts are open between all molars. Structures which may be evident are: mandibular canal, inferior border of the mandible, external oblique, internal oblique, and submandibular gland fossa.

Bitewing Examinations:

1. General Considerations: All bitewings should demonstrate:
    - Occlusal plane should be in the center of the film so that 2-3 mm of maxillary mandibular bone level is evident.

- Films should have adequate density and contrast for proper interpretation.

2. Film Positioning for Bitewing Exposures:
    - Premolar: The film packet is positioned so that both premolars are present, as well as the distal 1/3 of the canine and the mesial of the first molar. Interproximal spaces are open between canine/1st premolar, first premolar/2nd premolar, and 2nd premolar/1st molar.
    - Molar: The film packet is positioned so that the three molars are evident, with the 2nd molar centered on the film. Interproximal spaces are open between 1st and 2nd molar and 2nd and 3rd molar. (Note: Because of the difference in tooth morphology between maxillary and mandibular molars and in arch form, it may be difficult to open both maxillary and mandibular molars contacts simultaneously. In these instances, it is best to concentrate on opening the maxillary contacts.)
    - Posterior Vertical Bitewings: Vertical bitewing positioning is the same as that for premolar and molar film, with emphasis on adequate bone level being evident for interpretation of bone loss

F. GRADING CRITERIA FOR FMX AND BWX

1. FMX
    - -1 cone cutting
    - -1 horizontal angulation error
    - -1 vertical angulation error
    - -1 film packet placement error
    - -1 inadequate bone level
    - -1 exposed backwards
    - -1 movement
    - -5 Any error resulting in a diagnostically unacceptable radiograph which requires a retake. (If the structures are not evident in another film.)
2. BWX
    - -2 cone cutting
    - -2 film packet placement error
    - -2 inadequate bone level
    - -2 horizontal angulation error
    - -2 vertical angulation error
    - -2 exposed backwards
    - -10 Any error resulting in a diagnostically unacceptable radiograph which requires a retake. Note: Students may receive extra points (up to 5 points) for management of a particularly difficult patient at the discretion of the instructor. Improper infection control will result in -10 points

G. PHYSICAL FACILITIES AND EQUIPMENT

1. All radiographic equipment and facilities are evaluated by the State Division of Radiological Health at regular intervals.
2. Radiographic viewing is accomplished by use of a viewbox.
3. Lead aprons and thyroid collars are kept on hangers when not in use.

H. RECORDS

1. Documentation of all radiation exposures for each patient shall be maintained in the patient's record. The record must include the number, type of radiographs, date of exposure, name of operator, name of faculty, and the patient's signed informed consent.
2. All radiographs shall be mounted in the appropriate mount and labeled with the patient's name, student's name, and date. Do not store loose, unmounted radiographs in the patient's file.
3. **A formal interpretation of the radiographs is to be turned in with each radiographic series, except for BWX and individual PAs.**

I. DARKROOM QUALITY CONTROL

1. Automatic Developer Solution will be replenished and replaced by the dental equipment technician according to accepted guidelines of the manufacturer.
2. The automatic processor is to be maintained and cleaned on a weekly basis by the dental equipment technician.
3. The darkroom is to be cleaned by the students on a daily clinical basis. All cabinet tops should be disinfected daily; the cabinet tops must be neat and orderly to eliminate the possibility of contamination or misplacing of film.
4. The darkroom door must remain locked during development to prevent the possibility of exposing film to white light.
5. All film is stored in the supply room, and should be obtained from the clinic coordinator before clinic. Film in the radiology area are kept in the common area drawer.

J. RADIATION HYGIENE GUIDELINES

Failure to follow proper radiation safety will result in an automatic 10 point deduction from your total FMX or BWX grade. The Dental Hygiene Program strives to maintain a safe environment, and these guidelines will help to prevent any unnecessary radiation exposure to you, your fellow students, and your patients. This includes the following:

1. no lead apron on the patient.
2. no thyroid collar on patient.
3. not closing the door completely or not stepping behind the lead barriers prior to exposure
4. not observing the patient through the lead glass during exposure
5. not setting the impulse and kvp prior to placing the radiograph in the patients mouth
6. leaving unexposed or exposed radiographic film in the x-ray room during exposure
7. exposing radiographs without the permission of an instructor
8. not filling out the x-ray log before exposing radiographs
9. leaving exposed radiographs without any identification, which then may be mislabeled or lost and thus require further patient exposure.
10. not recording the patient exposure on the chart

K. AUTOMATIC PROCESSOR

1. Lock darkroom door.
2. Make certain that the developer temperature is up to 81 degrees and that replenishing bottles are not empty.
3. Turn on appropriate safe light, and turn off overhead light.

4. Open film packets with clean nitrile gloves and drop film onto a clean, dry paper towel.
5. Remove gloves.
6. Pick film up by edges and place in the automatic processor. Never place more than one patient's x-rays in the processor at one time.
7. Record patient’s name on film mount.
8. Mount x-rays in appropriate holder and return to operator.

Section 6

CLINIC EVALUATION REQUIREMENTS

A. Clinical Evaluation

B. Clinic Timetables

C. Order of Procedures

D. Clinical Requirements

E. Clinical Grading Scale

F. Grading Sheets

G. Calculus Classification

H. Patient Periodontal Case Type Classification

I. Clinical Evaluation Form

Section 6

Clinic Evaluation/Requirements

A. CLINICAL EVALUATION

Clinical Evaluation System

- Students are required to prove competency in the treatment of a wide variety of patient types, including children, adolescents, adults, geriatrics, and medically compromised individuals. Within these categories, students are also required to prove competency in the treatment of various patient type classifications, including calculus classes A, B, C & D and periodontal case types 0, I, II, III, and IV.

Clinical Requirements

- For Pre-Clinic Lab and Clinical Practice I, II, & III, clinic requirements for each semester should be completed by the last clinic day of each semester. Students who do not complete the requirements within the time limits of the semester will receive a "0" for each incomplete requirement. These incomplete requirements must be completed during the first two weeks of the next semester, or the clinic grade will be changed to an "F". Student progress will be monitored at each clinical evaluation to ensure that students are progressing through the clinical requirements. Students should present a plan at each clinical evaluation for completing requirements during the time limits of the semester.
- For Clinical Practice IV (the final clinical course), incomplete patient clinical requirements (A, B, C, & D patients) will result in point deductions from the final clinic grade. The student must meet with the program director and complete any additional competencies he assigns before receiving a grade for Clinical Practice IV. Other incomplete clinical requirements (examples: sealants, OHI performance exams, x-rays, etc.) will result in point deductions from the final clinic grade.

Evaluation Criteria

- The student must complete each patient to 70% competency in order for the patient to count toward clinical requirements.
- Each instrument learning experience must be completed to 80% competency to count toward clinical requirements.

B. CLINIC TIMETABLES

Clinic I

8:15 Seat Patient
12:00 Dismiss Patient

Clinic II

8:15 Seat patient
12:00 Dismiss patient

Clinic III & IV

8:15 Seat 1st patient
10:00 Dismiss 1st patient
10:15 Seat 2nd patient
12:00 Dismiss 2nd patient

SCREENING TIMETABLES

Clinic I

8:15 Seat 1st screening patient
10:00 Dismiss 1st screening patient
10:15 Seat 2nd screening patient
12:00 Dismiss 2nd screening patient

Clinic III & IV

8:15 Seat 1st screening patient
10:00 Dismiss 1st screening patient
10:15 Seat 2nd screening patient
12:00 Dismiss 2nd screening patient

Clinic II

8:15 Seat 1st screening patient
10:00 Dismiss 1st screening patient
10:15 Seat 2nd screening patient
12:00 Dismiss 2nd screening patient

C. ORDER OF PROCEDURES

Clinic I

- Medical History/Vital Signs
- Instructor check
- Intra/Extra Oral Exam, Occlusal Classification, Gingival Inspection, Dental Charting, Periodontal Assessment
- Instructor checks assessment and classifies patient
- Disclose patient, record PHP
- Discuss patient education needs with faculty
- Complete Oral Hygiene Plan/Treatment Plan form and obtain patient signature
- Complete patient education
- Explore and scale
- Instructor check
- Polish and floss
- Instructor check
- Fluoride treatment
- Complete treatment record
- Obtain faculty signature on treatment record

Clinic II, III, & IV

- Medical History/Vital Signs
- Instructor check
- Intra/Extra Oral Exam, Occlusal Classification, Gingival Inspection, Dental Charting, Periodontal Assessment
- Instructor checks assessment and classifies patient
- Disclose patient, record PHP
- Complete Oral Hygiene Plan/Treatment Plan form and obtain patient signature
- Complete patient education & obtain faculty approval for Treatment Plan (C & D patients)
- Explore and scale (polish and floss A & B patients)
- Instructor check
- Polish and floss (C & D patients)
- Instructor check
- Fluoride treatment
- Complete treatment record

- Obtain faculty signature on treatment record

D. CLINICAL REQUIREMENTS

****Note: Clinical requirements subject to change**

Requirements	Clinic I	Clinic II	Clinic III	Clinic IV
Child (less than 10 year	0	1	0	0
Adolescent (11-17 years)	0	1	0	0
Geriatric (55+ years)	1	3	5	5
Medically Compromised	1	3	5	5
Calculus Class A	3	5	20	16
Calculus Class B	3	4	10	8
Calculus Class C	0	2	5	7
Calculus Class D	0	0	2	3
Perio Class 0	0	1	0	0
Perio Class I	1	2	2	2
Perio Class II	2	4	8	8
Perio Class III	0	2	4	8
Perio Class IV	0	1	2	9

********For Clinic II, one quadrant of a C patient must be handscaled only, no use of ultrasonic. For Clinics III and IV, three quads of C or D patients must be handscaled only, no use of ultrasonic.

Competency Evaluations

Clinic I

H5/137Curette
204SD
Nevi 1 & Nevi 4
11/12 Explorer
Columbia 13/14, 4R/4L
Gracey 1/2, 15/16, 17/18
Selective Polishing
Oral Hygiene Instruction
Ultrasonic Scaling
Fluoride
Instrument Sharpening
Naber's Probe
Periodontal Probe
Periodontal Evaluation
Extraoral Fulcrums
Dental Charting (2)
Gingival Evaluation (2)
Periodontal Screening and Recording (PSR)
Intra/Extra Oral Examination
Air Polishing (PRN)

Clinic II

H6/H7 Curette
204SD
Nevi 1 & Nevi 4
11/12 Explorer
Columbia 13/14
Gracey 1/2, 11/12, 13/14
Columbia 4R/4L
Ultrasonic Scaling (1)
Instrument Sharpening (2)
Naber's Probe (1)
Periodontal Probe (1)
Periodontal Evaluation (1)
Supplemental Fulcrums (1)
Air Polishing (1)
Oral Hygiene Instruction (1)
Handscale only 1 Quad on a B/C patient
Calculus Detection (1) 2nd half of summer

Clinic III
H5/137 Curette
204SD
Nevi 1
Nevi 4
11/12 Explorer
Columbia 13/14
Columbia 4R/4L
Gracey ½
Gracey 15/16, 17/18
Oral Hygiene Instruction
Oral Hygiene Instruction (Diabetic patient)
Tobacco Cessation Counseling
Ultrasonic Scaling
Right/Left Ultrasonic Inserts
Instrument Sharpening (3)
Naber's Probe
Periodontal Probe
Periodontal Evaluation
Supplemental Fulcrums
Air Polishing
Sealants (2)
Amalgam Polishing
Fluoride Varnish Application
Calculus detection (2)

Clinic IV
Oral Hygiene Instruction (2)
Oral Hygiene Instruction (Diabetic)
Tobacco Cessation Counseling
Instrument Sharpening (3)
Sealants (6)
Amalgam Polishing (2)
Calculus detection (3)

Local Anethesia Clinic III & IV
Inferior Alveolar Nerve Block (2)
Posterior Superior Alveolar Nerve Block (2)
Middle Superior Alveolar Nerve Block (2)
Anterior Superior Alveolar Nerve Block (2)
Buccal Nerve Block (2)
Mental Nerve Block (2)

RADIOGRAPHIC REQUIREMENTS

Clinic II
FMX (2)
BWX (3)
Digital BWX (2)
Panorex (4)

Clinic III
FMX (4)
BWX (8)
Digital BWX (2)
VBWX (2)
Panorex (6)

Clinic IV
FMX (4)
BWX (8)
Digital BWX (2)
VBWX (2)
Panorex (6)

E. CLINICAL GRADING SCALE

Clinic I
Competencies - 45%
Clinic Simulation - 20%
Clinic Simulation Instrumentation Exam - 20%
Check-Offs - 15%

Clinic II
X-ray Requirements - 25%
A, B, C & Screening Patient - 60%
Check-Offs - 15%

Clinic III
X-ray Requirements - 25%
A, B, C, D Patients & Screening - 55%
Check-Offs - 20%

Clinic IV
X-ray Requirements - 25%
A, B, C, D Patients and Screening - 55%
Check-Offs - 20%

F. GRADING SHEETS

East Tennessee State University
DENTAL HYGIENE PROGRAM
DHYG 2131 (Clinical Practice I)

Student Name _____ Patient Name_____ Age_____

Classification _____ Date_____ Grade_____ Instructor _____

Category	Grade	Comments
1. Medical History (-1 for each minor error & -5 for each major error)		
2. Extraoral Exam, Intraoral Exam & Ging. Description (-1 for each minor error & -5 for each major error)		
3. Dental Charting/Periodontal Charting/ Use of Radiographs (-1 for each minor error & -5 for each major error)		
4. Treatment Plan & Patient Education (-1 for each minor error & -5 for each major error)		
5. Instrumentation *-1 point **per tooth** for residual calculus* *.5 point gain per tooth if student removes calculus on second attempt* Incorrect instrumentation and tissue trauma -1 pt. deduction per surface		
6. Plaque/Stain Removal *-1 point **per tooth** for residual plaque/stain* *.5 point gain per tooth if student removes plaque or stain on second attempt* Incorrect instrumentation and tissue trauma -1 pt. deduction per surface		
7. Fluoride & Patient Education (-1 for each minor error & -5 for each major error)		
8. Daily professionalism (5 points)		
TOTAL POINTS AWARDED		

*A **minor error** (e.g. minor omission or incorrect finding) will result in a 1 point deduction with a maximum of 5 points per category (e.g. EIOE, Dental Charting, Periodontal Charting are all considered separate categories). Examples of minor errors include: failure to document line alba, Fordyce granules, tori, rotations, or errors in periodontal probing, occlusal classification, and furcation identification.*

*A **major error** will result in a 5 point deduction per category, at faculty's discretion. Examples of major errors include: skipping a phase of the DH treatment, placing the patient at risk, unprofessional conduct, carelessness, failure to abide by clinic policies and procedures, and proceeding without permission.*
***Five bonus points** may be awarded at faculty's discretion, for extraordinary clinical performance (e.g. going above & beyond)*

East Tennessee State University
DENTAL HYGIENE PROGRAM
DHYG 3031 (Clinical Practice II)

Student Name _____Patient Name _____Age_____

Classification_____Date_____Grade_____Instructor_____

Category	Grade	Comments
1. Medical History (-1 for each minor error & -5 for each major error)		
2. Extraoral Exam, Intraoral Exam & Ging. Description (-1 for each minor error & -5 for each major error)		
3. Dental Charting/Periodontal Charting/ Use of Radiographs (-1 for each minor error & -5 for each major error)		
4. Treatment Plan & Patient Education (-1 for each minor error & -5 for each major error)		
5.Instrumentation **A patient=** *-5 point **per surface** for residual calculus* *2 point gain per surface if student removes calculus on second attempt* **B patient=** *-5 points **per surface** for residual calculus* *2 point gain per surface if student removes calculus on second attempt* **C/D patient=** *-2 point **per surface** for residual calculus* *1 point gain per surface if student removes calculus on second attempt* Incorrect instrumentation and tissue trauma - 1 pt. deduction per surface		
6. Plaque/Stain Removal *-2 point **per surface** for residual plaque/stain* *1 point gain per surface if student removes plaque or stain on second attempt* Incorrect instrumentation and tissue trauma - 1 pt. deduction per surface		
7. Fluoride (-1 for each minor error & -5 for each major error)		
8. Daily professionalism (5 points)		
TOTAL POINTS AWARDED		

*A **minor error** (e.g. minor omission or incorrect finding) will result in a 1 point deduction with a maximum of 5 points per category (e.g. EIOE, Dental Charting, Periodontal Charting are all considered separate categories). Examples of minor errors include: failure to document line alba, Fordyce granules, tori, rotations, or errors in periodontal probing, occlusal classification, and furcation identification.*

*A **major error** will result in a 5 point deduction per category, at faculty's discretion. Examples of major errors include: skipping a phase of the DH treatment, placing the patient at risk, unprofessional conduct, carelessness, failure to abide by clinic policies and procedures, and proceeding without permission*

***Five bonus points** may be awarded at faculty's discretion, for extraordinary clinical performance (e.g. going above & beyond)*

East Tennessee State University
DENTAL HYGIENE PROGRAM
DHYG 4021 (Clinical Practice III)

Student Name _____Patient Name _____Age_____

Classification_____Date_____Grade_____Instructor_____

Category	Grade	Comments
1. Medical History (-1 for each minor error & -5 for each major error)		
2. Extraoral Exam, Intraoral Exam & Ging. Description (-1 for each minor error & -5 for each major error)		
3. Dental Charting/Periodontal Charting/ Use of Radiographs (-1 for each minor error & -5 for each major error)		
4. Treatment Plan & Patient Education (-1 for each minor error & -5 for each major error)		
5.Instrumentation **A patient=** *-5 point **per surface** for residual calculus* *2 point gain per surface if student removes calculus on second attempt* **B patient=** *-5 points **per surface** for residual calculus* *2 point gain per surface if student removes calculus on second attempt* **C/D patient=** *-2 point **per surface** for residual calculus* *1 point gain per surface if student removes calculus on second attempt* Incorrect instrumentation and tissue trauma - 1 pt. deduction per surface		
6. Plaque/Stain Removal *-3 point **per surface** for residual plaque/stain* *1 point gain per surface if student removes plaque or stain on second attempt* Incorrect instrumentation and tissue trauma - 1 pt. deduction per surface		
7. Fluoride (-1 for each minor error & -5 for each major error)		
8. Daily professionalism (5 points)		
TOTAL POINTS AWARDED		

*A **minor error** (e.g. minor omission or incorrect finding) will result in a 1 point deduction with a maximum of 5 points per category (e.g. EIOE, Dental Charting, Periodontal Charting are all considered separate categories). Examples of minor errors include: failure to document line alba, Fordyce granules, tori, rotations, or errors in periodontal probing, occlusal classification, and furcation identification.*

*A **major error** will result in a 5 point deduction per category, at faculty's discretion. Examples of major errors include: skipping a phase of the DH treatment, placing the patient at risk, unprofessional conduct, carelessness, failure to abide by clinic policies and procedures, and proceeding without permission.*

***Five bonus points** may be awarded at faculty's discretion, for extraordinary clinical performance (e.g. going above & beyond)*

East Tennessee State University
DENTAL HYGIENE PROGRAM
DHYG 4121 (Clinical Practice IV)

Student Name _____Patient Name _____Age_____

Classification_____Date_____Grade_____Instructor_____

Category	Grade	Comments
1. Medical History (-1 for each minor error & -5 for each major error)		
2. Extraoral Exam, Intraoral Exam & Ging. Description (-1 for each minor error & -5 for each major error)		
3. Dental Charting/Periodontal Charting/ Use of Radiographs (-1 for each minor error & -5 for each major error)		
4. Treatment Plan & Patient Education (-1 for each minor error & -5 for each major error)		
5.Instrumentation **A patient=** *-5 point **per surface** for residual calculus* *2 point gain per surface if student removes calculus on second attempt* **B patient=** *-5 points **per surface** for residual calculus* *2 point gain per surface if student removes calculus on second attempt* **C/D patient=** *-2 point **per surface** for residual calculus* *1 point gain per surface if student removes calculus on second attempt* Incorrect instrumentation and tissue trauma - 1 pt. deduction per surface		
6. Plaque/Stain Removal *-4 point **per surface** for residual plaque/stain* *2 point gain per surface if student removes plaque or stain on second attempt* Incorrect instrumentation and tissue trauma - 1 pt. deduction per surface		
7. Fluoride (-1 for each minor error & -5 for each major error)		
8. Daily professionalism (5 points)		
TOTAL POINTS AWARDED		

*A **minor error** (e.g. minor omission or incorrect finding) will result in a 1 point deduction with a maximum of 5 points per category (e.g. EIOE, Dental Charting, Periodontal Charting are all considered separate categories). Examples of minor errors include: failure to document line alba, Fordyce granules, tori, rotations, or errors in periodontal probing, occlusal classification, and furcation identification.*

*A **major error** will result in a 5 point deduction per category, at faculty's discretion. Examples of major errors include: skipping a phase of the DH treatment, placing the patient at risk, unprofessional conduct, carelessness, failure to abide by clinic policies and procedures, and proceeding without permission.*

***Five bonus points** may be awarded at faculty's discretion, for extraordinary clinical performance (e.g. going above & beyond)*

G. DEPOSIT CLASSIFICATION

Patient deposit classification will be based on the amount of subgingival or supragingival calculus. Students should attempt to identify a patient classification, while faculty will confirm their findings and determine the final classification.

DEPOSIT CLASS	DESCRIPTION
A	less than or equal to 6 surfaces of subgingival spicules or light supragingival calculus throughout the entire mouth
B	7-12 surfaces of subgingival spicules/ledges and/or moderate supragingival calculus
C	13-18 surfaces of subgingival spicules, ledges, and/or rings of calculus or heavy supragingival calculus. At least 8 surfaces of subgingival calculus must be on posterior teeth.
D	greater than or equal to 18 surfaces of subgingival spicules, ledges, and/or rings of calculus and heavy supragingival calculus. At least 10 surfaces of subgingival calculus must be on posterior teeth.

****Description of Calculus Quantity**

Light

- Fine, granular, grainy or spicule
- Located along line angles, marginal areas, and/or under contacts
- Slight vibration or roughness detected with explorer

Moderate

- a "bump" with thickness; readily discernable
- a marginal ring or interproximal click
- definite vibration felt with explorer, a "jump," also detected with curet, interproximal deposit sometimes detected from lingual and buccal

Heavy

- ledge encircling tooth; thick and dense
- fills interproximal space or is a marginal ledge
- definite vibration; sometimes "binds" explorer; detected with curet; interproximal deposit detected from lingual and buccal

H. PATIENT PERIODONTAL CASE TYPE CLASSIFICATION

Case Type O
HEALTH (no clinical attachment loss)
There is no inflammation or bleeding of the gingival tissues. No bone loss on x-ray.

Case Type I
GINGIVITIS (no clinical attachment loss)
Inflammation of the gingiva characterized clinically by changes in color, gingival form, position, surface appearance, presence of bleeding and/or exudate. No bone loss on x-rays.

Case Type II
SLIGHT PERIODONTITIS (clinical attachment loss of 1 to 2 mm)
Progression of gingival inflammation into the deeper periodontal structures and alveolar bone crest, with slight bone loss. The usual periodontal probing depth is 3 – 4 mm with loss of attachment of 1 – 2 mm and loss of alveolar bone up to 20%. X-rays are required for this assessment unless clinical attachment loss is as a result of recession.

Case Type III
MODERATE PERIODONTITIS (clinical attachment loss of 3 to 4 mm)
A more advanced stage of the above condition with increased destruction of the periodontal structure with noticeable loss of bone support possibly accompanied by an increase in tooth mobility. There may be furcation involvement in multi-rooted teeth. The usual periodontal probing depth is 4 – 6 mm with a loss of attachment of up to 4 mm with loss of alveolar bone up to 40%.

Case Type IV
SEVERE PERIODONTITIS (clinical attachment loss of 5 mm or more)
Further progression of periodontitis with major loss of alveolar bone support usually accompanied by increased tooth mobility. Furcation involvement in multi-rooted teeth likely. The usual periodontal probing is 6 mm or greater with loss of attachment of 5 mm and loss of alveolar bone is greater than 40%.

UPDATE:
**Students will classify a patient's periodontal condition based on the patient's generalized status (>30% of sites involved). Students are required to identify both generalized and localized periodontal conditions and note it on the Dental Hygiene Treatment Plan. However, students will only receive credit for the generalized periodontal type. For example, if a patient is classified as having generalized III periodontal disease (>30 % of sites involved) with localized type IV, the student will receive credit for treating a type III patient.

PERIODONTAL RE-EVALUATION
All C & D patients including all <u>generalized</u> (> 30% of sites involved) perio. type III and IV patients diagnosed with <u>active</u> periodontal disease must be scheduled for a 4-6 week re-evaluation. If a senior student is unable to complete the re-evaluation visit, due to completion of program, the patient must be referred to a junior student, with the knowledge and approval of the clinical coordinator.

I. CLINICAL EVALUATION FORM
East Tennessee State University
Dental Hygiene Program

Conference Evaluation Form

Student Name:_____

Instructor:_____

Date:_____

At your conference evaluation appointment, please bring:

1. Organized clinical notebook with all learning experiences and competencies documented.
2. In writing, please provide a constructive evaluation of clinical procedures and your clinical progression.
3. A list of cancellation times, and how your time was utilized.
4. A list of all patients assigned to student, including the patient's classification, date completed and recall interval.
5. If you have received any infection control or professionalism violations, please describe your plan for remedying the issue that led to the violation.

Procedure:

- ❑ Comes to conference prepared with necessary information that is organized.
- ❑ Provides alternatives in areas of criticism.
- ❑ Shows objectivity when discussing areas requiring improvement.
- ❑ Provides adequate follow-up information at additional conference (if necessary) relating to problems with: patients, peers, instructors, or clinical performance.
- ❑ Provides additional information regarding patients (i.e. why a patient is incomplete, excessive cancellation time, etc.)

Areas of concern, areas of needed improvement, plan for addressing these issues:

_____ _____

Student Signature Date Faculty Signature Date

Section 7

LEARNING EXPERIENCES COMPETENCIES

A. Pre-Clinic Learning Experiences

B. Clinic Learning Experiences/Competencies

Section 7

Learning Experiences/Competencies

A. PRE-CLINIC LEARNING EXPERIENCES

- Introduction to Clinic and Dental Operatory Equipment
- Infection Control
- Patient/Operator Positioning
- Medical History
- Vital Signs
- Blood Pressure
- Instrument Sterilization
- Grasp
- Fulcrum
- Mouth Mirror
- 11/12 Explorer on Typodont
- Sheperd's Hook Explorer
- Dental Charting
- 11/12 Explorer
- Extra/Intra Oral Examination
- Gingival Inspection
- Periodontal Probe
- Periodontal Evaluation
- Naber's Probe
- Periodontal Screening and Recording
- H6/H7
- Nevi 1
- Nevi 4
- 204SD
- Columbia 13/14
- Columbia 4R/4L
- Gracey 1/2
- Gracey 11/12
- Gracey 13/14
- Selective Polishing
- Maintaining Handpiece
- Fluoride
- Instrument Sharpening
- Lab Practical #1
- Lab Practical #2
- Lab Practical #2 Instrumentation Exam

B. CLINIC LEARNING EXPERIENCES/COMPETENICES

- Clinical Simulation
- Clinical Simulation Instrumentation Exam
- H5/137 Curette (Clinic I, II, III)
- 204SD (Clinic I, II, III)

- Nevi 1 (Clinic I, II, III)
- Nevi 4 (Clinic I, II, III)
- 11/12 Explorer (Clinic I, II, III)
- Columbia 13/14 (Clinic I, II, III)
- Columbia 4R/4L (Clinic I, II, III)
- Selective Polishing (Clinic I)
- Oral Hygiene Instruction (Clinic I, II, III, IV)
- Ultrasonic Scaling (Clinic I, II, III)
- Fluoride (Clinic I)
- Instrument Sharpening (Clinic I, II, III, IV)
- Naber's Probe (Clinic I, II, III)
- Periodontal Probe (Clinic I, II, III)
- Periodontal Evaluation (Clinic I, II, III)
- Extraoral Fulcrums (Clinic I)
- Dental Charting (Clinic I)
- Gingival Evaluation (Clinic I)
- Periodontal Screening and Recording (PSR) (Clinic I)
- Intra/Extra Oral Examination (Clinic I)
- Air Polishing (PRN) (Clinic I, II, III, IV)
- Supplemental Fulcrums (Clinic II & III)
- Oral Hygiene Instruction (Diabetic Patient) (Clinic III & IV)
- Tobacco Cessation Counseling (Clinic III & IV)
- Sealants (Clinic III & IV)
- Margination (Clinic III & IV)
- Amalgam Polishing (Clinic III & IV)
- Fluoride Varnish Application (Clinic III)
- Local Anesthesia
- Calculus detection

East Tennessee State University
Dental Hygiene Program

Name: _____
Date:_____
Instructor:_____
Grade: _____/39=_____

INTRODUCTION TO CLINIC AND DENTAL OPERATORY EQUIPMENT

COMMON CLINICAL SUPPLIES AREA

_____ 1 Three centrally located in the front, middle, and back of clinic. These contain disposable supplies.

Counter Top

_____ 2 Masks, blue adhesives, gloves, and BluTab Waterline Maintenance Tablets on countertop

_____ 3 Disclosing solution in individual packets in white plastic jar

_____ 4 Plastic chair covers and saran wrap in appropriate box on top of counter

_____ 5 Metal containers filled with cotton rolls, 2 X 2 gauze, cotton tipped applicators, & saliva ejectors

_____ 6 Forceps for retrieving items from metal containers

Left Drawer

_____ 7 Plastic cups, soufflé cups

Right Drawer

_____ 8 Yellow safety wipes, twist ties, probe covers, baggies, and blue syringe sleeves

Right Cabinet Door

_____ 9 Patient napkins, and extra supplies

Left Cabinet Door

_____ 10 Plastic garbage bags and biohazard bags

_____ 11 Reference books

CONTENTS OF CUBICLE

Counter Top

_____ 12 Radiographic view box – Turn on and off

_____ 13 Paper towel dispenser – located above sink

_____ 14 Ammonia carpal – attached to paper towel dispenser

_____ 15 Soap Dispenser

_____ 16 Listerine

Under Sink

_____ 17 Foamy disinfectant – cleaning suction traps and sinks

_____ 18 Tannery Cleaner – Polish Chair Leather

_____ 19 Water bottles for dental unit

_____ 20 Trash Receptacle – Replace with clean bag after each clinical session.

_____ 21 Surface Disinfectant – OMC Phenol spray – for surface disinfections of cabinet top, dental unit surfaces, and operator supplies (not to be used on dental chair)

_____ 22 Silver foot pedals – on floor below sink. Depress pedal marked H with foot for hot water and pedal marked C for cold.

OPERATOR STOOL

_____ 23 Sit on stool with buttocks covering seat.

_____ 24 Lift black lever under chair seat with right hand to lower stool.

_____ 25 Stand up and lift same lever to raise stool.

DENTAL UNIT

_____ 26 Turn master switch on. Located below bracket tray.

_____ 27 Rheostat pedal – Press down to activate handpiece.

_____ 28 Overhead dental light – Turn on and off with switch. Raise and lower dental light with handle on side of dental light.

_____ 29 Hand piece – Located on front left of bracket tray. Handpiece must be placed in this slot or it will not operate.

_____ 30 Air/Water Syringe – Located in slot to the left of handpiece. Depression of one button supplies water and the other air. Hold over sink to activate.

_____ 31 Saliva Ejector – Small hose located on left of dental unit. Secure saliva ejector with forceps from common area.

_____ 32 High-powered vacuum – Large hose on left of unit

_____ 33 Cubicle Common Area – Located in the center of the dental cabinet. Contains educational materials. Be sure to remove personal belongings at end of each session.

SUPPLY ROOM

_____ 34 Supply room is located in the clinic area. Contains sterile supplies, instruments, etc. This area is to be occupied by the clinic assistant only. If you need something from the supply room please see Mrs. Hoffman.

PROCESSING CUBICLE

_____ 35 This cubicle is located at the left side of the clinic. Used for preparation of instruments for sterilization

SAFETY EQUIPMENT
Located at common area #3

_____ 36 Oxygen tank

_____ 37 First Aid Box

_____ 38 Emergency Cart

_____ 39 Locate eye wash stations at Common Area #2

Students should check each task as it is completed and have this form signed by your clinical instructor.
THIS IS NOT A GRADED EXERCISE, BUT THE FORM MUST BE SIGNED BY YOUR INSTRUCTOR. Return form to Dr. Fair.

Instructors: Please show the students the following areas as well:
-Clinic Forms (reception desk & student mailboxes)
-File Return Location
-Student Lounge

East Tennessee State University
Dental Hygiene Program

Name:_____
Date:_____
Instructor:_____
Grade: _____/75=_____

Infection Control

General Principles

_____ 1 Lower dental chair and place rheostat pedal in floor.

_____ 2 Begins day with three consecutive hand washings with an antimicrobial hand wash solution during a one minute time period.

_____ 3 Fingernails are short with no nail polish.

_____ 4 No jewelry.

15 second hand wash at the following times during the appointment

_____ 5 Between patients.

_____ 6 Before gloving.

_____ 7 After removal of gloves.

_____ 8 Before leaving operatory.

_____ 9 Upon returning to operatory.

_____ 10 After removing gloves that are torn.

_____ 11 Gently rinses gloved hands with water when excessively soiled with blood during treatment of patient or before glove removal.

Pre-Treatment Phase

_____ 12 Get mask and BluTab Waterline Maintenance Tablets.

_____ 13 Flip switch down to depressurize water bottle. Switch is located below air and water ports on side of unit. Remove water bottle from cabinet and fill to capacity with tap water adding one BluTab for small bottle and two BluTabs for large bottle taking care NOT to touch tablet. Place water bottle on unit and flip switch up to pressurize bottle.

_____ 14 Operator wears mask, eyewear, and utility gloves when preparing cubicle for patient. Operator should first put on mask, followed by glasses, and finally the gloves.

_____ 15 Gets suction trap from bracket table and places it in unit.

_____ 16 Flushes air/water syringe for three minutes at the beginning of each day. This is followed by 30 seconds of flushing between patients. Flush suction hoses for three minutes at the beginning of each day and 30 seconds between patients.

_____ 17 Places clipboard, hand mirror, patient safety glasses, and pens on countertop.

_____ 18 Places view box and Listerine on top of cubicle divider.

_____ 19 Uses an EPA/ADA approved disinfectant wipe to clean the following items and surfaces:
a. Counter tops

b. Clip board
c. Hand mirror
d. Pencils and pens
e. Patient safety glasses
f. Operator stool lever
g. Unit light switch and handles (do NOT use disinfectant on reflective surface of new dental lights, only soap and water can be used on these surfaces)
h. X-ray view box
i. Color coded signal light switches
j. Bracket table
k. Dental unit arms
l. Air water syringe
m. Hand piece motor
n. Fronts of unit cabinets and drawers
o. Suction hoses on unit
p. Dental chair
q. Operator stool
r. Cart or additional operator stool for charting

_____ 20 Use a clean disinfectant wipe to thoroughly wet all surfaces previously cleaned. The treated surfaces must remain visibly wet for a full three minutes to ensure disinfection. (After 3 minutes, use wet paper towel to wipe disinfectant from dental chair to preserve the surface of the chair).

_____ 21 If using disinfectant spray instead of wipes: spray paper towel with disinfectant spray and wipe down all surfaces for cleaning. For disinfection, spray items with disinfectant and leave wet for 10 minutes before each appointment and at the end of the clinic session.

_____ 22 Washes, disinfects, removes, and stores utility gloves under sink. Removes glasses and mask (you are leaving the cubicle). Dispose of mask. Place operator safety glasses on countertop.

_____ 23 Washes hands and retrieves barriers with **clean hands**.

Retrieves The Following Disposable Items From Common Area

_____ 24 3 blue syringe sleeves (for air/water, regular suction, one hand piece – other is left under bag).

_____ 25 5 light handle covers (blue adhesives for 2 handles, one switch, one for operator stool lever, and one to cover pen).

_____ 26 3 dry cleaning bags (for chair, bracket table, and cart for charting)

_____ 27 3 cotton tipped applicators. Use forceps to retrieve. (exam use, disclosing agent, clean suction trap)

_____ 28 2 cups (mouth wash, cotton tip applicators)

_____ 29 1 patient napkin

_____ 30 Dry gauze (use forceps to retrieve)

_____ 31 1 yellow foam instrument wipe

_____ 32 1 saliva ejector (use forceps to retrieve)

_____ 33 1 probe cover

_____ 34 1 packet of disclosing solution and 1 souffle cup

_____ 35 Gloves and mask for patient care.

_____ 36 2 pieces of plastic wrap (for signal lights and view box)-Carry individually; do NOT stick them to clothing

Placing Barriers

_____ 37 Place plastic wrap on radiographic view box and color coded light switches.

_____ 38 Cover back of dental chair with one dry cleaning bag.

_____ 39 Cover bracket tray with one dry cleaning bag. Cover the right 2 handpiece tubings with the bag.

_____ 40 If using a cart or operator stool for charting, cover with one dry cleaning bag.

_____ 41 Place blue adhesives so that they completely cover light handles, light switch, and operator stool lever.

_____ 42 Insert saliva ejector into suction hose.

_____ 43 Place blue sleeves on air/water syringe, handpiece, and saliva ejector. (You may use twist ties to secure these blue sleeves in place)

_____ 44 Place yellow instrument wipe on left side of pt. napkin if you are right- handed. (Place it on the right side if you are left-handed)

_____ 45 Place patient napkin on bracket tray or clip with bib clip and hang on dental light handle.

Treatment Phase

_____ 46 Meet and greet patient in reception area and bring patient to operatory.

_____ 47 Has patient brush their teeth and rinse with antiseptic mouth rinse prior to treatment.

_____ 48 Seats patient in an upright position, and gives the patient protective eyewear.

_____ 49 Puts on lab coat.

_____ 50 Dons mask, safety glasses, washes hands and gloves before beginning intraoral procedures.

_____ 51 Open sterile instruments and insert air/water syringe tip.

_____ 52 Has assembled sterile instruments and supplies.

_____ 53 Does not leave cubicle after treatment has begun.

_____ 54 Does not wipe instruments on patient napkin. Patient napkin should remain clean. Use yellow foam wipes instead.

_____ 55 Uses high velocity evacuation system when using the ultrasonic or air-polishing procedures.

_____ 56 Removes gloves, eyeglasses, mask and lab coat and hangs it on the hook in the operatory. Dispose of mask. Washes hands before leaving cubicle to dismiss patient. (Lab coat should stay in operatory, because it is personal protective equipment and is contaminated after patient treatment.) (Never leave operatory wearing lab coat, treatment gloves, mask or eyeglasses.)

Post – Treatment Phase

_____ 57 Retrieve a clean mask.

_____ 58 Dons mask and utility gloves.

_____ 59 Spray, wipe and spray operator safety glasses (or rinse with soap and water if not recommended)

_____ 60 Dry operator safety glasses and put them on.

_____ 61 Removes barriers; hang chair bag over chair and discard barriers inside.

_____ 62 Uses appropriate disposal techniques for waste.
a. Places blood **saturated** gauze in red biohazard bag. (Take red biohazard bag to processing cubicle and place in biohazard container inside the cabinet labeled "Biomedical Waste Receptacle")
b. Places all other items in trash bag.

_____ 63 Place instruments in IMS cassettes. Place on top of cubicle divider for CA to pick up.

_____ 64 Flushes suction line and air/water line for 3 minutes.

_____ 65 All items will be cleaned and disinfected as described in pretreatment phase of infection control.

_____ 66 Removes suction trap and cleans with Lysol cleaner and cotton tipped applicator. Place on paper towel on bracket tray.

_____ 67 Clean sink with Lysol.

_____ 68 Empties water bottle and places under sink. (on last clinic day of the week)

_____ 69 Places rheostat foot control on paper towel in dental chair, and raises dental chair.

_____ 70 Empties trash receptacle into trash bin at rear of clinic at the end of day. Place new trash bag in trash receptacle.

_____ 71 Washes utility gloves, rinses, and dries. Spray gloves with EPA/ADA disinfectant or wipe with saturated disinfectant wipe, wrap with a paper towel.

_____ 72 Removes utility gloves, all personal equipment, and instruments from the cubicle at the end of the clinic session. Double check unit to avoid violations. Utility gloves should be placed in a separate storage container before placing in locker.

_____ 73 Turn lab coat inside out, and place in plastic laundry bag. Take home to launder.

East Tennessee State University
Dental Hygiene Program

Name:_____
Date:_____
Instructor_____
Grade: _____/29=_____

PATIENT OPERATOR POSITIONING

POSITIONS OPERATOR (Neutral Position)

_____ 1 Sits on stool with weight evenly distributed and low enough so that heels are flat on floor.

_____ 2 Thighs are parallel to floor with hip angle of 90º.

_____ 3 Forearms are parallel to the floor (will move between 60º-100º)

_____ 4 Neck, back, and shoulders are kept in recommended ranges from the neutral position (neck only tilted 0º-15º, back no more than 20º, and shoulders are relaxed and horizontal).

POSITIONS PATIENT

_____ 5 Seats patient with chair in upright position.

_____ 6 Places napkin and safety glasses on patient.

_____ 7 Reclines patient to supine position with heels being slightly higher than tip of nose.

_____ 8 Position for maxillary arch plane is perpendicular to floor.

_____ 9 Position for mandibular arch plane is parallel to floor.

_____ 10 Patient's head is even with upper edge of headrest.

_____ 11 Adjusts chair height so operator's elbows are at waist level when fingers touch teeth in treatment area (tip of patients nose is below the clinician's waist level).

_____ 12 Avoids placing legs under patient chair.

_____ 13 Avoids leaning or bending over patient.

CLOCK POSITIONS

	Sextant	SURFACES	POSITION
_____ 14	Mandibular Anterior	toward	8:00-9:00 (4-3)
_____ 15	Maxillary Anterior	toward	8:00-9:00 (4-3)
_____ 16	Mandibular Anterior	away	12:00
_____ 17	Maxillary Anterior	away	12:00
_____ 18	Mandibular Posterior	toward	9:00 (3)
_____ 19	Maxillary Posterior	toward	9:00 (3)
_____ 20	Mandibular Posterior	away	10:00-11:00 (2-1)
_____ 21	Maxillary Posterior	away	10:00 – 11:00 (2-1)

ADJUSTS DENTAL LIGHT

_____ 22 Keeps light away from patient but within easy reach.

_____ 23 Directs light toward napkin when turning on to avoid patient's eyes.

_____ 24 Angle light onto mandibular arch (light more overhead and directed downward).

_____ 25 Angle light onto maxillary arch (light more over chest and tilted up).

BRACKET TABLE

_____ 26 Keep bracket table as low as possible to view and reach easily.

DISMISSAL OF PATIENT

_____ 27 Positions light and bracket table out of way.

_____ 28 Returns chair to upright position.

_____ 29 Allows patient to sit upright before getting up.

East Tennessee State University
Dental Hygiene Program

Name: _____
Date: _____
Instructor: _____
Grade: _____/15= _____

MEDICAL HISTORY

_____ 1 Review the history form, making sure it is completed in blue or black ink and signed by the patient.

_____ 2 Confirm the form has been completed by a parent/guardian for patient under the age of 18 or mentally handicapped patients.

_____ 3 Clinically review the medical history of the patient, including reappoints and recalls, to utilize information from the patient's master chart and a cross-examination technique to elicit further data or clarify existing data.

_____ 4 Circle all "YES" responses in red.

_____ 5 Ask appropriate questions for each "YES" response and record information on the line adjacent to the question. ALL "YES" RESPONSES MUST HAVE DOCUMENTATION OF FOLLOW-UP QUESTIONS.

_____ 6 Review and record the patient's vital signs.

_____ 7 Record and date all vital sign readings and changes in each patient's medical history.

_____ 8 Record in red conditions that require special attention in the upper right hand corner of the medical history. (Examples: allergies, need for pre-medication, etc.)

_____ 9 Determine through the use of the Physician's Desk Reference, Dental Drug Reference, and other references, any contraindication to treatment.

_____ 10 Determine if a doctor's consultation or premedication is necessary prior to treatment. Student should be able to identify conditions requiring antibiotic premedication.

_____ 11 Recognize contraindications in the patient's medical history and vital signs, which would indicate postponing or discontinuing dental treatment.

_____ 12 Recognize the need to refer a patient to his/her physician for additional medical services.

_____ 13 Review and sign in ink the completed medical history form.

_____ 14 Request the instructor to approve and sign before beginning treatment.

_____ 15 Verbalize all procedures.

East Tennessee State University
Dental Hygiene Program

Name:_____
Date:_____
Instructor:_____
Grade: _____/18=_____

VITAL SIGNS: PULSE, RESPIRATION, & TEMPERATURE

_____ 1 Explain the procedure to the patient.

_____ 2 Identifies location of radial pulse inferior to thumb.

_____ 3 Palpate radial or carotid pulse for one minute using the fleshy portion of the first two fingers.

_____ 4 Record rate, rhythm, and quality of pulse on medical history form in ink.

_____ 5 Compares pulse to range of normal (60 – 100 bpm) and reports abnormal status to faculty.

RESPIRATION

_____ 6 Maintain the fingers over the radial pulse after counting the pulse.

_____ 7 Count the number of times the chest rises in one clock minute.

_____ 8 Observe depth, rhythm, quality and note sounds.

_____ 9 Record findings on the patient's medical history.

_____ 10 Compare respiration to range of normal (14 –20) and reports abnormal status to faculty.

TEMPERATURE

_____ 11 Cover the sheath of the thermometer.

_____ 12 Depress power switch and continue to hold down until display reads 100.0E.

_____ 13 Release power switch to reveal C or F flashing on the display.

_____ 14 Place the probe tip under tongue until thermometer beeps.

_____ 15 Record temperature displayed and compares to range of normal (96.0 – 99.5F) and reports abnormal status to faculty.

_____ 16 Turn off power switch.

_____ 17 Remove and discard sheath cover.

_____ 18 Return thermometer to storage.

East Tennessee State University
Dental Hygiene Program

Name:_____
Date:_____
Instructor:_____
Grade: _____/16=_____

BLOOD PRESSURE

_____ 1 Explain the procedure to the patient.

_____ 2 Patient sits in an upright position with the arm resting horizontally at chest level with the palm up.

_____ 3 Place the blood pressure cuff around the bare arm one inch above the antecubital space.

_____ 4 Palpate the radial pulse.

_____ 5 Inflates cuff until radial pulse disappears, add 30 mm Hg, this is the maximum inflation level.

_____ 6 Completely deflates cuff.

_____ 7 Places stethoscope earpieces in ears.

_____ 8 Place bell of stethoscope over the brachial artery.

_____ 9 Re-inflate cuff to the maximum inflation level.

_____ 10 Opens valve slowly (2-3 mm per second).

_____ 11 Observes dial of sphygmomanometer and listens to hear the first pulse sound. (systolic)

_____ 12 Continues to decrease pressure slowly.

_____ 13 Notes millimeter when last sound was heard. (diastolic)

_____ 14 Remove cuff, record reading and arm of blood pressure measurement on appropriate form.

_____ 15 Identify blood pressure readings that are above normal limits or that contraindicate treatment.

- Normal: <120/<80
- Pre-hypertension: 120-139/80-89
- Stage 1 hypertension: 140-159/90-99
- Stage 2 hypertension: >160/>99
- Treatment cutoff: 180/105

_____ 16 Request instructor's signature before beginning treatment.

East Tennessee State University
Dental Hygiene Program

Name:_____
Date:_____
Instructor:_____
Grade: _____/13=_____

INSTRUMENT STERILIZATION

_____ 1 Put on utility gloves, safety glasses, and mask. (If you are clinic assistant, wear your lab coat. If you were clinician for the day, do not wear your lab coat out of your cubicle, because it is contaminated.)

_____ 2 Check instrument set up to be certain all instruments are present.

_____ 3 Secure instruments with cross bar.

_____ 4 Close cassette and secure.

_____ 5 Preparation of ultrasonic bath includes filling ultrasonic bath to fill line with warm water and 1 ½ cups of general purpose cleaner.

_____ 6 Trays are placed in the ultrasonic bath for no less than 16 minutes.

_____ 7 Remove instruments following adequate agitation and rinse.

_____ 8 Allow cassettes and instruments to air dry or pat them dry with paper towels.

_____ 9 When trays and instruments are completely dry, wrap instruments in IMS tray wrap.

_____ 10 Label cassette with cassette number and student name (in capital letters)

_____ 11 Place a piece of autoclave tape on the cassette.

_____ 12 Place in appropriate location for instruments to be autoclaved.

_____ 13 See autoclave.

East Tennessee State University
Dental Hygiene Program

Name:_____
Date:_____
Instructor:_____
Grade: ____/6=_____

GRASP

	1st attempt	2nd attempt
1. Thumb and index finger opposite each other.		
2. Side of middle finger resting on shank.		
3. Handle between second and third knuckle.		
4. Relaxed, fingers not blanched.		
5. Roll 180 degrees smoothly.		
6. Verbalization		

East Tennessee State University
Dental Hygiene Program

Name:_____
Date:_____
Instructor:_____
Grade: _____/8=_____

FULCRUM

	1st attempt	2nd attempt
1. Thumb and index finger opposite of each other.		
2. Middle finger resting on shank.		
3. Handle between second and third knuckle.		
4. Relaxed, fingers not blanched.		
5. Places tip of fulcrum finger on stable surface.		
6. Pivots on finger rest for mesial and distal.		
7. Rocks on finger rest, no independent finger motion.		
8. Verbalization.		

INSTRUCTIONS FOR UTILIZATION OF MOUTH MIRROR

Use of Mouth Mirror

1. Indirect Vision
2. Indirect Illumination
3. Retraction of cheeks, lips, and tongue.
4. Transillumination

Technique for use

1. Modified pen grasp.
2. Fulcrum: different than that for other instruments since you are striving to keep the hand out of the area of operation and out of the light. See below for specific fulcrums for each area of the mouth.
3. Insertion and removal: plane of mirror head is parallel to the floor of the mouth and enters and exits between the maxillary and mandibular teeth without contacting them – called closing the working end.
4. Movement within mouth: once mirror head has been inserted and has cleared the teeth, the handle may be rolled to position mirror head. To move the mirror around the arch, the hand pivots on the fulcrum finger in the direction in which the mirror head is moving.

Positioning for areas of the mouth

Using the 9:00 to 11:00 position view the following areas of the mouth

1. Mandibular anterior linguals: fulcrum on mandibular left premolars. Rotate mirror on fulcrum to see six anterior teeth.
2. Mandibular left linguals: fulcrum on mandibular right premolars. Mirror should be retracting tongue and enabling operator to see the distals. OR fulcrum on max. anterior.
3. Maxillary anterior linguals: fulcrum on maxillary left premolars.
4. Maxillary left linguals: fulcrum on maxillary right premolars.
5. Maxillary left buccal: fulcrum on maxillary left cheek with the left arm raised above typodont.
6. Mandibular left buccal: fulcrum on maxillary left premolars in same manner as for the maxilla.
7. Maxillary right linguals: fulcrum on maxillary left premolars with the arm raised above typodont.
8. Mandibular right linguals: fulcrum on maxillary left premolars in same manner as for the maxilla.
9. Maxillary right buccal: fulcrum on maxillary right cheek.
10. Mandibular right buccal: fulcrum on maxillary right cheek.

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Name:_____
Date:_____
Instructor:_____
Grade: _____/12=_____

MOUTH MIRROR

GRASP

_____ 1 Holds with index finger and thumb pads opposite.

_____ 2 Stabilizes with side of pad of middle finger.

_____ 3 Maintains handle between second and third knuckle of forefinger.

_____ 4 Palm mirror when not in use.

FULCRUM

_____ 5 Establishes stable fulcrum on tooth, patient's face, or mirror handle.

_____ 6 Pivots on or separates grasp from finger rest for retraction.

STROKE

_____ 7 Maintains clean mirror surface.

_____ 8 Retracts cheek without pressing on attached gingiva.

_____ 9 Rotates mirror for indirect vision of surfaces away from operator.

_____ 10 Trans-illuminates anterior teeth.

_____ 11 Reflects light onto work areas.

_____ 12 Closes mirror so as not to strike teeth upon insertion and passing between arches.

East Tennessee State University
Dental Hygiene Program

Name:_____
Date:_____
Instructor:_____
Grade: ____/18=_____

11/12 Explorer on Typodont

A= acceptable
X=unacceptable

Criteria	A	X
1. Maintains grasp 2. Establishes/maintains fulcrum to move instrument around tooth. 3. Can adapt correct end of instrument in various sextants a. Maxillary right facials b. Maxillary right lingual c. Maxillary left facials d. Maxillary left lingual e. Mandibular right facials f. Mandibular right lingual g. Mandibular left facials h. Mandibular left lingual 4. Keeps tip in contact with tooth by rolling handle between thumb and forefinger (especially at line angles) 5. Strokes are short/overlapping .		
Evaluate stroke on a posterior molar 6. Strokes are systemic walking strokes 7. Adapts at distal line angle of tooth 8. Work toward distal continuing halfway across distal from facial (the other half is explored from the lingual). 9. Readapt instrument at distal line angle to explore facial surfaces 10. Roll instrument at mesiofacial line angle to explore into mesial surface at least halfway from facial		

East Tennessee State University
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Name:_____
Date:_____
Instructor:_____
Grade: _____/10=_____

SHEPHERD'S HOOK EXPLORER

_____ 1 Position the operator and patient properly.

_____ 2 Maintain proper visibility by the use of the dental light and dental mirror.

_____ 3 Uses appropriate grasp.

_____ 4 Establishes appropriate finger rests as close to the working area as possible.

_____ 5 Dry teeth with compressed air for better visibility.

_____ 6 Adapts the point of the explorer into the pits and fissures at correct angle.

_____ 7 Verbalizes correct use of the shepherd's hook explorer and verbalizes indications of caries.

_____ 8 Chart caries and watch areas on the dental charting form using correct symbols.

_____ 9 Evaluate margins of all restorations.

_____ 10 Verbalizes all procedures.

East Tennessee State University
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Name:_____
Date:_____
Instructor:_____
Grade: _____/20=_____

DENTAL CHARTING

_____ 1 Assembles correct instruments.

_____ 2 Uses laminated chart and red and blue pens.

_____ 3 Places patient and operator in correct position.

_____ 4 Charts in a logical sequence.

_____ 5 Uses dental light, compressed air, and **radiographs** to aid in examination.

_____ 6 Demonstrates proper use of Shepherd's Hook explorer to detect caries.

_____ 7 Recognizes and charts carious lesions using correct symbolic placement.

_____ 8 Checks margins of various restorations for recurrent caries.

_____ 9 Checks root surfaces for caries.

_____ 10 Charts all restorations: amalgams, composites, etc. using G.V. Black's classification system

_____ 11 Charts onlays, crowns of various materials, bridges, etc. using correct symbolic placement and G.V. Black's classification system.

Charts other findings such as:

_____ 12 Impacted / unerrupted teeth

_____ 13 Missing teeth

_____ 14 Sealants

_____ 15 Root Canals

_____ 16 Fractured teeth or restorations

_____ 17 Overhangs

_____ 18 Malpositioned teeth (drifting, torsoversions)

_____ 19 Abscesses

_____ 20 Uses correct terminology when verbalizing all findings to instructor.

East Tennessee State University
Dental Hygiene Program

Name:_____
Date:_____
Instructor:_____
Grade: _____/14=_____

11/12 EXPLORER

_____ 1 Grasp: Utilizes modified pen grasp properly.

_____ 2 Fulcrum: Utilizes appropriate and effective intra oral or extra oral fulcrum.

_____ 3 Selects correct working end.

ADAPTATION

_____ 4 Inserts tip maintaining contact with tooth surface.

_____ 5 Holds handle parallel to long axis of anterior teeth and as close to parallel as possible on posterior teeth.

STROKE

_____ 6 No independent finger motion.

_____ 7 Maintains side of tip on tooth as stroke is continued.

_____ 8 Moves explorer in direction tip is facing.

_____ 9 Uses short, overlapping strokes.

_____ 10 Covers area from epithelial attachment to margin of gingiva on the entire tooth.

TECHNIQUE

_____ 11 Uses mirror effectively.

_____ 12 Maintains correct patient/operator positioning.

_____ 13 Utilizes light effectively to aid instrumentation.

_____ 14 Utilizes standard precautions

East Tennessee State University
Dental Hygiene Program

Name:_____
Date:_____
Instructor:_____
Grade: _____/45=_____

EXTRAORAL EXAM

GENERAL PRINCIPLES

_____ 1 Observes and records gait.

_____ 2 Seats patient in upright position.

ASSESSES FACE AND NECK REGION BY OBSERVING

_____ 3 Face and neck symmetry.

_____ 4 Masses or restricted mobility when moving head from side to side.

_____ 5 Skin color and texture, noting visible lesions.

_____ 6 Eyes and eyelids.

_____ 7 Thyroid gland by placing fingers and thumb on either side of cartilage area and having patient swallow.

PALPATES LYMPH NODES

_____ 8 Bilateral palpation of occipital nodes.

_____ 9 Bilateral palpation of pre and post auricular nodes.

_____ 10 Bilateral palpation of parotid gland.

_____ 11 Palpation of submandibular and submental area by pressing submandibular nodes on inferior border of mandible and roll toward cheek.

_____ 12 Bidigital palpation of upper and lower deep cervical nodes bilaterally

EXAMINES TMJ

_____ 13 Bilateral palpation using two hands to examine corresponding structures of TMJ upon opening and closing

INTRAORAL EXAM

GENERAL PRINCIPLES

_____ 14 Places protective glasses on patient.

_____ 15 Places patient in supine position

EXAMINES LIPS AND VESTIBLUE

_____ 16 Having the patient occlude; holding lips out to view vestibule of entire mouth.

_____ 17 Bidigital (finger/thumb) palpation, rolling tissue between forefinger and thumb.

_____ 18 Direct vision rolling lip over finger to stretch tissue for accurate examination

_____ 19 Observe and palpate maxillary and mandibular mucobuccal fold.

EXAMINES GINGIVA

_____ 20 Drying the gingiva to have a clean view.

_____ 21 Utilizing the mirror to view surfaces not clear to viewing directly and use direct vision for appropriate areas

_____ 22 Observe for lesions and inflammation.

EXAMINES BUCCAL MUCOSA AND SALIVARY GLANDS

_____ 23 Retracts cheeks to observe buccal mucosa.

_____ 24 Bidigital palpation.

_____ 25 Manipulate Stenson's duct opening and note salivary flow.

EXAMINES FLOOR OF MOUTH AND UNDERSIDE OF TONGUE

_____ 26 Have patient raise tongue to hard palate.

_____ 27 Utilizing direct vision and retracting tongue with mirror observe floor of mouth.

_____ 28 Bimanually palpate from angle of mandible to submental area.

_____ 29 Utilize digital palpation for tori on cortical plates.

EXAMINES TONGUE

_____ 30 Bidigital palpation of entire tongue.

_____ 31 Utilizing direct vision, examine dorsal and ventral surfaces.

_____ 32 Having patient extend tongue, wrap a gauze square around tip and move tongue from side to side to examine lateral borders.

EXAMINES PALATE, MAXILLARY TUBEROSITIES, AND RETROMOLAR AREA

_____ 33 Using mouth mirror for indirect illumination and indirect vision.

_____ 34 Digital palpation to determine tissue consistency.

EXAMINES ORAL PHARYNX

_____ 35 Examines oral pharynx by pressing on dorsal surface of the tongue with mouth mirror and have patient say "ah".

_____ 36 Observes uvula; anterior pillars of soft palate, note color of tonsilar area.

EXAMINES OCCLUSION AND SWALLOWING PATTERN

_____ 37 Have patient close normally and classify occlusal pattern. Identify malrelations of groups of teeth (overjet, overbite, underjet, crossbite, etc.) and midline deviation.

_____ 38 Asking patient to swallow while still occluding with lips held apart and observing thrusting of tongue into open bite or pushing of saliva into anterior vestibule.

RECORDING OF DATA

_____ 39 Use correct dental terminology in a concise and accurate manner to describe atypical or abnormal findings.

_____ 40 Questions patient or uses didactic knowledge to correlate etiology of positive findings.

_____ 41 Records findings accurately, noting rationale for positive findings.

_____ 42 Presents findings to instructor using correct dental terminology in a concise and accurate manner.

BODY MECHANICS - ASEPSIS

_____ 43 Uses mirror, light, compressed air to aid examination.

_____ 44 Maintains proper patient/operator position.

_____ 45 Utilizes standard precautions.

East Tennessee State University
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Name:_____
Date:_____
Instructor:_____
Grade: _____/17=_____

GINGIVAL INSPECTION

Examines the following gingival tissue markers (1-9) of the papillary, marginal, and attached gingival and uses descriptive terminology:

_____ 1 Color

_____ 2 Size

_____ 3 Shape (contour) free and papillae

_____ 4 Consistency

_____ 5 Texture

_____ 6 Position (noting recession or clefting)

_____ 7 Mucogingival junction (noting adequate/inadequate zone of attached tissue)

_____ 8 Bleeding

_____ 9 Exudate (expressed on pressure)

_____ 10 Records gingival margin along CEJ looking for recession or hyperplasia (on perio chart)

_____ 11 Utilizes air.

_____ 12 Utilizes mirror for retraction, indirect vision, and illumination

_____ 13 Would utilize probe to detect bleeding on probing

_____ 14 Records atypical findings

_____ 15 Questions patient to correlate etiology of positive findings

_____ 16 Maintains proper patient/operator positioning

_____ 17 Utilizes standard precautions.

East Tennessee State University
Dental Hygiene Program

Name:_____
Date:_____
Instructor:_____
Grade: _____/16=_____

PERIODONTAL PROBE

_____ 1. Uses modified pen grasp.

_____ 2. Establishes fulcrum on stable tooth preferably within the same arch.

Alternative fulcrums:

- Embrasure area – occlusal or incisal surface

Extra oral:

- Maxillary right posterior by using the back of the middle, ring, and little fingers against the mandible.
- Maxillary left posteriors by using the front surfaces of middle, ring, and little fingers resting against the mandible of the left side of the patient. Palm should cup the chin.

_____ 3. Uses light grasp with constant equal pressure from fulcrum.

_____ 4. Rotates handle between thumb and forefinger when adapting to tooth surface to keep tip flush.

STROKE

_____ 5. Insert probe at the distofacial or distolingual line angle and probe distal.

_____ 6. Position probe as parallel as possible to the long axis of the tooth surface being probed adjusting for tooth contour or deposits.

_____ 7. Adapt the tip of the probe to the tooth surface as you activate short up-and –down strokes staying within the sulcus and touching the junctional epithelium with each down stroke.

_____ 8. Assess the area beneath proximal contact areas by tilting the probe and extending the tip beneath the contact area.

_____ 9. Reinserts probe at distal line angle being careful not to miss any area and probe in the mesial direction.

_____ 10. Walk the probe around the entire circumference of the junctional epithelium using strokes that are about 1 mm apart.

_____ 11. Records/Verbalizes 6 measurements per tooth (deepest measurement in each of 6 sites).

_____ 12. Uses systematic sequence.

_____ 13. Uses mirror effectively.

_____ 14. Maintains correct patient/operator positioning.

_____ 15. Utilizes light effectively to aid instrumentation.

_____ 16. Utilizes standard precautions.

East Tennessee State University
Dental Hygiene Program

Name:_____
Date:_____
Instructor:_____
Grade: _____/14=_____

PERIODONTAL EVALUATION on Class III-IV

_____ 1. Mark out all missing teeth.

_____ 2. Probes all sulci to determine probing depth.

_____ 3. Correctly records probing depths for 6 sites per tooth (uses red for depths above 3mm).

_____ 4. Circles bleeding points in red.

_____ 5. Confirms gingival line is correctly charted in red. Uses probe to ascertain amount of recession from CEJ.

_____ 6. Uses probe to calculate (or verbalize how) "clinical attachment level" for the following gingival variations:

_____gingival margin is at the CEJ

_____gingival margin is apical to the CEJ (recession)

_____gingival margin is coronal to the CEJ

_____ 7. Ascertains inadequate widths of attached gingiva (measures from gingival margin to mucogingival junction and subtracts the probing depth).

_____ 8. Correctly records furcation involvements by symbols.

_____ 9. Determines tooth mobility (using two instrument handles) and records correct classification on facial aspect of the crown on periodontal chart.

_____ 10. Check for open contacts with dental floss and record.

_____ 11. Check for food impaction sites and record.

_____ 12. Note any wear facets, abrasion, or attrition on periodontal chart.

_____ 13. Uses mirror, light, compressed air and FMX to aid with examination.

_____ 14. Presents all findings to instructor utilizing correct dental terminology in a concise and accurate manner.

East Tennessee State University
Dental Hygiene Program

Name:_____
Date:_____
Instructor:_____
Grade: _____/16=_____

NABER'S PROBE

_____ 1. Selects the correct working-end to detect furcation involvement (lower terminal shank is positioned parallel to tooth surface being examined).

_____ 2. Can properly examine multirooted teeth on appropriate surfaces.
_____Mandibular molars
_____Maxillary First Premolars
_____Maxillary Molars

_____ 3. Uses correct symbols to chart furcation involvements on the periodontal chart or can verbalize the symbols for Class I, II, III, and IV furcation involvements and can describe Class I, II, III, and IV furcations.

_____ 4. Uses dental light, compressed air, and radiographs to aid in examination.

_____ 5. Uses correct patient/operator positioning.

_____ 6. Utilizes proper grasp and fulcrum.

East Tennessee State University
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Name:_____
Date:_____
Instructor:_____
Grade: _____/7=_____

PERIODONTAL SCREENING AND RECORDING (PSR)

_____ 1. The student can read the reference markings on the probe and explain how the color coded mark is applicable to the PSR exam.

_____ 2. Demonstrates all aspects of proper probing technique and adaptation.

_____ 3. Charts in a logical sequence.

_____ 4. Probes around each tooth and scores each sextant with the appropriate PSR code (be able to verbalize criteria for each score 0-4 and *).

_____ 5. The student relates the presence of furcation involvement, mobility, mucogingival problems, or recession to the PSR code recording with an asterisk*.

_____ 6. Records scores correctly in the PSR box on dental chart and dates box.

_____ 7. Can relate implications of findings to instructor for each code as to what further examination and documentation is needed per sextant or mouth.

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Name:_____
Date:_____
Instructor:_____
Grade: _____/6=_____

H6/H7 CURETTE

_____ 1. GRASP: MODIFIED PEN

_____ 2. FULCRUM: Appropriately establishes on stable tooth as close to working area as possible.

_____ 3. SELECTS CORRECT WORKING END

Lower shank and blade are angled toward tooth surface being adapted making angle more closed.

_____ 4. ADAPTATION

For anterior teeth:

- Positions blade underneath calculus deposit.
- Tilts lower shank slightly toward the tooth surface to be instrumented with face-to-tooth angulation between 70-80 degrees.
- Anterior tip third is adapted to the tooth supragingivally

_____ 5. STROKE ACTIVATION

- Wrist should be in neutral position with back of hand and wrist in straight alignment moving as a unit
- Uses constant, equal lateral pressure when activating working stroke against tooth (less with adapting or exploring).
- Pivots on fulcrum for adaptation as moves around tooth.
- Rotates handle between thumb and index finger keeping working tip flush when adapting to tooth.
- Maintains caution when adapting at line angles so as not to cause tissue lacerations.
- Uses vertical strokes from midline of tooth, moving in a mesial or distal direction with short overlapping strokes.
- Continues stroke at least half way across the proximal surface.
- Uses horizontal strokes at midlines of facials and linguals.

_____ 6. TECHNIQUE:
Uses systematic sequence (surfaces toward, surfaces away facials / linguals).
Sharpens as necessary.
Maintains correct patient/operator positioning.

- Surfaces toward 8-9:00 (4-3:00)
- Surfaces away 12:00 (12:00)

Utilizes light and mirror effectively.

East Tennessee State University
Dental Hygiene Program

Name:_____
Date:_____
Instructor:_____
Grade: _____/10=_____

NEVI 1

Demonstrate Proper Use of Sickle Scaler on Anterior Teeth:

_____ 1. GRASP: MODIFIED PEN

_____ 2. FULCRUM: Appropriately establishes on stable tooth as close to working area as possible.

_____ 3. ADAPTATION
- For anterior teeth:
- Positions blade underneath calculus deposit.
- Tilts lower shank slightly toward the tooth surface to be instrumented with face- to-tooth angulation between 70-80 degrees.
- Anterior tip third is adapted to the tooth supragingivally

_____ 4. STROKE ACTIVATION
- Wrist should be in neutral position with back of hand and wrist in straight alignment moving as a unit
- Uses constant, equal lateral pressure when activating working stroke against tooth (less with adapting or exploring).
- Pivots on fulcrum for adaptation as moves around tooth.
- Rotates handle between thumb and index finger keeping working tip flush when adapting to tooth.
- Maintains caution when adapting at line angles so as not to cause tissue lacerations.
- Uses vertical strokes from midline of tooth, moving in a mesial or distal direction with short overlapping strokes.
- Continues stroke at least half way across the proximal surface.
- Uses horizontal strokes at midlines of facials and linguals.

_____ 5. TECHNIQUE:
- Uses systematic sequence (surfaces toward, surfaces away facials / linguals).
- Sharpens as necessary.
- Maintains correct patient/operator positioning.
- -Surfaces toward 8-9:00 (4-3:00)
- -Surfaces away 12:00 (12:00)
- Utilizes light and mirror effectively.

Demonstrate Proper Use of "Scoop" End on Anterior Lingual Surfaces:

_____ 6. GRASP: MODIFIED PEN

_____ 7. FULCRUM: Appropriately establishes on stable tooth as close to working area as possible.

_____ 8. ADAPTATION

For anterior teeth:
- Positions blade underneath calculus deposit.

_____ 9. STROKE ACTIVATION

- Wrist should be in neutral position with back of hand and wrist in straight alignment moving as a unit
- Uses constant, equal lateral pressure when activating working stroke against tooth (less with adapting or exploring).
- Pivots on fulcrum for adaptation as moves around tooth.
- Rotates handle between thumb and index finger keeping working tip flush when adapting to tooth.
- Maintains caution when adapting at line angles so as not to cause tissue lacerations.

_____ 10. TECHNIQUE:

- Uses systematic sequence
- Sharpens as necessary.
- Maintains correct patient/operator positioning.
- Utilizes light and mirror effectively.

East Tennessee State University
Dental Hygiene Program

Name:_____
Date:_____
Instructor:_____
Grade: _____/6=_____

204 SD

_____ 1. **GRASP: MODIFIED PEN**

- Holds with index fingers and thumb pads opposite.
- Places index finger and thumb pads at junction of handle and shank.
- Stabilizes with side of pad of middle finger.
- Maintains contact between index, middle, and fulcrum fingers.
- Maintains handle between second and third knuckle of index finger on anteriors and between second knuckle and "v" of hand on posteriors.

_____ 2. **FULCRUM**

- Establishes on stable tooth as close to working area as possible.

_____ 3. **SELECT CORRECT WORKING END**

- Lower shank is parallel to the proximal surface of the tooth while functional shank goes up and over the tooth (inner cutting edges are used on distals while outer cutting edges are used on the mesial surfaces as well as the facial and lingual surfaces).

_____ 4. **STROKE ACTIVATION**

- Wrist in neutral position.
- Moves hand and wrist as a unit when pivoting.
- Pivots on fulcrum for adaptation as moves around tooth.
- Rotates handle between thumb and index finger keeping working tip flush when adapting to tooth.
- Adapts anterior tip-third to tooth supragingivally.
- Tilts lower shank slightly toward the tooth surface to achieve a face – to – tooth angulation of 70˚- 80˚.
- Uses short overlapping strokes of 1-2 mm

_____ 5. **COVERS SULCULAR DIMENSION CIRCUMFERENTIALLY**

- Begins on distals of molars. Adapt at the distofacial line angle and work onto the distal surface half way.
- Tilt shank to close blade to the 70˚-80˚ angle.
- Instruments facial beginning again at distofacial line angle and correctly repositioning instrument.
- As approaches mesiofacial line angle, rolls handle to maintain adaptation.
- Works half way across mesial aspect.
- Uses vertical strokes on the mesial and distal surfaces of posterior teeth.
- Uses oblique strokes on the facials and linguals of posterior teeth.
- Uses horizontal strokes at line angles of posterior teeth

_____ 6. **TECHNIQUE:**

- Uses systematic sequence (begins at posterior and works toward front of the mouth).

  Max Rt Buccal/Max Left lingual – Mand. Left Buccal/Mand Rt Lingual

  FLIP ENDS

  Max Rt Lingual/Max Left Buccal – Mand Left Lingual/Mand Right Buccal

  - Sharpens as necessary.
  - Maintains correct patient/operator positioning.
    - For aspects toward sit at 9:00 (3:00)
    - For aspects away sit at 10-11:00 (2-1:00)

East Tennessee State University
Dental Hygiene Program

Name:_____
Date:_____
Instructor:_____
Grade: _____/6=_____

NEVI 4

_____ 1. **GRASP: MODIFIED PEN**
- Holds with index fingers and thumb pads opposite.
- Places index finger and thumb pads at junction of handle and shank.
- Stabilizes with side of pad of middle finger.
- Maintains contact between index, middle, and fulcrum fingers.
- Maintains handle between second and third knuckle of index finger on anteriors and between second knuckle and "v" of hand on posteriors.

_____ 2. **FULCRUM**
- Establishes on stable tooth as close to working area as possible.

_____ 3. **SELECT CORRECT WORKING END**
- Lower shank is parallel to the proximal surface of the tooth while functional shank goes up and over the tooth (inner cutting edges are used on distals while outer cutting edges are used on the mesial surfaces as well as the facial and lingual surfaces).

_____ 4. **STROKE ACTIVATION**
- Wrist in neutral position.
- Moves hand and wrist as a unit when pivoting.
- Pivots on fulcrum for adaptation as moves around tooth.
- Rotates handle between thumb and index finger keeping working tip flush when adapting to tooth.
- Adapts anterior tip-third to tooth supragingivally.
- Tilts lower shank slightly toward the tooth surface to achieve a face – to – tooth angulation of 70˚- 80˚.
- Uses short overlapping strokes of 1-2 mm

_____ 5. **COVERS SULCULAR DIMENSION CIRCUMFERENTIALLY**
- Begins on distals of molars. Adapt at the distofacial line angle and work onto the distal surface half way.
- Tilt shank to close blade to the 70˚-80˚ angle.
- Instruments facial beginning again at distofacial line angle and correctly repositioning instrument.
- As approaches mesiofacial line angle, rolls handle to maintain adaptation.
- Works half way across mesial aspect.
- Uses vertical strokes on the mesial and distal surfaces of posterior teeth.
- Uses oblique strokes on the facials and linguals of posterior teeth.
- Uses horizontal strokes at line angles of posterior teeth

_____ 6. **TECHNIQUE:**
- Uses systematic sequence (begins at posterior and works toward front of the mouth).
  Max Rt Buccal/Max Left lingual – Mand. Left Buccal/Mand Rt Lingual
  FLIP ENDS
  Max Rt Lingual/Max Left Buccal – Mand Left Lingual/Mand Right Buccal
- Sharpens as necessary.
- Maintains correct patient/operator positioning.
  - For aspects toward sit at 9:00 (3:00)
  - For aspects away sit at 10-11:00 (2-1:00)

East Tennessee State University
Dental Hygiene Program

Name:_____
Date:_____
Instructor:_____
Grade: _____/13=_____

COLUMBIA 13/14

BASIC CONCEPTS

_____ 1. GRASP: MODIFIED PEN

_____ 2. FULCRUM

- Establishes fulcrum on stable tooth or embrasure relative to working area.
- Uses constant, equal fulcrum pressure.
- Pivots on finger pad for adaptation.

_____ 3. OVERALL ADAPTATION

- Inserts working end beneath gingival margin at a 0-40 degree angulation (blade appears closed)
- Tilts lower shank toward tooth to establish correct face-to –tooth angulation (70-80 degrees) with blade positioned underneath calculus.
- Maintains adaptation of the tip-third of the cutting edge to the tooth surface by rotating handle between thumb and forefinger avoiding tissue trauma.

_____ 4. OVERALL STROKE

- Initiates stroke by pressing down with fulcrum finger and applying pressure against instrument handle with index finger and thumb to create lateral pressure.
- Strokes are short and overlapping.
- Activates calculus removal stroke using wrist motion activation.

_____ 5. TECHNIQUE

- Uses mirror for indirect vision to avoid incorrect instrument placement

ANTERIORS

_____ 6. POSITIONING

- For surfaces toward, sit at 8-9:00 (4-3:00)
- For surfaces away sit at 12:00

_____ 7. SELECTS CORRECT WORKING END

- Adapts instrument at midline of anterior tooth.
- Adapts to either surface toward or away using only outer cutting edges (<u>does not</u> use opposite cutting edges of <u>same end</u> on anterior surfaces).
- The face tilts toward the tooth (face is not open). When adapted on a proximal surface, the lower shank goes across the tooth.

_____ 8. USES SEQUENCE

- Surfaces toward, then surfaces away.
- Works into proximals so as to cover sulcular dimension.

_____ 9. UTILIZES VARIOUS STROKES

- Uses horizontal strokes on facial and lingual root surfaces of anteriors.
- Uses vertical strokes on facial, lingual, and proximal surfaces.
- Uses oblique strokes on facial and lingual surfaces.

POSTERIORS

_____ 10. POSITIONING

- For aspects toward, sit at 9:00 (3:00).
- For aspects away sit at 10-11:00 (2-1:00).

_____ 11. SELECTS CORRECT WORKING END

- Adapts instrument at distal line angle of posterior tooth.
- The lower shank is parallel to the proximal surface (distal) and functional shank goes up and over.
- The inner cutting edges are used on the distal surfaces of posteriors.
- The outer cutting edges are used on the facial, lingual, and mesial surfaces of posteriors.
- (Does use opposite cutting edges of the same end for facials/linguals of posteriors

_____ 12. USES SEQUENCE:

- Begins at distofacial line angle of posterior-most tooth in sextant and works toward and into the distal. Repositions at the distofacial line angle and completes the facial (or lingual) and mesial surfaces working toward the anterior.
- Covers entire sulcular dimension.

_____ 13. USES VARIOUS STROKES

- Uses vertical strokes on the mesial and distal surfaces.
- Uses oblique strokes on the facial and lingual surfaces.
- Uses horizontal strokes on the line angles of posterior teeth (also furcations).

East Tennessee State University
Dental Hygiene Program

Name:_____
Date:_____
Instructor:_____
Grade: _____/13=_____

COLUMBIA 4R/4L

BASIC CONCEPTS

_____ 1. GRASP: MODIFIED PEN

_____ 2. FULCRUM

- Establishes fulcrum on stable tooth or embrasure relative to working area.
- Uses constant, equal fulcrum pressure.
- Pivots on finger pad for adaptation.

_____ 3. OVERALL ADAPTATION

- Inserts working end beneath gingival margin at a 0-40 degree angulation (blade appears closed)
- Tilts lower shank toward tooth to establish correct face-to –tooth angulation (70-80 degrees) with blade positioned underneath calculus.
- Maintains adaptation of the tip-third of the cutting edge to the tooth surface by rotating handle between thumb and forefinger avoiding tissue trauma.

_____ 4. OVERALL STROKE

- Initiates stroke by pressing down with fulcrum finger and applying pressure against instrument handle with index finger and thumb to create lateral pressure.
- Strokes are short and overlapping.
- Activates calculus removal stroke using wrist motion activation.

_____ 5. TECHNIQUE

- Uses mirror for indirect vision to avoid incorrect instrument placement

ANTERIORS

_____ 6. POSITIONING

- For surfaces toward, sit at 8-9:00 (4-3:00)
- For surfaces away sit at 12:00

_____ 7. SELECTS CORRECT WORKING END

- Adapts instrument at midline of anterior tooth.
- Adapts to either surface toward or away using only outer cutting edges (<u>does not</u> use opposite cutting edges of <u>same end</u> on anterior surfaces).
- The face tilts toward the tooth (face is not open). When adapted on a proximal surface, the lower shank goes across the tooth.

_____ 8. USES SEQUENCE

- Surfaces toward, then surfaces away.
- Works into proximals so as to cover sulcular dimension.

_____ 9. UTILIZES VARIOUS STROKES

- Uses horizontal strokes on facial and lingual root surfaces of anteriors.
- Uses vertical strokes on facial, lingual, and proximal surfaces.
- Uses oblique strokes on facial and lingual surfaces.

POSTERIORS

_____ 10. POSITIONING

- For aspects toward, sit at 9:00 (3:00).
- For aspects away sit at 10-11:00 (2-1:00).

_____ 11. SELECTS CORRECT WORKING END

- Adapts instrument at distal line angle of posterior tooth.
- The lower shank is parallel to the proximal surface (distal) and functional shank goes up and over.
- The inner cutting edges are used on the distal surfaces of posteriors.
- The outer cutting edges are used on the facial, lingual, and mesial surfaces of posteriors.
- (Does use opposite cutting edges of the same end for facials/linguals of posteriors

_____ 12. USES SEQUENCE:

- Begins at distofacial line angle of posterior-most tooth in sextant and works toward and into the distal. Repositions at the distofacial line angle and completes the facial (or lingual) and mesial surfaces working toward the anterior. Covers entire sulcular dimension.

USES VARIOUS STROKES

- Uses vertical strokes on the mesial and distal surfaces.
- Uses oblique strokes on the facial and lingual surfaces.
- Uses horizontal strokes on the line angles of posterior teeth (also furcations).

East Tennessee State University
Dental Hygiene Program

Name:_____
Date:_____
Instructor:_____
Grade: _____/8=_____

GRACEY 1/2

BASIC CONCEPTS

_____ 1. **GRASP: MOFIFIED PEN**

_____ **2. ESTABLISHES FULCRUM RELATIVE TO WORK AREA**

_____ **3. ADAPTATION**
- Inserts the working-end beneath the gingival margin at a 0-40-degree angle (inserts with blade closed)

_____ **4. STROKE**

- Initiates calculus removal stroke by pressing down with fulcrum finger and applying pressure against instrument handle with index finger and thumb to create lateral pressure against the tooth.
- Activates stroke using wrist motion (limits digital motion to areas where movement is restricted).
- Maintains correct adaptation by rotating handle between thumb and forefinger keeping tip flush in order to prevent tissue trauma.
- Positions blade underneath calculus and/or to epithelial attachment.
- Can demonstrate vertical strokes on anterior teeth as well as horizontal strokes at the midlines of the facial and lingual surfaces.
- Uses short overlapping strokes going into proximals to cover entire sulcular dimension.

_____ **5. TECHNIQUE**
- Uses mirror correctly for retraction and indirect vision.

ANTERIOR TEETH

_____ **6. POSITIONING**
- Uses correct patient/operator positioning:
    1. Positioned correctly on stool, and in relation to equipment.
    2. Surfaces toward – 8-9:00 (4-3:00)
    3. Surfaces away – 12:00

_____ **7. SELCECT CORRECT WORKING END**
- Adapts only the <u>lower cutting edge</u> to the appropriate tooth surface.
- The lower shank is parallel to the long axis of tooth surface.

_____ **8. UTILIZES SEQUENCE:**
- Beginning with canine on opposite side of mouth, work on surfaces toward adapting at the midline of the facial or lingual surface.
- Complete sequence with surfaces away.

East Tennessee State University
Dental Hygiene Program

Name:_____
Date:_____
Instructor:_____
Grade: _____/8=_____

GRACEY 11/12 & 13/14

AREA SPECIFIC CURETS - POSTERIOR
15/16 17/18

___% ___%

BASIC CONCEPTS

____ ____ **1. GRASP: MODIFIED PEN**
- Thumb and index finger pads positioned opposite.
- Pad of middle finger rests lightly on shank, and touches ring finger.
- Handle rests between the 2nd knuckle of the index finger and the V of hand.

____ ____ **2 . FULCRUM**
- Establishes and positions fulcrum relative to work area.

____ ____ **3. BASIC ADAPTATION / STROKE ACTIVATION**
- Positions blade underneath calculus and/or to epithelial attachment and adapts at a 0-40 degree angle.
- .Activates stroke using wrist motion (limits digital motion to areas where movement is restricted).
- .Maintains correct adaptation by rotating handle between thumb and forefinger when adapting to tooth surface to keep tip flush and prevent tissue trauma.
- Uses short overlapping strokes going into proximals to cover entire sulcular dimension,
- Can demonstrate vertical, horizontal, and oblique strokes.

POSTERIOR TEETH – SPECIFIC AREAS

____ ____ **4. POSITIONING: USES CORRECT PATIENT/OPERATOR POSITIONING**
- For aspects toward, sit at 9:00 (3:00)
- For aspects away, sit at 10-11:00 (2-1:00)

____ ____ **5. SELECTS CORRECT INSTRUMENT**
- For mesial, facial, and lingual surfaces (uses G 15/16).
- For distal surfaces (uses G 17/18).

____ ____ **6. SELECTS CORRECT WORKING END**
- Adapts only the **lower cutting edge** to the appropriate tooth surface.
- The lower shank is parallel to the long axis of tooth surface.

____ ____ **7. UTILIZES SEQUENCE**
- Completes distal surfaces first, then instruments the facial (lingual), and mesial surfaces in the sextant.

____ ____ **8. USES MIRROR CORRECTLY FOR INDIRECT VISION AND RETRACTION**

East Tennessee State University
Dental Hygiene Program

Name:_____
Date:_____
Instructor:_____
Grade: _____/20=_____

SELECTIVE POLISHING

Before Procedure:

_____ 1. Teach plaque control to patient and assess their effectiveness of plaque removal.

_____ 2. Remove as much stain as possible during periodontal instrumentation / or ultrasonic use.

_____ 3. Review patient health/dental histories for contraindications (communicable diseases spread by aerosols, patient susceptibility to infection spread by aerosols, respiratory diseases, immunosuppressed individuals, implant abutments, patients requiring bacteremia antibiotic premedication, or poor gingival tissue health).

_____ 4. Assesses teeth for selective polishing.

_____ 5. Explains the procedure and rationale to patient emphasizing that this is an esthetic procedure and has no therapeutic value.

_____ 6. Patients have rinsed with an antimicrobial solution.

_____ 7. Provide patient with protective eyewear.

_____ 8. Operator uses standard precautions (barrier protection).

Procedure:

_____ 9. Positions patient in a supine position.

_____ 10. Places saliva ejector and uses throughout procedure.

_____ 11. Selects least abrasive grit for task and fills cup with paste.

_____ 12. Establishes a fulcrum and rests handpiece in the "v" of hand.

_____ 13. Holds cup so rim is close to tooth surface and activate foot pedal to regulate speed so cup rotates at a slow, steady speed.

_____ 14. Adapts cup to cervical-third of crown, applying pressure to make cup rim flare slightly. Care is taken as cup moves into sulcus to avoid trauma and CEJ abrasion.

_____ 15. Uses a wiping motion to draw cup across tooth surface from cervical toward incisal edge.

_____ 16. Uses 2-3 seconds per motion and moves to next area.

_____ 17. Applies cup to proximal surfaces by flaring the cup rim as far interproximally as possible.

_____ 18. Polishes several teeth, using an organized sequence relative to task, rinses the tooth surfaces, and refills cup as necessary.

_____ 19. Uses bristle brush to polish grooves, pits, and fissures if necessary or instruments remaining stain.
_____ 20. Flosses entire mouth after procedure to remove abrasive particles and rinses mouth.

East Tennessee State University
Dental Hygiene Program

Name:_____
Date:_____
Instructor:_____
Grade: _____/9=_____

MAINTAINING HANDPIECE

Following use (at end of clinic day)

_____ 1. Attach gray adaptor to handpiece.

_____ 2. Push the adaptor with handpiece onto the assistina.

_____ 3. Close the cover and the waste disposal drawer before starting the assistina.

_____ 4. Press the program button ONCE for TWO seconds.

_____ 5. Wait 35 seconds for cycle to finish.

_____ 6. Press red button to unlock and release adaptor and handpiece.

_____ 7. Unscrew adaptor from handpiece and place adaptor on top of assistina in area provided.

_____ 8. Wipe of handpiece with paper towel and place in "self-sealing" paper sterilization bag (these are found in drawer).

_____ 9. Process handpiece in autoclave.

East Tennessee State University
Dental Hygiene Program

Name:_____
Date:_____
Instructor:_____
Grade: _____/19=_____

FLUORIDE APPLICATION

Before Application

_____ 1. Assess the need for topical fluoride.

_____ 2. Removal of debris and biofilm with toothbrush and floss during patient instruction. Patient should learn all methods of caries prevention and how they work together.

_____ 3. Patient is seated upright.

_____ 4. Explain procedure to patient and explain the benefits of fluoride.

_____ 5. Patient is instructed not to swallow.

_____ 6. Select the appropriate tray size and check the fit in the patient's mouth.

_____ 7. Dispense the minimum amount of gel into each tray.

Application

_____ 8. Dry the mandibular teeth.

_____ 9. Insert the mandibular tray.

_____ 10. Insert the saliva ejector.

_____ 11. Dry the maxillary teeth.

_____ 12. Insert the maxillary tray.

_____ 13. Ask patient to close and bite the teeth together gently and tilt head forward.

_____ 14. Begin timing for 4 minutes.

_____ 15. Instruct the patient not to swallow.

_____ 16. Monitor patient comfort and do not leave patient unattended.

_____ 17. Remove trays after the full 4 minutes have elapsed.

_____ 18. Allow patient to expectorate excess fluoride into saliva ejector keeping head tilted forward.

_____ 19. Instruct patient not to rinse, eat, drink, or smoke for 30 minutes following fluoride application.

East Tennessee State University
Dental Hygiene Program

Name:_____
Date:_____
Instructor:_____
Grade: _____/12=_____

INSTRUMENT SHARPENING

_____ 1. Prepare work area and assemble equipment.

_____ 2. Lubricates sharpening stone (use water during treatment of patient otherwise oil).

_____ 3. Identifies a dull instrument and cutting edge to be sharpened.

_____ 4. Grasps instrument handle and rests on a stable surface.

_____ 5. Positions the instrument with the face parallel to the countertop (floor).

_____ 6. Grasps edges of stone.

_____ 7. Establishes stone to instrument angulation (Starts at 90 degrees and swing lower end of stone to meet face at apx 70-80 degree (100-110 degree) angle.

_____ 8. Begins with heel third, activating light strokes, ending with a down stroke.

_____ 9. Rotates stone to sharpen middle and toe/tip ending with a down stroke.

_____ 10. Would sharpen toe and back of a curet.

_____ 11. Evaluates sharpness of entire length of cutting edge using testing stick with cutting edge adapted to the stick at the same angulation that would be used against a tooth surface (70-80 degrees).

_____ 12. Removes metal filings from pores of stone immediately after each use and sterilize stone.

Pre-Clinic Lab Practical 1

Student:_____
Faculty:_____
Date:_____

	Does the student:
	1. Seat the patient in an upright position to review the medical history and take vital signs.
	2. Complete new medical history and review, including appropriate follow up questions; take, record & evaluate vital signs & accurately present positive finding of history to the instructor; including drug classification and dental considerations.
	3. Obtain patient, student, and **faculty signature** on Medical History before beginning treatment. (2 points each error)
	4. Complete Extra/Intra Oral Examination & record positive findings or notes WNL for normal conditions on the Oral Evaluation Form. Classify occlusion & record findings on Oral Evaluation Form. (2 points each error)
	5. Complete Dental Charting. (Instructor will watch you use your sheperd's hook and mirror. Use appropriate grasp & fulcrum.) (2 points each error)
	6. Obtain faculty check of extra/intra oral exam, occlusion, & dental charting. Present all findings to instructor using correct dental terminology, including G.V. Black's classification for dental charting. (2 points each error)
	7. Use proper patient/operator positioning throughout. (2 points each error)
	8. Use standard precautions throughout. (5 points each error)

Comments:_____
_____
_____
_____
_____
_____

Grade:_____

Lab Practical should be completed within 2 hours. 5 points will be deducted for failure to complete within the time limit.

Pre-Clinic Lab Practical 2

Student:_____
Faculty:_____
Date:_____

	Does the student:
	1. Seat the patient in an upright position to review the medical history and take vital signs.
	2. Obtain patient, student, and **faculty signature** on Medical History before beginning treatment. (2 points each error)
	3. Complete Gingival Inspection & record findings on Oral Evaluation Form. (2 points each error)
	4. Complete Periodontal Assessment on Quadrant 1. (Including gingival margin, mobility, furcation involvement, open contacts, attrition, abrasion, food impaction, etc.). Demonstrate use of the periodontal probe for instructor. Instructor will check periodontal charting; your probing depths must be within 1 mm of the instructor's readings. (2 points each error)
	5. Complete PSR on sextant 6. Verbalize PSR codes and their description to your instructor. (2 points each error)
	6. Demonstrate use of periodontal instruments for your instructor. ***(See Instrumentation Exam).***
	7. Use proper patient/operator positioning throughout. (2 points each error)
	8. Use standard precautions throughout. (5 points each error)

Comments:_____
_____
_____

Grade:_____
(must meet 80% competency)

Lab Practical should be completed within 2 hours. 5 points will be deducted for failure to complete within the time limit. _____

Instrumentation Exam
Pre-Clinic Lab Practical

Student:_____ **Instructor**:_____

	Positioning	**Grasp**	**Fulcrum**	**Adaptation**	**Angulation**	**Stroke**	**Correct Use of Mirror**
11/12 Explorer (buccal surfaces of sextant 1)							
Periodontal Probe (lingual surfaces of Sextant 3)							
Sheperd's Hook (sextant 4)							
Naber's Probe (sextant 1: buccal and lingual)							
H6/H7 (facial surfaces of sextant 5)							
NEVI 1 (lingual surfaces of sextant 5)							
204SD (lingual surfaces of sextant 6)							
NEVI 4 (lingual surfaces of sextant 3)							
Columbia 13/14 (lingual surfaces of sextant 4)							

Langer 3/4 (lingual surfaces of sextant 1)							
Gracey ½ (facial surfaces of sextant 2)							
Gracey 11/12 (buccal surfaces of sextant 3)							
Gracey 13/14 (buccal surfaces of sextant 3)							
Additional Comments							

**Errors in each of the above categories will result in a 1 point deduction.

Point Deductions: (5 points)
-Infection Control throughout entire clinical exam
-Have all necessary equipment/supplies (instruments, pens, charts, etc.)
-Professional conduct, speech, and terminology
-Correct end of instrument
-Instrument correct teeth

You are given this exam prior to testing for preparation purposes. You may practice on typodonts, practice in clinic, utilize the Nield text for tutorial help, and seek instructors' assistance during clinic. On the day of the test, you are not allowed to ask for aid from instructors. Take this opportunity to put your hard work and practice to the test. Take pride in your professionalism and accomplishments. You have done well this semester.

Instructor Comments:_____
_____
_____
_____
_____

Clinic Simulation

Student:_____
Faculty:_____
Date:_____

S = satisfactory U = unacceptable (more than 3 mistakes in category)

S/U	**Does the student:**
	1. Greet the patient promptly upon arrival to the clinic
	2. Seat the patient in an upright position to review the medical history and take vital signs.
	3. Review medical history, including appropriate follow up questions; take, record & evaluate vital signs & accurately present positive finding of history to the instructor; including drug classification and dental considerations.
	4. Obtain patient, student, and **faculty signature** on Medical History before beginning treatment.
	5. Complete extra/intra oral exams & gingival exam. Check occlusal classification. Record positive findings or notes WNL for normal conditions. Record info on the Oral Evaluation Form.
	6. Complete dental charting. Complete periodontal assessment (Including gingival margin, mobility, furcation involvement, open contacts, attrition, abrasion, food impaction, etc.)
	7. Obtain **faculty check** on intra/extra oral exams, gingival exam, occlusal classification, dental charting, & periodontal assessment**. Faculty will classify patient at this step.** Present all findings to instructor using correct dental terminology, including G.V. Black's classification for dental charting. (2 points each error) **(Also verify at this time when the patient will be checked (ex: after quadrant, arch, etc.)**
	8. Disclose patient, record PHP on the Oral Hygiene Plan/Treatment Plan Form and discuss patient education needs and treatment plan with faculty.
	9. Complete patient education.
	10. Explore the entire mouth to detect calculus and determine which instruments should be used for deposit removal.
	11. Remove deposits with appropriate instruments. Faculty will administer an instrumentation exam.
	12. Obtain **faculty check** that calculus was removed.
	13. Selectively polish where indicated & check technique with disclosing solution.
	14. Floss entire mouth
	15. Obtain **faculty check** on plaque removal
	16. Administer fluoride treatment
	17. Complete Treatment Record on left side of patient chart and get **faculty's signature**
	18. Use standard precautions throughout appointment

Grade _____/18 = _____(must meet 80% competency)

Instructor Comments:_____
_____
_____
_____
_____

Instrumentation Exam
Clinic Simulation

Student:_____ **Instructor**:_____

	Positioning	**Grasp**	**Fulcrum**	**Adaptation**	**Angulation**	**Stroke**	**Correct Use of Mirror**
11/12 Explorer							
Periodontal Probe							
Sheperd's Hook							
Naber's Probe							
H6/H7							
Nevi I							
204SD							
Nevi 4							
Columbia 13/14							

Langer 3/4							
Gracey 1/2							
Gracey 11/12							
Gracey 13/14							
Additional Comments							

**Errors in each of the above categories will result in a 2 point deduction.

Point Deductions: (5 points)
-Infection Control throughout entire clinical exam
-Have all necessary equipment/supplies (instruments, pens, charts, etc.)
-Professional conduct, speech, and terminology
-Correct end of instrument
-Instrument correct teeth

You are given this exam prior to testing for preparation purposes. You may practice on typodonts, practice in clinic, utilize the Nield text for tutorial help, and seek instructors' assistance during clinic. On the day of the test, you are not allowed to ask for aid from instructors. Take this opportunity to put your hard work and practice to the test. Take pride in your professionalism and accomplishments.

Instructor Comments:_____
_____
_____
_____

East Tennessee State University
Dental Hygiene Program

Name:_____
Date:_____
Instructor:_____
Grade: _____/10=_____

ORAL HYGIENE INSTRUCTION

ORAL HYGIENE AIDS (e.g. brushing, flossing, tongue scraper, proxy brush, floss holder, stimudent)

_____ 1. Patient meets established criteria for OHI (B, C or D patient).
_____ 2. Student requests evaluation after recording PHP.
_____ 3. Effective instructional materials present and used throughout the appointment.
_____ 4. Places patient in the upright position.
_____ 5. Shares PHP results with patient.
_____ 6. Identifies appropriate oral hygiene aid(s) to remove the plaque. *TELL
_____ 7. Demonstrates the correct technique with the selected aid(s). *SHOW
_____ 8. Assists the patient in self-evaluation. *DO
_____ 9. Provides positive reinforcement and feedback
_____ 10. Recommends realistic home care regime and recall interval.

DIABETIC PATIENT

_____ 1. Discusses the effects of uncontrolled diabetes on periodontal disease.
_____ 2. Discusses patient's blood glucose and A1C levels (if available) related to control of diabetes.
_____ 3. Discuss current concepts of oral hygiene self-care related to the patient's condition (e.g. the bi-directionality of diabetes and periodontal disease)
_____ 4. Explains the etiology of the patient's oral disease as relevant to the patient's needs.
_____ 5. Discusses the patient's responsibility in attaining and maintaining effective oral hygiene practices
_____ 6. Confirms patient's understanding of their role in the improvement, maintenance, and progression of their oral condition.
_____ 7. Recommends home care instructions relevant to patients' condition and needs. *TELL
_____ 8. Demonstrates oral hygiene techniques appropriate for the patient's condition, as applicable. *SHOW
_____ 9. Assist the patient in the performance of indicated oral health techniques demonstrated, as applicable. *DO
_____ 10. Recommends realistic home care regime, recall interval, and need for referral to a medical doctor or specialist.

East Tennessee State University
Dental Hygiene Program

Name:_____
Date:_____
Instructor:_____
Grade: _____/5=_____

ULTRASONIC SCALING

_____ **1. <u>Explains procedure to the patient and reviews medical history for contraindications.</u>**

_____ **2. <u>Prepares unit for ultrasonic use.</u>**

- _____ Places foot control on floor within easy access.
- _____ Places plastic wrap as barrier over unit and controls
- _____ Bleed the line and run water for three minutes.
- _____ Selects and inserts cavitron tip.
- _____ Tune handpiece until fine spray is obtained.
- _____ Gets suction ready for use.

_____ **3. <u>Patient considerations</u>.**

- _____ Drapes patient
- _____ Adapts saliva ejector in patient's mouth so a continuous evacuation is maintained.
- _____ Position patient's head so that water flows away from working area to the area where saliva ejector has been placed.

_____ 4. **<u>Technique</u>**

- _____ Utilizes modified pen grasp.
- _____ Utilizes intra/extra oral fulcrum.
- _____ Adapts working end at a 15 degree angle to the tooth.
- _____ Does not use point, face, or back of blade on tooth.
- _____ Keeps steady pressure on foot control.
- _____ Holds handpiece lightly, but firmly.
- _____ Inserts tip into sulcus to epithelial attachment to remove deposits.
- _____ Uses suction constantly.
- _____ Keeps tip in constant motion on tooth surface.
- _____ Strokes are short, light, smooth, precise and overlapping.

_____ **5. <u>Post treatment procedures</u>.**

- _____ Remove and sterilize tips.
- _____ Bleeds line for 3 minutes
- _____ Flush all water from unit.
- _____ Turn power adjustment off and unplug unit.
- _____ Removes soiled barrier and wipes unit and hoses with phenol wet towel
- _____ Prepares equipment for storage.

East Tennessee State University
Dental Hygiene Program

Name:_____
Date:_____
Instructor:_____
Grade: ____/8=_____

Ultrasonic Curved Inserts (Right & Left)

CURVED INSERTS - POSTERIOR
RIGHT LEFT

___% ___%

BASIC CONCEPTS

____ ____ 1. GRASP
- Thumb and index finger pads positioned opposite.
- Handle rests between the 2nd knuckle of the index finger and the V of hand.

____ ____ 2 . FULCRUM
- Establishes and positions fulcrum relative to work area.
- Uses appropriate intraoral or extraoral fulcrum

____ ____ 3. BASIC ADAPTATION / STROKE ACTIVATION
- Adapts lateral surface of insert/tip at the distobuccal line angle of most distal tooth
- Moves subgingivally, adapting lateral surface with horizontal and oblique strokes to debride root surfaces
- Transitions to oblique adaptation, adapting face/back and stroking vertically to debride contact areas
- Can demonstrate vertical, horizontal, and oblique strokes.

POSTERIOR TEETH – SPECIFIC AREAS

____ ____ 4. POSITIONING: USES CORRECT PATIENT/OPERATOR POSITIONING
- For aspects toward, sit at 9:00 (3:00)
- For aspects away, sit at 10-11:00 (2-1:00)

____ ____ 5. SELECTS CORRECT INSERT/TIP
- For maxillary right buccal, maxillary left lingual, mandibular left buccal, and mandibular right lingual (use LEFT insert).
- For maxillary right lingual, maxillary left buccal, mandibular left lingual, and mandibular right buccal (use RIGHT insert).

____ ____ 6. UTILIZES SEQUENCE
Completes distal surfaces first, then instruments the facial (lingual), and mesial surfaces in the sextant.

____ ____ 7. USES THE SALIVA EJECTOR/ HIGH EVACUATION SUCTION CORRECTLY

____ ____ 8. USES MIRROR CORRECTLY FOR INDIRECT VISION AND RETRACTION

East Tennessee State University
Dental Hygiene Program

Name:_____
Date:_____
Instructor:_____

EXTRA-ORAL FULCRUMS

MAXILLARY RIGHT POSTERIORS GRADE _____/ 5= _____
BUCCAL / LINGUAL ASPECTS

_____ 1. Utilizes modified pen grasp.
_____ 2. Utilizes 9:00 position.
_____ 3. Positions patient's head straight ahead or slightly away from operator. *For lingual aspect, positions patient's head toward operator*.
_____ 4. Mirror retracts cheek. Use direct vision and illumination when possible.
_____ 5. Places backs of middle, ring, and little fingers against the lateral aspect of the mandible on the right side of the face.

MAXILLARY LEFT POSTERIORS GRADE_____/5 = _____
BUCCAL / LINGUAL ASPECTS

_____ 1. Utilizes modified pen grasp properly.
_____ 2. Utilizes 9:00 position.
_____ *3.* For buccal aspect, positions patient's head toward operator with chin up. *For lingual aspect, positions patient's head away from operator.*
_____ 4. Utilizes direct vision and illumination.
_____ 5. Cup chin with palm, extending fingers against left cheek.

East Tennessee State University
Dental Hygiene Program

Name:_____
Date:_____
Instructor:_____
Grade: _____/10=_____

AIR POLISHING

_____ 1. Uses the principles of selective polishing to determine indications for use of air polisher.

_____ 2. Identifies patients with contraindications for use of air polishing: Restricted sodium diets, respiratory disease, or conditions that limit swallowing or breathing, a communicable infection known to be transmitted by aerosols.

_____ 3. Identifies other precautions: Avoid use on cementum and dentin, severely inflamed gingiva, most restoration surfaces.

_____ 4. Patient pre-rinses.

_____ 5. Angle the sodium bicarbonate spray away from the gingival margin.

_____ 6. Only use the spray to an area for 3-5 seconds.

_____ 7. Keep stream in constant circular motion with the nozzle tip about 4-5 mm away from the enamel surface.

_____ 8. Utilizes appropriate evacuation.

_____ 9. Effectively removes stains with not tissue trauma.

_____ 10. Utilizes standard precautions

East Tennessee State University
Dental Hygiene Program

Name:_____
Date:_____
Instructor:_____
Grade: _____/4=_____

SUPPLEMENTAL FULCRUMS

_____ 1. <u>Maxillary right posterior – lingual aspect</u>

- ❑ Utilizes 9:00 position.
- ❑ Positions patient's head toward operator with chin up.
- ❑ Ring finger rests on incisal edges of mandibular anterior teeth.
- ❑ Place index finger of non-operating hand on shank of instrument to apply lateral pressure to the surface being instrumented.

_____ 2. **<u>Maxillary left posterior – lingual aspect</u>**

- ❑ Utilizes 9:00 position.
- ❑ Positions patient's head slightly away from operator with chin up.
- ❑ Uses direct vision and illumination.
- ❑ Places index finger of non-operating hand on shank of instrument to apply lateral pressure to the surface being instrumented.

_____ 3. <u>Mandibular left posterior – buccal aspect</u>

- ❑ Utilizes 7:00 position.
- ❑ Positions patient's head toward the operator with chin down.
- ❑ Uses direct vision and illumination.
- ❑ Places index finger of non-operating hand in mandibular left vestibule.
- ❑ Establishes stable fulcrum with ring finger resting on index finger of non-operating hand.

_____ 4. <u>Mandibular right posterior – buccal aspect</u>

- ❑ Utilizes 7:00 position.
- ❑ Positions patient's head straight ahead or slightly toward operator.
- ❑ Uses direct vision and illumination.
- ❑ Places index finger of non-operating hand in mandibular right vestibule.
- ❑ Establishes stable fulcrum with ring finger resting on index finger of non-operating hand.

Tobacco Control Intervention Competency Form

Name:_____
Date:_____
Instructor:_____
Points/Grade: _____/100 pts

Assessment

- ❑ The Tobacco Use Survey was reviewed and discussed with a clinical faculty.
- ❑ The type, amount, and frequency of use was identified.
- ❑ The stage of change was correctly identified.
- ❑ A periodontal screening and tissue assessment was performed.
- ❑ An oral cancer screening was performed.
- ❑ Intra oral signs of tobacco use was shown to the patient and was related to the patient.

Intervention

- ❑ The student correctly used the 5As
  - Ask – confirms what the patient marked on Tobacco Use Survey.
  - Assess – confirms level of readiness to make a quit attempt
  - Advise – in a clear, unambiguous way, advises patient to quit using tobacco. The quit message is tied into any identified oral pathology/disease.
  - Assist- appropriate resource materials are selected, referral options are discussed.
  - Arrange - Follow-up is offered
- ❑ For those who are not interested in quitting, one of the 5Rs are attempted.
- ❑ The stage of change and the patient's response to the intervention is recorded in the patient's progress notes.

Pharmacotherapy advice

- ❑ The health history was reviewed prior to advising a pharmaceutical choice.
- ❑ Nicotine replacement therapies and bupropion was discussed

Presentation of intervention

- ❑ Open-ended questions were used
- ❑ Active listening was utilized
- ❑ The intervention was provided with empathy and sensitivity
- ❑ The intervention was presented with confidence

Comments and Suggestions of Reviewer:

East Tennessee State University
Dental Hygiene Program

Name:_____
Date:_____
Instructor:_____
Grade: _____/15=_____

Sealants

_____ 1. Assembles necessary equipment.

_____ 2. Explains procedure to patient.

_____ 3. Evaluates occlusal surface utilizing both explorer and bitewing radiographs. (recent: 6 to 12 months)

_____ 4. Plaque removal from the occlusal surface is accomplished with dry prophy angle brush or air powder polisher. Traces grooves with explorer.

_____ 5. Isolates teeth with cotton rolls and uses high speed suction. Dry surface to be sealed.

_____ 6. Applies etching solution to surface for 30 seconds.

_____ 7. Completely rinses and dries surface for 10-15 seconds.

_____ 8. Etched surface appears uniformly chalky white. Surface remains dry without contamination from saliva.

_____ 9. Applies sealant carefully, avoiding overfill and material placement in embrasures. Trace grooves if bubbles are evident. Cures with curing light for 60 seconds.

_____ 10. Checks sealant with an explorer for coverage and retention.

_____ 11. Checks for occlusal interference with articulating paper. If interference exists, student reduces sealant until sealant no longer creates occlusal interference.

_____ 12. Sealant is smooth with no voids or bubbles, material covers all intended areas and cannot be dislodged with explorer.

_____ 13. Uses floss to check for excess interproximal sealant material.

_____ 14. Gives fluoride treatment immediately following sealant placement.

_____ 15. Records treatment accurately on treatment record and dental chart.

East Tennessee State University
Dental Hygiene Program

Name:_____
Date:_____
Instructor:_____
Grade: _____/10=_____

MARGINATION

_____ 1. Explain procedure to the patient.

_____ 2. Assemble necessary instruments and supplies (mirror, explorer, floss, margination files).

_____ 3. Select a file appropriate to location, amount and depth of overextended restoration.

_____ 4. Utilize controlled overlapping shaving strokes from the buccal to the center of the restoration. Each stroke should be flush with the surface being instrumented.

_____ 5. Proper grasp and stable fulcrum should be maintained throughout the procedure.

_____ 6. Irrigate with air water syringe as needed to remove debris.

_____ 7. Use explorer and dental floss to check for smoothness of restoration margin. If margin is not completely smooth, repeat step number 4.

_____ 8. Trauma to the soft tissue should be kept to a minimum.

_____ 9. Provide patient with any necessary post-operative instructions.

_____ 10. Record procedure in the patient's treatment record.

East Tennessee State University
Dental Hygiene Program

Name:_____
Date:_____
Instructor:_____
Grade: _____/10=_____

AMALGAM POLISHING

_____ 1. Assemble necessary equipment. (Slow speed hand piece with contra angle, finishing bur, slurry of pumice, tin oxide, bristle brush, and rubber cup.)

_____ 2. Explain procedure to patient.

_____ 3. Evaluate amalgam restoration and identify contraindications (compromised margins or recurrent decay) and indications (new oxidation amalgam must be allowed after placement to harden for at least 24 hours before it can be polished).

_____ 4. Place finishing bur in slow speed hand piece. Place bur on the surface of the amalgam to be polished and compress the foot pedal to begin finishing. Use moderate speed, position the bur so the side of the blade does the cutting (not the tip). Follow the contour of the tooth surface and use short back and forth strokes until the amalgam surface is shiny and smooth.

_____ 5. Apply slurry of pumice with a bristle brush to smooth entire amalgam surface. Use intermittent firm pressure and high speed to bring the amalgam surface to a high gloss. Keep surface wet during the procedure.

_____ 6. Slurry of pumice should be rinsed with air/water syringe to completely remove all pumice from the tooth.

_____ 7. Slurry of tin oxide with rubber cup to polish entire amalgam surface. Be sure to use only a small amount of tin oxide powder and only add a drop of water at a time to assure it does not get too runny.

_____ 8. Slurry of tin oxide should be rinsed with air/water syringe to completely remove all tin oxide from the tooth.

_____ 9. Amalgam surface is improved in smoothness and luster following the polishing procedure, which will improve the appearance and longevity of the restoration.

_____ 10. Record procedure in the treatment record.

East Tennessee State University
Dental Hygiene Program

Name:_____
Date:_____
Instructor:_____
Grade: _____/9=_____

FLUORIDE VARNISH APPLICATION

Before Application

_____ 1. Assess the need for fluoride varnish.

_____ 2. Explain procedure to patient and explain the benefits of fluoride varnish.

_____ 3. Dispense fluoride varnish into soufflé cup.

_____ 4. Instruct patient not to swallow during the procedure.

Application

_____ 5. Dip applicator brush in varnish and mix well.

_____ 6. Systematically paint a thin layer on all tooth surfaces.

_____ 7. Provide full coverage to all areas of the teeth including areas of recession and the cervical third of facial, lingual, and palatal surfaces and occlusal surfaces.

_____ 8. Instruct the patient that the teeth will have a yellow film until the varnish is removed with a toothbrush.

_____ 9. Instruct the patient to avoid:

- hard, crunchy foods
- hot or alcoholic beverages
- brushing or flossing the teeth until the next day or at least the next 4-6 hours

East Tennessee State University
College of Clinical and Rehabilitative Health Sciences
Dental Hygiene Program

LOCAL ANESTHESIA COMPETENCY
Must attain an 88% to pass (22/25)

Student:_____ Date:_____
Instructor:_____ Score:_____
Injection Type:_____

(This evaluation sheet will be used for each of the 24 injections)
Directions: For each criterion, indicate "A" for acceptable or "X" for unacceptable.

Criteria	**A**	**X**
1. Explains rationale and technique to patient.		
2. Applies standard precautions.		
3. Uses correct ergonomics.		
4. Reviews patient's medical/dental history; takes and records vital signs.		
5. Selects appropriate injection for treatment rendered.		
6. Verbalizes the nerves and tissues that will be anesthetized.		
7. Applies appropriate selection criteria for needle and anesthetic.		
8. Uses sterilized sharp needle.		
9. Loads cartridge properly and engages harpoon.		
10. Checks the flow of LA prior to use and eliminates bubbles.		
11. Aligns bevel of needle towards bone.		
12. Aligns large window towards operator.		
13. Maintains optimum lighting.		
14. Visually and by palpation, locates and identifies the landmarks for the injection.		
15. Wipes area with gauze; applies topical; waits 1-2 minutes and/or applies pressure anesthesia.		
16. Grasps movable soft tissue taut for maximum visibility and positive control.		
17. Establishes and maintains stable fulcrum.		
18. Selects correct penetration site.		
19. Follows correct pathway of insertion.		
20. Proceeds to proper depth for injection and indicates site of deposit.		
21. Aspirates in 2 planes prior to depositing solution.		
22. Injects slowly and with control (approx. 1ml/60 seconds)		
23. Manages patient in manner which minimizes anxiety and discomfort and promotes safety (prepares patient, keeps needle out of patient's sight. Reassures patient throughout procedure, avoids unnecessary relocation of needle, recaps needle correctly, etc.)		
24. Records injection type and amount of anesthetic and patient response in the patient treatment record.		
25. Calculates amount of vasoconstrictor, local anesthetic agent, & MRD.		

East Tennessee State University
Dental Hygiene Program

Name:_____
Date:_____
Instructor:_____
Grade: ____/100=_____

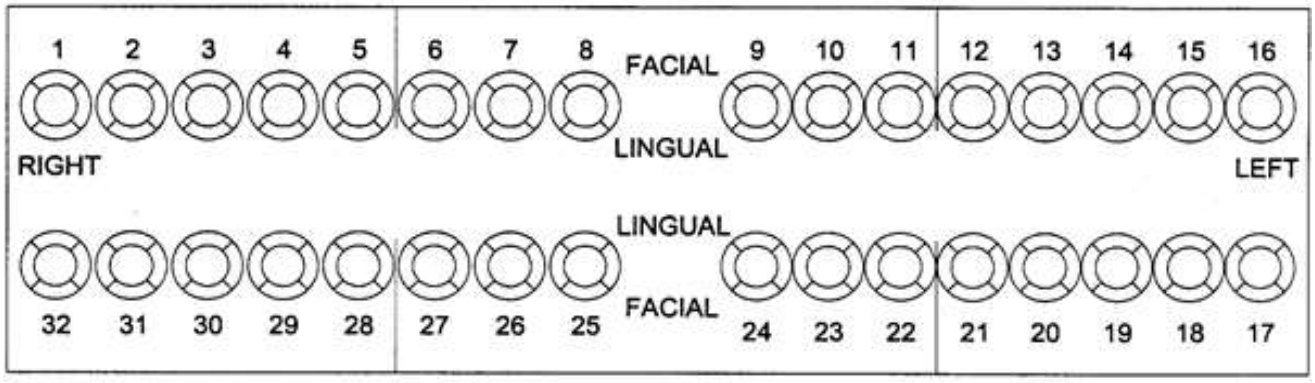
CALCULUS DETECTION

Calculus Difficulty Level: B or C (as approved by instructor)

<u>QUADRANT ASSIGNED BY FACULTY</u>: UR LR UL LL

Student Instructions: Explore for *<u>subgingival</u>* calculus in the assigned quadrant. Document spicules, ledges, or rings of *<u>subgingival</u>* calculus by coloring in the corresponding surface (M, D, B, L) of the tooth where subgingival calculus was detected.

Do not include supragingival calculus.



MINIMUM COMPETENCY REQUIREMENTS 80%

Instructor Comments:

_____
_____
_____
_____

** DEDUCT 5 POINTS FOR EACH ERROR**

Errors: _____
_____
_____

Clinic Forms

East Tennessee State University
College of Clinical and Rehabilitative Health Sciences
Dental Hygiene Program
Johnson City, TN 37614-1709

Medical History

Medical Alerts

Date _____

Name _____ (LAST / FIRST / MIDDLE) Home Phone (____) _____

Address _____ (NUMBER, STREET) Business Phone (____) _____

City _____ State _____ Zip Code _____

Occupation _____

Date of Birth ___/___/___ (MO DAY YR) Sex: M F Height _____ Weight _____

Person to contact in case of emergency _____ Phone (____) _____

If the person listed above is a minor, is permission granted for: X-rays: ❑ Yes ❑ No **and/or Sealants:** ❑ Yes ❑ No

Parent/Guardian Signature _____

The following questionnaire must be completed before any treatment is rendered. The information is for our records and is considered confidential.

Describe your current dental problem: _____

1. Have you or your family recently experienced any of the following medical conditions?:
   a. TB ..... Yes No
   b. Fever ..... Yes No
   c. Night sweats ..... Yes No
   d. Persistent cough that produces blood ..... Yes No
   e. Unexplained weight loss ..... Yes No

ORAL HEALTH

2. The name and city of my dentist is:
   _____
   _____
   _____
3. The name and city of my physician(s) is:
   _____
   _____
   _____
4. Are you currently having any dental problems? ..... Yes No
5. Have you ever been treated for Periodontal Disease (gum disease, pyorrhea, trench mouth)? ..... Yes No
6. Do your gums ever bleed when you brush, floss, or for no apparent reason? ..... Yes No
7. Have you ever been shown proper brushing and flossing techniques? ..... Yes No
8. Do you use any oral cleansing mechanisms in addition to a toothbrush and floss? ..... Yes No
9. How often do you brush? _____
10. How often do you floss? _____
11. Do you have sores, swellings, or blisters on your gums, cheeks or lips? ..... Yes No
12. Have you had orthodontic treatment? ..... Yes No
13. Have you had any serious trouble associated with any previous dental treatment? ..... Yes No
    If so, explain: _____
    _____
    _____
14. Are you wearing removable dental appliances? ..... Yes No
15. Dental treatment history:
    a. Last dental visit _____
    b. Last dental x-rays _____
    c. Last cleaning _____

16. Are you in good health? ..... Yes No
17. Has there been any change in your general health within the past year? ..... Yes No
18. My last physical examination was on _____
19. Are you now under the care of a physician? ..... Yes No
    If so, what is the condition being treated? _____
    _____
    _____
20. Have you had any serious illness, operation, or hospitalization? ..... Yes No
    If so, what was the illness or problem? _____
    _____
    _____
21. Have you used tobacco products within the past year? Yes No
22. Do you have or have you had any of the following diseases or conditions?
    a. Allergy ..... Yes No
    b. Arthritis or painful swollen joints ..... Yes No
    c. Asthma ..... Yes No
    d. Cancer ..... Yes No
    e. Cardiovascular disease (heart attack, angina, coronary insufficiency, coronary occlusion, high blood pressure, arteriosclerosis, congestive heart failure) ..... Yes No
       1. Do you have chest pain upon exertion? ..... Yes No
       2. Are you ever short of breath after mild exercise or when lying down? ..... Yes No
       3. Do your ankles swell? ..... Yes No
       4. Do you have congential heart defects? If so explain _____ Yes No
       5. Do you have a cardiac pacemaker? ..... Yes No
       6. Do you have artificial heart valves or have you had a heart transplant? ..... Yes No
       7. Do you have a history of infective endocarditis? Yes No
    f. Stroke? ..... Yes No
    g. Diabetes: what type? _____ ..... Yes No
       1. Slow-healing cuts ..... Yes No
       2. Frequent thirst ..... Yes No
       3. Frequent urination (more than 6 times/day) ..... Yes No
       4. Increase in appetite with no weight gain ..... Yes No
    h. Epilepsy, seizures, or other neurological disease ... Yes No
    i. Fainting spells ..... Yes No

ETSUDH2008(CF)

Continue on Back

j. Hepatitis, jaundice or liver disease ..... Yes No
k. HIV or AIDS infection ..... Yes No
l. Joint replacement ..... Yes No
m. Kidney trouble ..... Yes No
n. Low blood pressure ..... Yes No
o. Persistent diarrhea or recent weight loss ..... Yes No
p. Persistent swollen glands in neck ..... Yes No
q. Problems of the immune system ..... Yes No
r. Problems with mental health ..... Yes No
s. Respiratory problems, emphysema, bronchitis, etc. ..... Yes No
t. Sexually transmitted disease ..... Yes No
u. Sinus trouble or hay fever ..... Yes No
v. Stomach ulcer, hyperacidity or gastric reflux ..... Yes No
w. Thyroid problems ..... Yes No
x. Chronic pain ..... Yes No
y. Eating disorder ..... Yes No

23. Have you had abnormal bleeding? ..... Yes No
a. Have you ever required a blood transfusion? ..... Yes No
24. Do you have any blood disorder such as anemia? ..... Yes No
25. Have you ever had any treatment for a tumor or growth? ..... Yes No

26. Are you allergic or have you had a reaction to:
a. Aspirin? ..... Yes No
b. Barbiturates, sedatives, or sleeping pills? ..... Yes No
c. Codeine or other narcotics? ..... Yes No
d. Iodine? ..... Yes No
e. Local anesthetics? ..... Yes No
f. Penicillin or other antibiotics? ..... Yes No
g. Sulfa drugs? ..... Yes No
h. Latex? ..... Yes No
i. Other? ..... Yes No
27. Do you have any disease, condition, or problem not listed above that you think I should know about? ..... Yes No
If so, explain _____

Women:

28. Are you pregnant? ..... Yes No
29. Do you have any problems associated with your menstrual period? ..... Yes No
30. Are you nursing? ..... Yes No
31. Are you taking birth control pills? ..... Yes No

I certify that I have read and understand the above. I acknowledge that my questions, if any, about the inquiries set forth above have been answered to my satisfaction. I will not hold ETSU, or any other member of this staff, responsible for any errors or omissions that I may have made in the completion of this form.

Blood Pressure _____
Respiration _____
Pulse _____
Temperature _____
Blood Glucose/HbA1c _____

_____
SIGNATURE OF PATIENT

_____
SIGNATURE OF STUDENT

_____
SIGNATURE OF INSTRUCTOR

Please list all medications / herbal remedies that you are taking:

DRUG	CLASSIFICATION	DENTAL CONSIDERATION

Patient Name: ____
LAST FIRST MIDDLE

Vital Sign Updates:	Vital Sign Updates:	Vital Sign Updates:
DATE	DATE	DATE
BLOOD PRESSURE / PULSE	BLOOD PRESSURE / PULSE	BLOOD PRESSURE / PULSE
RESPIRATION / TEMPERATURE	RESPIRATION / TEMPERATURE	RESPIRATION / TEMPERATURE
HbA1c / BLOOD GLUCOSE	HbA1c / BLOOD GLUCOSE	HbA1c / BLOOD GLUCOSE
STUDENT SIGNATURE / INSTRUCTOR SIGNATURE	STUDENT SIGNATURE / INSTRUCTOR SIGNATURE	STUDENT SIGNATURE / INSTRUCTOR SIGNATURE
UPDATES/PATIENT SIGNATURE	UPDATES/PATIENT SIGNATURE	UPDATES/PATIENT SIGNATURE

Vital Sign Updates:	Vital Sign Updates:	Vital Sign Updates:
DATE	DATE	DATE
BLOOD PRESSURE / PULSE	BLOOD PRESSURE / PULSE	BLOOD PRESSURE / PULSE
RESPIRATION / TEMPERATURE	RESPIRATION / TEMPERATURE	RESPIRATION / TEMPERATURE
HbA1c / BLOOD GLUCOSE	HbA1c / BLOOD GLUCOSE	HbA1c / BLOOD GLUCOSE
STUDENT SIGNATURE / INSTRUCTOR SIGNATURE	STUDENT SIGNATURE / INSTRUCTOR SIGNATURE	STUDENT SIGNATURE / INSTRUCTOR SIGNATURE
UPDATES/PATIENT SIGNATURE	UPDATES/PATIENT SIGNATURE	UPDATES/PATIENT SIGNATURE

Vital Sign Updates:	Vital Sign Updates:	Vital Sign Updates:
DATE	DATE	DATE
BLOOD PRESSURE / PULSE	BLOOD PRESSURE / PULSE	BLOOD PRESSURE / PULSE
RESPIRATION / TEMPERATURE	RESPIRATION / TEMPERATURE	RESPIRATION / TEMPERATURE
HbA1c / BLOOD GLUCOSE	HbA1c / BLOOD GLUCOSE	HbA1c / BLOOD GLUCOSE
STUDENT SIGNATURE / INSTRUCTOR SIGNATURE	STUDENT SIGNATURE / INSTRUCTOR SIGNATURE	STUDENT SIGNATURE / INSTRUCTOR SIGNATURE
UPDATES/PATIENT SIGNATURE	UPDATES/PATIENT SIGNATURE	UPDATES/PATIENT SIGNATURE

Vital Sign Updates:	Vital Sign Updates:	Vital Sign Updates:
DATE	DATE	DATE
BLOOD PRESSURE / PULSE	BLOOD PRESSURE / PULSE	BLOOD PRESSURE / PULSE
RESPIRATION / TEMPERATURE	RESPIRATION / TEMPERATURE	RESPIRATION / TEMPERATURE
HbA1c / BLOOD GLUCOSE	HbA1c / BLOOD GLUCOSE	HbA1c / BLOOD GLUCOSE
STUDENT SIGNATURE / INSTRUCTOR SIGNATURE	STUDENT SIGNATURE / INSTRUCTOR SIGNATURE	STUDENT SIGNATURE / INSTRUCTOR SIGNATURE
UPDATES/PATIENT SIGNATURE	UPDATES/PATIENT SIGNATURE	UPDATES/PATIENT SIGNATURE

EAST TENNESSEE STATE UNIVERSITY
DENTAL HYGIENE CLINIC
PATIENT CONSENT FORM

Welcome to the ETSU Dental Hygiene Clinical Program. This program is designed to provide a thorough education experience for students while providing quality preventive services. In order to accomplish these objectives, please read carefully the following policies of this department.

1. The services provided in this clinic are not a substitute for the routine checkup and regular services provided by a dentist.
2. All new patients as well as patients who have not visited this clinic within the past two years will be required to first obtain a one-hour screening appointment. Upon completion of this appointment, you will then be assigned to a student.

Simple cases may not be seen in our clinic depending on appointment availability.
These patients should seek dental treatment from their private dentist if not contacted by this clinic within six months.

EVEN THOUGH YOU HAVE BEEN THROUGH THE SCREENING PROCESS, YOU ARE NOT GUARANTEED A CLEANING APPOINTMENT.

3. Student hygienists are performing these services; appointments will be lengthy and may require multiple visits.
4. X-rays will be sent to your private dentist on request, for a small fee.
5. Students follow a strict schedule, please be on time for appointments.
6. Cancellation policy: Cancellations are requested 24 hours in advance of the appointment to allow the student hygienist an opportunity to fill the appointment time. The students' clinical course responsibilities are extensive and dependent on patient compliance with appointments as scheduled. Therefore when a patient has two (2) cancellations documented in his/her file, we have the right to discontinue dental hygiene services from East Tennessee State University Dental Hygiene Clinic. We appreciate your time and consideration of these policies. Please sign below and return this form to the receptionist.
7. You may be denied treatment, if your condition is beyond the scope of our clinic.
8. Sometimes during the course of dental hygiene treatment, unexpected consequences may occur (such as losing a filling or crown). The dental hygiene clinic is not responsible. We do not have the personnel/equipment necessary for routine restorative care; therefore, we recommend that you see your family dentist for the necessary repair/treatment.
9. Permission is hereby given for treatment documented in my treatment plan and agreed upon by myself, my student clinician and faculty member including but not limited to x-rays, photographs, sealants, fluoride treatment, etc.

Thank You, ETSU Dental Hygiene Program

_____
Signature

PATIENT'S BILL OF RIGHTS

Patients receiving dental hygiene therapy at the Dental Hygiene Clinic at East Tennessee State University have the right to...

1. Informed participation in all decisions involving patient's dental hygiene therapy program.
2. Privacy regarding source of payment for therapy. This includes access to care without regard to source of payment.
3. Complete and accurate information concerning the scope of care provided in the dental hygiene clinic.
4. Explanation in layman's terms of all proposed procedures including possibility of risks and side effects.
5. A complete and accurate evaluation of patient's condition and prognosis without treatment before giving treatment consent.
6. Designate another person to make treatment decisions for the patient.
7. Identify professional status and experience of all those providing care.
8. Not be discriminated against based on race, religion, national origin, sex, handicap or sexual orientation.
9. All information in patient's record.
10. Not have any test or procedure designed for educational purposes rather than the patient's direct personal benefit without the patient's consent.
11. Refuse any particular drug, test or treatment.
12. Privacy of both person and information.
13. Informed consent including the following:

a. Description of recommended treatment
b. Description of risks and benefits of recommended treatment
c. Description of alternatives including risks and benefits of alternatives
d. Probability of success and what the therapist means by success
e. Problems anticipated in recuperation
f. Any other information generally provided by qualified therapist.

14. Comprehensive dental hygiene therapy.
15. Referral to dentist of record for examination and evaluation.
16. Request forwarding of dental records and radiographs to their dentist of record.
17. Expect treatment be delivered as scheduled.
18. Information regarding patient distribution and eligibility for treatment.

FEE SCHEDULE

SERVICE	AMOUNT
Dental Cleaning	$ 20
• Senior Citizens (Age 55 and Over)	• No Charge for Cleaning
Sealants	$12 each
Full Mouth Radiographs/Panoramic	$30
Bite Wing Radiographs	$20
Single Film	$ 5
No payment is required for x-rays unless the films are removed from the clinic by request of the patient or the patient's dentist of record.	

East Tennessee State University
College of Clinical & Rehabilitative Health Sciences
Department of Allied Health Sciences
Dental Hygiene Program

Informed Consent for Local Anesthesia

I understand that to keep me comfortable during treatment, local anesthesia may be required. I understand that there are possible risks and complications associated with the administration of local anesthesia. Most of these complications are mild. If you have any further questions, please ask your clinician.

I understand the recommended treatment; the risks of such treatment and any alternative treatment and risks have been explained to me. I understand that local anesthesia will be administered by a student hygienist under the supervision of qualified hygiene faculty and the supervising dentist.

_____ _____

Patient Signature Date

East Tennessee State University

College of Clinical and Rehabilitative Health Sciences · Dental Hygiene Program · Johnson City, Tennessee

ORAL EVALUATION

Patient _____ **Student** _____

Date _____

Extra-Oral Examination Areas	WNL	Intra-Oral Examination Areas	WNL
1. Gait		10. Buccal Mucosa	
2. Facial Symmetry		11. Tongue	
3. Skin		a. Dorsal	
4. Eyes		b. Lateral	
5. Lymph Nodes and Glands		c. Ventral	
6. TMJ Function		12. Floor of Mouth	
Intra-Oral Examination Areas		13. Hard Palate	
7. Lips		14. Soft Palate	
8. Vestibular Mucosa		15. Uvula	
9. Frena		16. Tonsils	

Occlusal Classification _____ **Screening Classification** _____

Notes/Oral Habits _____

_____

_____

_____

Date: _____ Date: _____ Date: _____

Update: _____ Update: _____ Update: _____

_____ _____ _____

_____ _____ _____

Student: _____ Student: _____ Student: _____

Initial Gingival Evaluation: _____

Papillary maxillary _____

Papillary Mandibular _____

Marginal maxillary _____

Marginal Mandibular _____

Re-evaluation Date: _____

Papillary maxillary _____

Papillary Mandibular _____

Marginal maxillary _____

Marginal Mandibular _____

Re-evaluation Date: _____

Papillary maxillary _____

Papillary Mandibular _____

Marginal maxillary _____

Marginal Mandibular _____

Re-evaluation Date: _____

Papillary maxillary _____

Papillary Mandibular _____

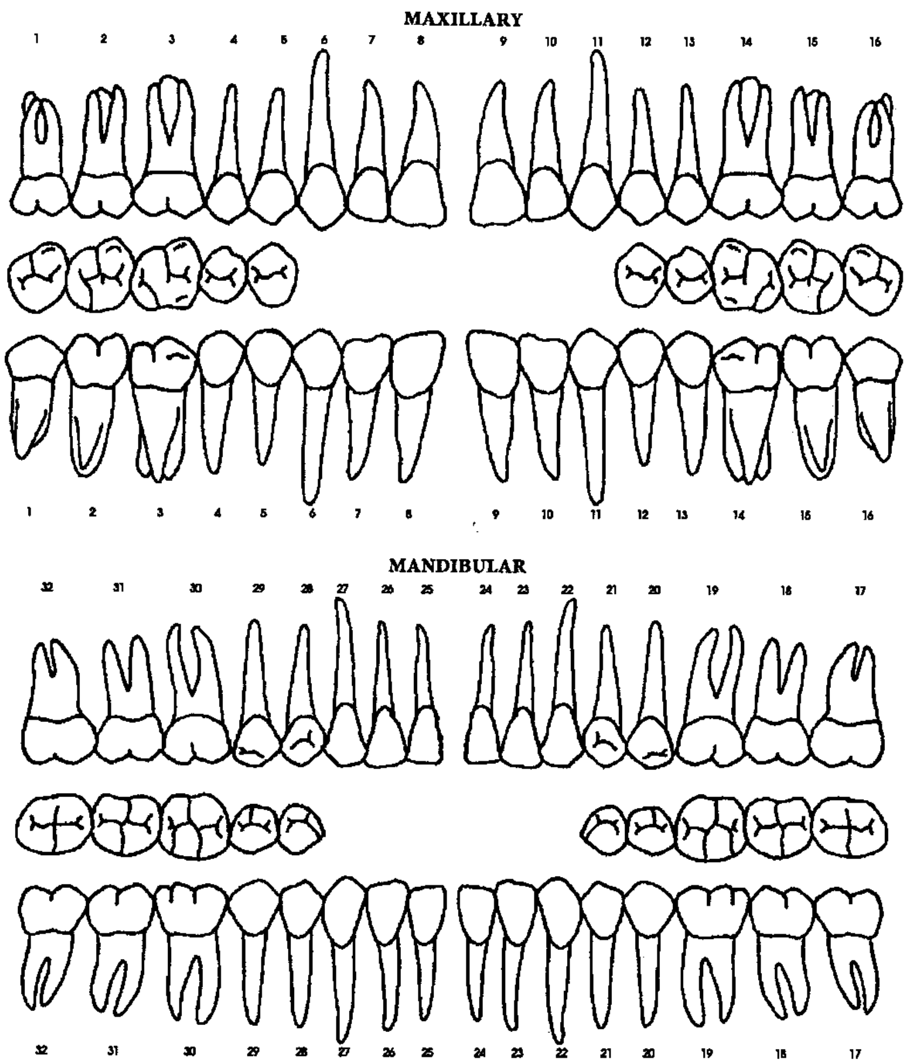
Marginal maxillary _____

Marginal Mandibular _____

East Tennessee State University

College of Clinical and Rehabili /e Health Sciences · Dental Hygiene Progra Johnson City, Tennessee

Patient ______________________ Student ______________________ Date __________



PERIODONTAL SCREENING & RECORDING SEXTANT SCORE MONTH DAY YEAR	PERIODONTAL SCREENING & RECORDING SEXTANT SCORE MONTH DAY YEAR	PERIODONTAL SCREENING & RECORDING SEXTANT SCORE MONTH DAY YEAR	PERIODONTAL SCREENING & RECORDING SEXTANT SCORE MONTH DAY YEAR
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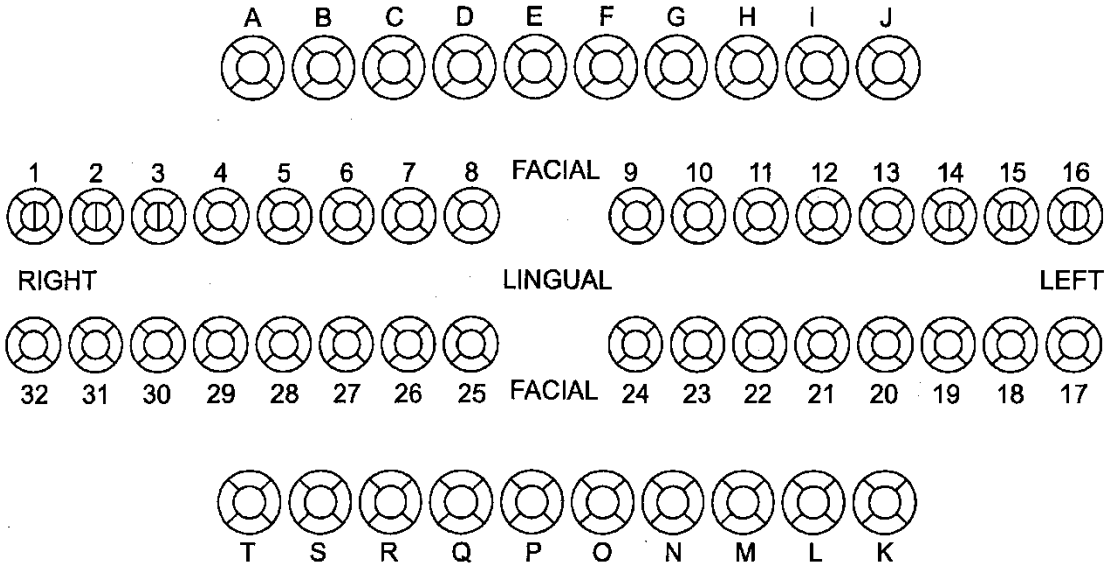
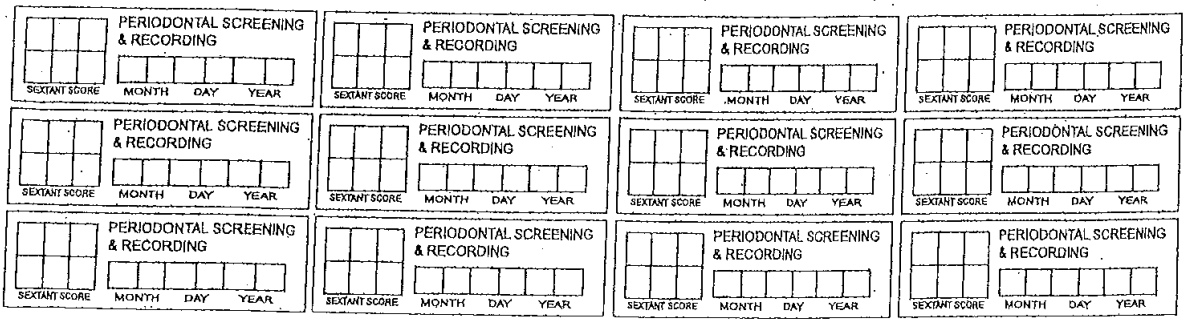
Primary or Mixed Dentition





EAST TENNESSEE STATE UNIVERSITY
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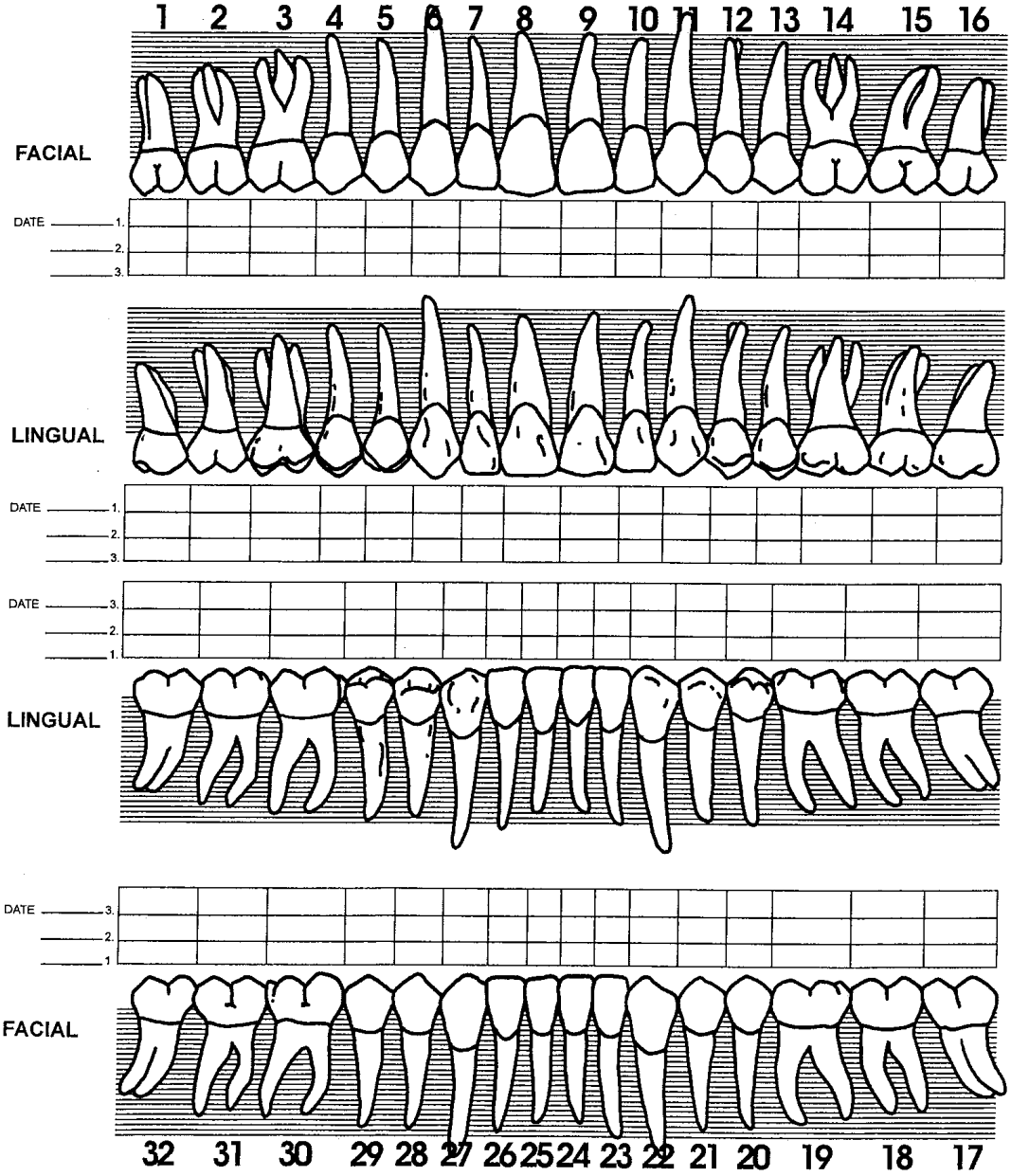
PERIODONTAL EVALUATION

Patient _____ Student _____ Date _____



EAST TENNESSEE STATE UNIVERSITY
Dental Hygiene Program

Oral Hygiene Plan

Date: _____ Pt. Classification _____

Rationale: _____

_____

PHP:
Date: _____ Appt 1 _____
Date: _____ Appt 2 _____
Date: _____ Appt 3 _____
Date: _____ Appt 4 _____

Short Range Goals _____
_____
_____

Long Range Goals _____
_____
_____

Patient Signature _____

Treatment Plan

Date: _____

Number of Appointments: _____

Oral Hygiene Plan

Date: _____ Pt. Classification _____

Rationale: _____

_____

PHP:
Date: _____ Appt 1 _____
Date: _____ Appt 2 _____
Date: _____ Appt 3 _____
Date: _____ Appt 4 _____

Short Range Goals _____
_____
_____

Long Range Goals _____
_____
_____

Patient Signature _____

Treatment Plan

Date: _____

Number of Appointments: _____

ETSU East Tennessee State University • College of Clinical and Rehabilitative Health Sciences • Dental Hygiene Program
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Dental Hygiene Clinic
Patient Referral

_____ was a patient in the Dental Hygiene Clinic on _____ .
The following services have been provided by a qualified student hygienist. These services are intended to help patients maintain proper dental hygiene between regular dental visits.

- ☐ Extra/Intra Oral Exam
- ☐ Dental Charting
- ☐ PSR 
- ☐ Periodontal Debridement
- ☐ Periodontal Evaluation
- ☐ Fluoride Application
- ☐ Sealants

_____

The following radiographs are available per request for mailing and evaluation:

☐ BWX ☐ FMX ☐ PA(s)_____ ☐ Panorex

☐ Digital BWX ☐ Digital FMX ☐ Digital PA(s) _____

Patient's Periodontal Status:

- ☐ Health
- ☐ Gingivitis (inflammation of the gingiva; no clinical attachment loss)
- ☐ Slight Periodontitis (clinical attachment loss of 1 to 2 mm)
- ☐ Moderate Periodontitis (clinical attachment loss of 3 to 4 mm)
- ☐ Severe Periodontitis (clinical attachment loss of 5 mm or more)

We suggest that the following areas be evaluated during routine dental evaluation:

- ☐ Needs to visit the dentist if patient has not done so in the past six months.
- ☐ Needs immediate dental attention.

_____ STUDENT HYGIENIST

_____ INSTRUCTOR

DH - 4-09

Tobacco Use Chart Record

This is to be filled out when a patient is enrolled in the Smoking Cessation Program and each subsequent visit to the Clinic.

Patient Name: _____Date: _____

Initial Stage of Change _____
How much does the patient currently smoke per day?_____
Has the patient previously attempted to quit? Yes____ No____
Did patient select a "Quit Date"? (within 4 weeks) Yes____ No____ Date_____
Does the patient have a history of: cancer____ heart disease____ hypertension____
chronic bronchitis____ emphysema____
Prescribed nicotine patch? Yes____ No____ Dose_____
Prescribed nicotine gum? Yes____ No____ Dose_____
Referral for Zyban? Yes____ No____
Referral for Smoking Cessation Support Group? Yes_____ No_____
Comments:
_____
Comments on how the program is working for the patient_____

Subsequent Dental Hygiene Appointments

Date: _____
Did the patient follow-through with the quit date? Yes____ No_____ Other_____
Were there any problems with the patch/gum? _____
Did he/she go to the other support services? Yes___ No ___
Did it help? _____
What is his/her current State of Change?
_____

Comments on how the program is working for the patient_____

Date: _____
Did the patient follow-through with the quit date? Yes____ No_____ Other_____
Were there any problems with the patch/gum? _____
Did he/she go to the other support services? Yes___ No ___
Did it help? _____
What is his/her current State of Change?
_____

Comments on how the program is working for the
patient_____

Date: _____
Did the patient follow-through with the quit date? Yes____ No_____ Other_____
Were there any problems with the patch/gum? _____
Did he/she go to the other support services? Yes___ No ___
Did it help? _____
What is his/her current State of Change?
_____

Comments on how the program is working for the
patient_____

Date: _____
Did the patient follow-through with the quit date? Yes____ No_____ Other_____
Were there any problems with the patch/gum? _____
Did he/she go to the other support services? Yes___ No ___
Did it help? _____
What is his/her current State of Change?
_____
Comments on how the program is working for the
patient_____

Tobacco Use Survey

Name: _____

1. Do you use tobacco in any form?

1a. If no, have you ever used tobacco in the past?
How long did you use tobacco?
How long ago did you stop?

If you are not currently a tobacco user, no other questions should be answered.
Thank you for completing this form.

Questions 2 to 10 are for current tobacco users only.

2. If you smoke, what type? (check) How many? (number)

Cigarettes_____	Cigarettes per day_____
Cigars _____	Cigars per day _____
Pipe _____	Bowls per day _____

3. If you chew/use snuff, what type? How much?

Snuff _____	days a can last _____
Chewing _____	pouches per week_____
Other(Describe)_____	amount_____ per _____

3A. How long do you keep a chew in your mouth? Minutes _____
4. How many days a week do you use tobacco? 7 6 5 4 3 2 1
5. How soon after you wake up do you first use tobacco? Within 30 mins _____

More than 30 mins
_____

6. Does the person closest to you use tobacco? Yes_____ No _____
7. How interested are you in stopping your use of tobacco?
Not at all _____ a little _____ somewhat _____ yes _____ very much _____
8. Have you tried to stop using tobacco before? Yes_____ no _____

8A. How long was your last try to stop?
Years_____ months_____ weeks_____ days_____
9. Have you discussed stopping with your physician? Yes_____ No_____
10. If you decided to stop using tobacco completely during the next two weeks, how confident are you that you would succeed?
Not at all _____ a little _____ somewhat _____ very confident _____

Thank you for completing this form.

from *How To Help Your Patients Stop Using Tobacco,* NIH, 1998. Appendix E.

EAST TENNESSEE STATE UNIVERSITY
College of Clinical and Rehabilitative Health Sciences
Dental Hygiene Program
Johnson City, Tennessee
TREATMENT RECORD

Patient's Name:

Date	Class	Treatment Completed	Student	Instructor

EAST TENNESSEE STATE UNIVERSITY
College of Clinical and Rehabilitative Health Sciences
Dental Hygiene Program
Johnson City, Tennessee
PATIENT CONSENT / AUTHORIZATION

Patient's Name:

Date	Patient Signature	Student	Instructor

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College of Clinical and Rehabilitative Health Sciences
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PATIENT _____ **DATE** _____

Dear Dr. _____ :

The above patient presented to the Dental Hygiene Clinic. Before dental therapy is initiated, we would appreciate the following information regarding the patient's health status:

_____

_____

_____

_____

In addition, can this patient withstand long appointments (2-3 hours) in a supine position?

Yes ☐ No ☐ Comments: _____

_____

_____ _____

STUDENT NAME FACULTY SIGNATURE

I, _____ , hereby consent to the release of my medical records to
PATIENT NAME
East Tennessee State University Department of Dental Hygiene.

_____

PATIENT SIGNATURE

PHYSICIAN'S REPLY:

_____

_____

_____

_____ _____

DATE PHYSICIAN SIGNATURE

After screening appointment, please place this form in basket located in the supply room.

After screening appointment, please place this form in basket located in the supply room.

Pre-Clinic Screening Form

Date Screened: _____
Patient Name: _____
Phone Number (*be SURE to list area code*): (___)_____
Date of Birth: _____
Patient Screened by: _____
(Student's Name)

Please indicate if patient had **X-RAYS ONLY**: ☐

Patient Classification:_____
A ~ B ~ C ~ NC = (Not Classified), or X = (X-Rays Only)

Quad 1 _____
Quad 2 _____
Quad 3 _____
Quad 4 _____

Perio Class 0-5: _____

Patient Category: _____
AD (Adult) – **CH** (Child) –
ADOL (Adolescent) – **GER** (Geriatric)
MC (Medically Compromised)

Comments/Special Needs:

_____
_____
_____

Patient Assigned to:_____
Date Assigned: _____

After patient has been ***scheduled*** *for a cleaning appointment, please document appointment date below and place in basket located in supply room.*

Appointment Date: _____

Senior Clinic Screening Form

Date Screened: _____
Patient Name: _____
Phone Number (*be sure to list area code)*: (___)_____
Date of Birth: _____
*Patient Screened by:*_____
(Student's Name)

Please indicate if patient had **X-RAYS ONLY: _____**
Patient Classification:_____
A – B – C – NC - (Not Classified) or X- (X-Rays Only)

Quad 1 _____ Perio Class 0-5: _____
Quad 2 _____
Quad 3 _____ Patient Category: _____
Quad 4 _____ AD (Adult) CH(Child)
ADOL (Adolescent) GER (Geriatric)
MC (Medically Compromised)

Comments/Special Needs:
_____
_____
_____
_____

Patient Assigned to: _____
Date Assigned: _____

After patient has been scheduled for a cleaning appointment, please document date below and place in basket located in supply room.

Appointment Date: _____