



OAKLAND COMMUNITY COLLEGE®

Excellence *Empowered.*®

Dental Hygiene Associate in Applied Science Student Handbook

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SECTION I:

OAKLAND COMMUNITY COLLEGE

WELCOME

Dental hygienists are important members of the dental health care team who work with dentists in the delivery of dental care to patients. Hygienists use their knowledge and clinical skills to provide dental hygiene care for patients. They use their interpersonal skills to motivate and instruct patients on methods to prevent oral disease and to maintain oral and general health.

Dental hygiene offers individuals all ages, races, and ethnic backgrounds exceptional career opportunities. A minimum of two years of college education that combines classroom and clinical coursework is necessary to become a dental hygienist. This education prepares graduates to provide care to patients in dental offices, clinics, and educational or health care institutions. Studying in an accredited program provides an education in an accredited program that is based on the latest procedures and techniques.

OAKLAND COMMUNITY COLLEGE MISSION, VALUES, AND VISION

MISSION

OCC is committed to empowering our students to succeed and advancing our community.

VALUES

ACCESSIBLE - We welcome people of diverse backgrounds and abilities.

EXCELLENT - We offer high-quality and relevant educational experiences, and celebrate the accomplishments of our people.

ETHICAL - We act with respect, integrity, and kindness, and carefully steward the resources entrusted to us.

VISION

EXCELLENCE IN ALL WE DO...

- Become the college of choice.
- Become the partner of choice.
- Become the employer of choice.

DENTAL HYGIENE PROGRAM MISSION STATEMENT AND GOALS

Mission Statement

Oakland Community College's Dental Hygiene program is dedicated to providing a student-centered learning environment focused on preparing students to succeed as competent licensed dental hygienists through the development of their psychomotor, cognitive and affective skills.

Goals

Goal 1: *KNOWLEDGE*

To provide a student-centered learning environment through a curriculum that integrates general biomedical science, current dental hygiene theories, and dental sciences.

Goal 2: *CLINICAL COMPETENCE*

To train students to become dental hygienists who provide quality patient-centered preventive and therapeutic care for patients through the dental hygiene standard of care which involves assessment, diagnosis, implementation and ongoing evaluation as reflected by the OCC Dental Hygiene Competencies for the Dental Hygienist.

Goal 3: *COMMUNICATION SKILLS*

To prepare students to become dental hygienists who competently communicate using interpersonal skills to interact with patients, patients' families, and fellow members of the health care team to deliver optimal oral hygiene care.

Goal 4: *PROFESSIONAL BEHAVIORS*

To prepare students to become dental hygienists who demonstrate competent professional behavior, critical thinking, and problem-solving skills and adhere to the standard of care, legal and ethical principles of the dental hygiene profession.

Goal 5: *HEALTH PROMOTION/DISEASE PREVENTION*

To educate students to become dental hygienists who competently perform the six interrelated roles of the professional dental hygienist: administrator/manager, change agent, clinician, client advocate, educator/oral health promoter, and researcher.

Goal 6: *PROFESSIONAL GROWTH/DEVELOPMENT*

To help students develop into dental hygienists who realize the enrichment of lifelong learning on their professional growth that includes self-assessment and the ability to analyze the value of current research.

Goal 7: *EVIDENCE-BASED DECISION MAKING*

To prepare students to become dental hygienists who competently apply evidence-based decision-making skills to the process of dental hygiene in order to improve the quality of patient care and recognize the role lifelong learning has in providing evidence-based oral hygiene care.

DIVERSITY EQUITY INCLUSION AND JUSTICE (DEIJ)

Diversity, equity and inclusion are values held by the Oakland Community College Dental Hygiene program. The program seeks to be supportive of different groups of individuals, including people of different races, gender identity, class, religion, ability, age, ethnicity, national origin, sexual orientation, and other visible and nonvisible differences.

EQUAL OPPORTUNITY / SEXUAL HARASSMENT POLICY

Oakland Community College, pursuant to the requirements of applicable law and these policies, does not discriminate against applicants, employees or students on the basis of race, religion, color, national origin, citizenship, veteran status, sex, age, height, weight, marital status, sex orientation, gender identity, and expression, disability or handicap, nor will sexual harassment or harassment based on other classifications mentioned herein, be tolerated, in its employment practices and/or educational programs or activities.

Concerns about the above should be communicated to:

Employee Relations Manager/Title IX Coordinator: Carmen White
2480 Opdyke Road
Bloomfield Hills, MI 48304-2266
Phone: (248) 341-2200
Email: titleixcoordinator@oaklandcc.edu; or ccwhite@oaklandcc.edu

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

The Family Educational Rights and Privacy Act (FERPA) of 1974 was established to protect the privacy of student educational records.

Only certain employees of Oakland Community College, acting individually or collectively in the educational interests of the student, are allowed access to educational records.

When the collection of personally identifiable information is specifically authorized by federal law, any data collected by such officials shall be protected in a manner which will not permit the personal identification of students and their parents by other than those officials, and such personally identifiable data shall be destroyed when no longer needed.

TITLE IX

Except as allowed and required by law, no personally identifiable information from a student's educational record will be disclosed to any third party (including parent, spouse, or other students) by an official or employee of the College without prior written consent of the student.

Title IX prohibits discrimination on the basis of sex in any program or activity including, but not limited to: Educational programs or activities, e.g., student services, academic counseling, discipline, classroom assignment, grading, athletics, admissions, recruitment, financial aid, etc. Members of the college community who believe that a Title IX violation may have occurred, should discuss their concerns and/or file a complaint with the college's Title IX coordinator.

DISABILITY SERVICES

The Accessibility Compliance Center & Education Support Services (ACCESS) program is designed to provide accommodations and services to students with a documented disability diagnosed by a qualified, licensed professional as required by Section 504 of the Rehabilitation Act of 1973 (PL 93-112). Students with disabilities are supported through ACCESS with accommodations and services including, but not limited to: sign language interpreters, alternative testing arrangements, specialized equipment and tutoring. To arrange for an accommodation review, a student must make an appointment with the ACCESS office for an intake interview. Documentation regarding the student's disability should be presented at that time. At the Highland Lakes campus, the ACCESS office is in room WH-226 and the phone number is (248) 942-3080.

Accommodations are assigned on a case-by-case basis. Accommodations are not retroactive, so qualified students who wait to schedule their semester-specific accommodations review with the ACCESS Office are choosing to go without accommodations until they initiate that process. While we strategize with students for academic success and provide internal and external referrals as appropriate, Limited English Proficiency does not constitute a disability. OCC does not provide personal assistants.

The Americans with Disabilities Act supports that all students meet the technical standards, or functional requirements, of their academic program. Therefore, lab parameters that constitute essential components of the program of study, and lab parameters concerning safety, will be upheld.

PLAGIARISM AND ACADEMIC HONESTY

Plagiarism

Plagiarism is the use of another's words or ideas without granting credit to the author; including self-plagiarism. This is unacceptable behavior in the Dental Hygiene Program. Students who plagiarize will receive a failing grade for the assignment.

Academic Honesty

The standards of academic honesty are designed so students will understand the academic principles to which they are expected to adhere. Disciplinary action will be taken if a student violates these standards. Please refer to the OCC Student Handbook, page 3 for the specific disciplinary actions of the college.

No student shall knowingly:

1. Obtain, give away or accept any materials containing questions or answers to any exam that has not yet been given.
2. Do an assignment for another person or submit another person's work as his/her own
3. Copy the work of another person including an author of a published book, pamphlet or article and submit it as his/her own.
4. Copy and distribute questions from an exam with the purpose of creating a 'list' of questions from a test that was given in a course.

A student suspected of academic dishonesty will run the risk of failing the course. Any instructor suspecting a student of academic dishonesty will schedule a conference with the student to determine the course of action to be taken. The present policy for viewing a graded test was developed as a consequence of past academic dishonesty:

- students will be given the opportunity to review an exam only during the class period when the exam is under discussion
- no paper, writing utensils, or cell phones are to be available while the exam is under discussion
- no test questions are to be written down for any purpose

SECTION II:

DENTAL HYGIENE PROGRAM OVERVIEW

PROGRAM OVERVIEW

It is the desire of the faculty and staff at Oakland Community College to graduate competent professionals. The dental hygiene program is a quick-paced intensive study. It is very costly to become licensed. To fulfill the mission statement and program goals, the dental hygiene faculty develops, plans, implements, and revises a comprehensive curriculum to challenge the students to meet high academic standards. The practice of dental hygiene is based in science, theory, and evidence-based research and decision-making practices. The profession of dental hygiene is one that involves helping people and providing care in the most competent and caring manner. The program assists in developing life-long learning professionals passionate about promoting oral and general health to a diverse public.

GENERAL INFORMATION

Selection Information:

There are many more students interested in and eligible for the Dental Hygiene program than the Highland Lakes Campus can accommodate in any single year. Therefore, it is necessary that priorities be established for admission to the dental hygiene program and designated dental hygiene courses.

The College Catalog and the Student Prospective documents are the only official sources of information pertaining to the Dental Hygiene Selection Procedures. They apply to students who wish to enter the Dental Hygiene Program. All students seeking information about the Dental Hygiene program should contact a counselor at any of the Oakland Community College Campuses.

If there are any incomplete (I's) on your record, they must be processed through the Office of the Academic Dean two (2) weeks prior to the close of the Fall Term. Candidates with any incompletes (I) on their records must have their records processed through the office of the Academic Dean two (2) weeks prior to the close of Fall Term.

Selection Eligibility:

To be eligible for selection, all requirements and procedures for admission (outlined in student brochure and information sessions) must be completed by no later than December 15th of the year in which the student is intending to enroll in the dental hygiene program. Applicants will be notified in writing about the result no later than April 15th. Only students who have been accepted will receive a letter of acceptance.

Once accepted into the program you must attend a mandatory orientation designated by the program coordinator to ensure your acceptance for the fall semester. A student who wishes to be considered for acceptance in the program who has a lower grade point average than the determined average for that selection year should consider retaking courses to improve their

overall prerequisite grade point average. Please notify the program coordinator in advance that you will be re-taking a course(s) so she may remain informed of your intentions. In addition, it will be imperative that you have another final checklist completed to be considered for selection. This must be submitted prior to December 15th, even if you have not completed the coursework.

Former OCC students who have not registered for classes for a three (3) year period must re-apply for admission and make certain they have a DHY curriculum designation. Students who have applied to the College but have not registered for any classes for one year must re-apply. Students graduating from another program and still interested in being considered for Dental Hygiene must re-establish the DHY designation by means of a Change of Data form at a campus Enrollment Service office.

ADMISSION REQUIREMENTS

Basic Admission Requirements Include:

- Accredited High school graduation or GED
- Attendance at a Dental Hygiene Information Session
- 10 hours of job shadowing with a Registered Dental Hygienist in Private Practice
- 5 hours of observation at the Oakland Community College Dental Hygiene Clinic (by appointment)
- Completion of each Required Supportive Courses with a 2.0 "C" or better: BIO- 1570 or BIO- 2710, BIO- 2630, BIO- 2640, CHE- 13201 COM- 1600, ENG- 1510, PSY- 2510, SOC- 2510
- Completion of a dental hygiene final checklist with a counselor at Highland Lakes when required supportive courses are completed.
- Have a DHY curriculum designation
- Have your official records at Highland Lakes Enrollment Services. Have an accurate address and telephone number on record
- Have an OCC transcript evaluation if you are a transfer student. Have obtained written approval for any course substitution
- At your appointment with a HL counselor be sure to bring a copy (can be unofficial) of any or all course(s) taken with letter grade(s) from other colleges or universities, this must be attached to your final checklist
 - If you have not completed all of your pre-requisite courses and would like an "unofficial" final checklist to be completed with a counselor, this may be done at any time with an appointment.
- Successful completion of the Health Profession HESI Admission Examination with a score of 75% or better. You are allowed one retake, the subjects covered are Anatomy and Physiology, Reading Comprehension, Math, and Learning Styles.

These courses must be taken within a five-year period which dates from the session during which the course was taken and closes at the session during which the student begins DHY 1230. If more than five years elapse, you must successfully complete a science review course

offered by the Dental Hygiene program prior to enrollment into the program Notes: COM 1290, Interpersonal Communications, will not be accepted as a course substitute for COM 1600. No Course Substitution necessary for BIO 2710.

Additional Admission Requirements

Once selected into the program:

- Students will be contacted by the Program Coordinator to schedule a records review.
- A complete a background check, drug screening, and fingerprinting will be required for the purpose of identifying any student that could not continue in the program due to a felony conviction (within the last 15 years) or misdemeanor conviction (within the last 1, 3, 5 or 10 years depending on the misdemeanor). Instructions for this will be included in the selection package. Entry to the program is contingent upon an acceptable criminal background check that is in accordance with State statutes and laws. A graduate can be denied licensure if there is a record of felony or misdemeanor. Note that students will be required to have an additional criminal background check at the time of application for licensure as required by the board of Dentistry. The cost of the background check is the responsibility of the student.
- Complete or maintain a Basic Life Saving-Health Care Provider Certification, Professional Liability Insurance, and ADHA Student Membership.
- Instructions for this will be included in the selection package.

Other Program/College Requirements and Information

- The nutrition course HEA 1510 may be taken in the first year of the dental hygiene program, however it is recommended that this course is completed prior to acceptance as it is a prerequisite prior to registration for the fourth term DHY 1283.
- All transfer students must complete the last 15 credit hours at OCC.
- In addition to the credits required by the dental hygiene program, the college requires the following courses for the Associate in Applied Science Degree - **3 credit hours of HUM**
- Prior to entry into the dental hygiene program and in addition to tuition and textbooks, dental hygiene students incur extra costs such as pre-admission health examinations, uniforms, supplies, ADHA affiliation, licensure application fees and costs, and pinning ceremony expenses.
- A placement test is now REQUIRED for any student registering for BIO 1570 and BIO 2630.
- BIO 2710 or BIO 1570 is accepted.

APPROXIMATE EXTRANEIOUS COSTS

Additional Program Costs - Estimated

Instrument Kit	2,300.00
Winter Kit	670.00
Scrubs/Lab coat	180.00
Background Check	200.00
Textbooks	1,600.00
Electronic Portfolio Fee	60.00
Miscellaneous Supplies+	500.00
ADHA Student Membership - Annually	85.00
Malpractice Insurance - Annually	70.00
*Optional Board Review Course	400.00
TOTAL	6,065.00

+students will be required to purchase additional gloves and masks as necessary

LICENSURE EXAMS - Estimated

National Board Dental Hygiene Exam (NBDHE)	565.00
CDCA (State Clinical Exam)	1,250.00
Anesthesia	145.00
Nitrous Oxide	135.00
Michigan Licensure Fee	120.00
TOTAL	2,215.00

PROGRAM ACCREDITATION

The Oakland Community College Dental Hygiene program is accredited by the American Dental Association. Issues pertaining to compliance with the standards of the Commission of the ADA can be addressed to the:

Commission on Dental Accreditation
211 E. Chicago Avenue
Chicago, IL 60611
(800) 232-6108

A copy of the standards may be downloaded at:
<http://ada.org/en/coda/current-accreditation-standards>

DENTAL HYGIENE CURRICULUM

Course Number	Course Title	Credit Hours	Lecture	Lab	Clinic	Rotation
<u>Prior to Dental Hygiene Courses</u>						
**BIO 1570	Microbiology of Health & Disease					
OR BIO 2710		3-4	3	0	0	0
**BIO 2630	Human Anatomy & Physiology I	4	4	2	0	0
**BIO 2640	Human Anatomy & Physiology II	4	4	2	0	0
**CHE 1320	Survey of Organic & Biochemistry	4	4	2	0	0
**ENG 1510	Composition I	3	3	0	0	0
PSY 2510	Intro to Psychology	3	3	0	0	0
**SOC 2510	Intro to Sociology	3	3	0	0	0
**COM 1600	Fundamentals of Speech	3	3	0	0	0
		27-28	27	6	0	0
<u>First Term: Fall</u>						
DHY 1230	Dental Anatomy	3	2	2	0	0
DHY 1240	Dental Histology & Embryology	3	2	2	0	0
DHY 1250	Clinical Techniques	5	2	0	6	0
DHY 1140	Dental Office Procedures	3	3	0	0	0
		14	9	4	6	0
<u>Second Term: Winter</u>						
** HEA 1510	Nutrition (if not previously taken)	3	3	0	0	0
DHY 1260	Dental Radiography	3.5	2	3	0	0
DHY 2210	Oral Pathology	3	3	0	0	0
DHY 1281	Clinical Dental Hygiene I	4	1	0	9	0
DHY 1310	Periodontics	2	2	0	0	0
		15.5	11	3	9	0

Course Number	Course Title	Credit Hours	Lecture	Lab	Clinic	Rotation
<u>Third Term: Summer</u>						
DHY 2250	Dental Materials	3	4	3	0	0
DHY 1282	Clinical Dental Hygiene II	2.5	1	0	11	0
DHY 1350	Local Anesthesia	1.5	0.5	0.5	0	0
		7	5.5	3.5	11	0
<u>Fourth Term: Fall</u>						
DHY 1330	Dental Therapeutics	2	2	0	0	0
DHY 2280	Dental Hygiene Education	2	2	0	0	0
DHY 1283	Clinical Dental Hygiene III	5	1	0	12	12+
		9	5	0	12	12+
<u>Fifth Term: Winter</u>						
DHY 2220	Public Health Dentistry	1	1	0	0	0
DHY 2240	Dental Specialties	2	2	0	0	0
DHY 2320	Dental Law	1	1	0	0	0
DHY 2340	Dental Hygiene Board Review (Optional)	2	2	0	0	0
DHY 1284	Clinical Dental Hygiene IV	5	1	0	12	12+
		9	5	0	12	12+
<u>Other College Requirements</u>						
HUM XXX	Humanities	3	3	0	0	0
		3	3	0	0	0
Total Number of Credit Hours 84.5-85.5						
Transferable Credit Hours 34+						
** Denotes College Transfer						

PROGRAM REQUIREMENTS AND CLINIC COMPETENCIES

At the completion of the program, the dental hygiene graduate will have fulfilled the following program requirements and clinical competencies at a competent entry level performance:

PATIENT TREATMENT SERVICES PERFORMED	DHY	DHY	DHY	DHY	DHY	TOTALS
	1250	1281	1282	1283	1284	
ASSESSMENT						
Attachment Loss	1	1	1	1	1	5
Dental Examination - Dental Charting	2	1	1	1	1	6
Extraoral Exam	2	1	1	1	1	6
Index - Calculus	0	1	1	4	4	10
Index - Plaque	2	1	1	0	1	5
Index - Gingival Bleeding	0	1	1	1	1	4
Index - Periodontal	0	0	1	1	0	2
Intraoral Exam	2	1	1	1	1	6
Medical / Dental History	2	0	1	0	1	4
Medications - Use of Drug Reference Book	1	1	1	1	1	5
Saliva Testing	0	0	1	1	0	2
Periodontal Assessment	0	1	1	1	1	4
Intra Oral Camera Use	0	1	1	1	1	4
Radiograph Interpretation	0	1	1	1	1	4
Radiographs - Exposing	0	1	1	1	1	4
Risk Assessment - Dental Caries	0	1	1	1	1	4
Risk Assessment - Periodontal Disease	0	1	1	1	1	4
Risk Assessment - Tobacco Cessation	0	0	0	1	1	2
PLANNING						
Dental Hygiene Diagnosis	0	2	2	1	1	6
Dental Hygiene Care Plan	0	2	2	2	2	8
Dental Hygiene Case Study	0	1	1	1	1	4
Dental Hygiene Case Presentation	0	0	1	1	1	3
Informed Consent	1	1	1	1	1	5
Treatment Plan - Child	0	1	0	0	0	1
Treatment Plan - Adolescent	0	0	1	0	0	1

Treatment Plan - Adult	0	0	0	1	0	1
Treatment Plan - Geriatric	0	0	0	1	0	1
IMPLEMENTATION						
Application of Chemotherapeutic - Arestin	0	0	0	1	0	1
Air Polishing	0	1	1	0	0	2
Bleaching Trays - Imp/Fab/Del	0	0	0	1	0	1
Manual Subgingival Irrigation	0	1	1	0	0	2
CARE / MAINTENANCE OF RESTORATION						
Care of Removable Oral Prosthesis	0	1	0	0	0	1
Care of Fixed Oral Prosthesis	0	1	0	0	0	1
Coronal Polishing	2	1	1	1	1	6
PATIENT EDUCATION						
Dental Health Education - Child	0	1	0	0	0	1
Dental Health Education - Adolescent	0	0	1	0	0	1
Dental Health Education - Adult	0	0	0	1	0	1
Dental Health Education - Geriatric	0	0	0	0	1	1
Nutritional Counseling - Analysis/Assessment	0	1	1	0	0	2
INFECTION CONTROL						
Infection Control - Hand Washing	1	0	0	0	0	1
Infection Control - Ultrasonic Use	1	0	0	0	0	1
Infection Control - Unit Breakdown/Disinfection	1	0	0	0	1	2
Infection Control - Midmark	1	0	0	0	0	1
Infection Control - Statim	1	0	0	0	0	1
Infection Control - Aerosol Management Extra Oral	0	1	0	1	0	2
Infection Control - Aerosol Management Intra Oral	0	1	0	1	0	2
Infection Control - Sterilization Duty	0	2	2	2	2	8
PAIN MANAGEMENT						
Desensitization - Chemotherapeutics	0	0	1	1	0	2
Local Anesthesia - IA Block	0	0	0	1	1	2
Local Anesthesia - PSA	0	0	0	1	1	2
Local Anesthesia - MSA	0	0	0	1	1	2
Local Anesthesia - ASA	0	0	0	1	1	2
Local Anesthesia - Mandibular Infiltration	0	0	0	1	1	2
Local Anesthesia - Maxillary Infiltration	0	0	0	1	1	2
Nitrous Oxide / Oxygen Delivery	0	1	0	1	1	3

PERIODONTAL DEBRIDEMENT						
Skill Development-Quad Scale-Direct Observation	0	1	1	2	2	6
PREVENTION						
Fluoride Trays	1	0	0	0	0	1
Fluoride Varnish	0	1	0	1	0	2
Pulp Vitality Testing	0	1	0	0	0	1
Pit and Fissure Sealants	0	0	1	3	2	6
Lesion Description	1	0	0	1	0	2
Tooth Brushing & OPT Aid Evaluation	0	1	0	1	0	2
Medical / Dental Emergency Exam	1	0	1	0	1	3
INSTRUMENTATION						
Instrument Activation	1	1	1	1	1	5
Instrument Adaptation	1	1	1	1	1	5
Instrument Angulations	1	1	1	1	1	5
Instrument Design	1	1	1	1	1	5
Instrument Finger Rest	1	1	1	1	1	5
Instrument Grasp	1	1	1	1	1	5
Instrument Sharpening	0	1	1	1	1	4
Instrument Stroke	1	1	1	1	1	5
Explorer - ODU	1	1	1	1	1	5
Explorer - CH3	1	1	1	1	1	5
Columbia 13/14	1	1	1	1	1	5
Barnhart 5/6	0	1	1	1	1	4
Files	0	1	1	1	1	4
Gracey 1/2	0	1	1	1	1	4
Gracey 11/12	0	1	1	1	1	4
Gracey 13/14	0	1	1	1	1	4
Gracey 15/16	0	1	1	1	1	4
Gracey 17/18	0	1	1	1	1	4
H 6/7	1	1	1	1	1	5
Nevi I	1	1	1	1	1	5
Nevi II	1	1	1	1	1	5
Nevi IV	1	1	1	1	1	5
Periodontal Probes	0	2	1	1	1	5

204S	1	1	1	1	1	5
CVW186	1	1	1	1	1	5
4R / 4L	1	1	1	1	1	5
EXAMS						
Mock Board HESI EXIT EXAM	0	0	0	0	1	1
OSCE 1st and 2nd Year	0	0	1	0	1	2
EVALUATIONS						
Dental Dam Placement	0	0	0	1	0	1
Study Models	0	0	1	1	1	3
Ultrasonic Scaling - Set Up/Use	0	1	0	1	0	2
Behavior Modification	0	0	0	1	1	2
Self-Reflection Papers	1	1	1	2	1	6
Continuous Care	0	0	0	0	1	1
ReCare	0	0	0	0	1	1
Patient Satisfaction	0	1	1	1	1	4
Front Desk Rotation	0	2	2	2	2	8
Sterilization Rotation	0	2	2	2	2	8
Operator Positioning	1	1	1	1	1	5
Evidence-Based Decision Making	0	1	1	3	1	6
Personal Growth / Lifelong Learning	1	1	1	1	2	6

COMPETENCIES FOR DENTAL HYGIENE STUDENTS

Clinical Competencies

To ensure the graduating students are prepared for all aspects of a career in clinical dental hygiene, the program faculty has developed seven competencies the students will develop as they progress through the program. The competencies were developed based on the current standards of the profession as revealed through evidence-based research.

1.1 ASSESSMENT:

The students will learn to systematically collect data from the patients treated.

This competency includes:

Health assessment

- development of patient rapport through the use of effective interviewing and communication skills
- obtain medical, dental, and social histories
- research the medications and their dental implications that patients report taking
- take the vitals of patients and evaluate them to establish patients' ASA
- maintain patients records as legal documents
- perform comprehensive examinations:
 - of the head and neck
 - intra- and extra oral tissues
 - oral cancer screening
 - determine patients need for referrals: medical and/or dental

Risk Assessment

- completes a periodontal and dental charting
- takes radiographs: periapicals, panorex and /or digital
- digital imaging (intra oral photographs)
- periodontal and caries risk assessment indices
- identifies patients at risk for potential medical and /or dental emergencies
- takes measures to reduce the risk to patients for emergencies
- should an emergency arise, manages the patient and the emergency following the clinic and college's procedure

2.1 DIAGNOSIS:

The students will use critical thinking to evaluate a patient's collected assessments, and the attending dentist's diagnosis to determine the patient's dental hygiene diagnosis.

This competency includes:

- using critical thinking to develop a dental hygiene care plan based on the collected assessments
- using the collected assessments to determine the patient's need for consultations and/or referrals prior to treatment
- collaborates with the attending dentist to obtain a dental diagnosis

3.1 PLANNING:

The students will use the results of their collected assessments, the attending dentist's diagnosis, and in collaboration with other health professionals as needed to develop a comprehensive patient-centered dental hygiene care plan that is evidence-based on current scientific research.

This competency includes:

- creates a formalized dental hygiene care plan that presents a care sequence based on the dental hygiene diagnosis, assessment data, and risk factors of the patient
- develops a dental hygiene care plan with the patient by prioritizing the care to be rendered based on the patient's health and socio-economic status
- establishes a collaborative relationship with the patient by delivering a case presentation that explains the dental and dental hygiene care plans, provides options, and alternatives
- seeks consultations and/or referrals prior to treatment if needed
- obtains the patient's informed consent or informed refusal prior to implementing the dental and dental hygiene care plans

4.1 IMPLEMENTATION:

The students will provide individualized treatment designed for the patients based on his/her assessments and diagnosis and may include periodontal debridement, therapeutic care, and patient education following established standards of care in a safe patient-centered environment.

This competency includes:

- the ability to determine the supportive care equipment needed to provide dental hygiene interventions including:
 - knowledge of equipment set-up and disinfection
 - aseptic techniques
 - maintenance following the standard of care for infection control and aseptic protocols
- use of the principles of hand or mechanized instrumentation for periodontal debridement and therapeutic care
- applies the five phases of the dental hygiene process of care (assessment, diagnosis, planning, implementation, evaluation) to patient care by considering the social and cultural needs of the patient when promoting the values of oral and general health through education, health promotion, and disease prevention strategies
- uses behavior modification and/or psychological techniques to manage patient comfort/pain and/or fear while providing safe patient care and accepted clinical techniques during dental hygiene interventions
- renders health promotion through dental health education, techniques and instructions for the use of oral physiotherapy aids
- provides supplemental dental hygiene services such as:
 - mouth guards - bleach trays & bleach - dietary analysis
 - smoking cessation - study models - amalgam polishing

- placement of sub-gingival chemotherapeutic agents
- full mouth irrigation - single tooth irrigation
- provides preventive services such as:
 - sealants - fluoride varnish - fluoride

5.1 EVALUATION:

The students will evaluate their own performance in the delivery of safe, competent, preventive care for patients.

This competency includes:

- on-going evaluation of the performance of professional skills, knowledge and outcomes of the dental hygiene care rendered and makes modifications as needed
- application of evidence-based decision making through the use of scientific based technology and information systems to collect, process, analyze, and evaluate data
- on-going evaluation of the patient's ability to maintain an effective re-care program
- on-going evaluation of the patient's ability to reach and maintain determined oral health goals
- routinely evaluates the patient's satisfaction with the standard of care received in the dental hygiene clinic

6.1 PROFESSIONAL GROWTH AND DEVELOPMENT:

The students will make professional decisions to fulfill the legal responsibilities to the profession and will actively pursue professional development by using continuing education resources.

This competency includes:

- upholds the state and federal laws pertaining to dental hygiene
- assumes responsibility for the dental hygiene professional image by providing the accepted standard of care for patients and promoting patient wellness and quality of life
- provides community oral health services in a variety of settings through the use of effective communication and clinical skills
- advances the profession of dental hygiene through life-long learning and professional growth by service to the community and professional associations

7.1 EVIDENCE-BASED DECISION MAKING (EBDM)

The student will integrate the systematic assessment of clinical scientific evidence directly related to the patient's oral and medical condition and collaborate with the attending dentists and/or clinical instructors to meet the patients' treatment needs.

This competency includes:

- applies evidence-based decision making through the use of scientific based technology and information systems to collect, process, and analyze data
- makes clinical decisions about the care needed to meet the patient's treatment needs by using effective and efficient diagnosis
- applies educational competencies for evidence-based decision making in the process of rendering dental hygiene care

- uses Population, Intervention, Comparison and Outcomes (PICO) questions to apply the following skills:
 - skill 1: formulates foreground PICO questions
 - skill 2: conducts computerized search
 - skill 3: critically appraises the evidence
 - skill 4: applies the results to the patient
 - skill 5: evaluates the process and self-evaluates performance

OCC Dental Hygiene Program Adheres to The Following Competencies:

American Dental Educators Association (ADEA) Competencies

Dental hygienists must complete an accredited educational program and qualify for licensure in any state or jurisdiction. They practice in collaboration with dental and other health care professionals in a variety of settings.

CORE COMPETENCIES (C)

- C.1 Apply a professional code of ethics in all endeavors.
- C.2 Adhere to state and federal laws, recommendations, and regulations in the provision of oral health care.
- C.3 Use critical thinking skills and comprehensive problem-solving to identify oral health care strategies that promote patient health and wellness.
- C.4 Use evidence-based decision making to evaluate emerging technology and treatment modalities to integrate into patient dental hygiene care plans to achieve high-quality, cost-effective care.
- C.5 Assume responsibility for professional actions and care based on accepted scientific theories, research, and the accepted standard of care.
- C.6 Continuously perform self-assessment for lifelong learning and professional growth.
- C.7 Integrate accepted scientific theories and research into educational, preventive, and therapeutic oral health services.
- C.8 Promote the values of the dental hygiene profession through service-based activities, positive community affiliations, and active involvement in local organizations.
- C.9 Apply quality assurance mechanisms to ensure continuous commitment to accepted standards of care.
- C.10 Communicate effectively with diverse individuals and groups, serving all persons without discrimination by acknowledging and appreciating diversity.
- C.11 Record accurate, consistent, and completed documentation of oral health services provided.
- C.12 Initiate a collaborative approach with all patients when developing individualized care plans that are specialized, comprehensive, culturally sensitive, and acceptable to all parties involved in care planning.
- C.13 Initiate consultations and collaborations with all relevant health care providers to facilitate optimal treatments.
- C.14 Manage medical emergencies by using professional judgment, providing life support, and utilizing required CPR and any specialized training or knowledge.

HEALTH PROMOTION AND DISEASE PREVENTION (HP)

- HP.1 Promote positive values of overall health and wellness to the public and organizations within and outside the profession.
- HP.2 Respect the goals, values, beliefs, and preferences of all patients.
- HP.3 Refer patients who may have physiological, psychological, or social problems for comprehensive evaluation.
- HP.4 Identify individual and population risk factors, and develop strategies that promote health-related quality of life.
- HP.5 Evaluate factors that can be used to promote patient adherence to disease prevention or health maintenance strategies.
- HP.6 Utilize methods that ensure the health and safety of the patient and the oral health professional in the delivery of care.

COMMUNITY INVOLVEMENT (CM)

- CM.1 Assess the oral health needs and services of the community to determine action plans and availability of resources to meet the health care needs.
- CM.2 Provide screening, referral, and educational services that allow patients to access the resources of the healthcare system.
- CM.3 Provide community oral health services in a variety of settings.
- CM.4 facilitates patient access to oral health services by influencing individuals or organizations for the provision of oral health care.
- CM.5 Evaluate reimbursement mechanisms and their impact on the patient's access to oral health care.
- CM.6 Evaluate the outcomes of community-based programs, and plan for future activities.
- CM.7 Advocate for effective oral health care for underserved populations.

PATIENT AND CLIENT CARE (PC)

Assessment:

- PC.1 Systematically collect, analyze, and record diagnostic data on the general, oral, and psychosocial health status of a variety of patients using methods consistent with medico-legal principles.
- PC.2 Recognize predisposing and etiologic risk factors that require intervention to prevent disease.
- PC.3 Recognize the relationships among systemic disease, medications, and oral health that impact overall patient care and treatment outcomes.
- PC.4 Identify patients at risk for a medical emergency, and manage the patient care in a manner that prevents an emergency.

Dental Hygiene Diagnosis:

- PC.5 Use patient assessment data, diagnostic technologies, and critical decision-making skills to determine a dental hygiene diagnosis, a component of the dental diagnosis, to reach conclusions about the patient's dental hygiene care needs.

Planning

- PC.6 Utilize reflective judgment in developing a comprehensive patient dental hygiene care plan.
- PC.7 Collaborate with the patient and other health professionals as indicated to formulate a comprehensive dental hygiene care plan that is patient-centered and based on the best scientific evidence and professional judgment.
- PC.8 Make referrals to professional colleagues and other health care professionals as indicated in the patient care plan.
- PC.9 Obtain the patient's informed consent based on a thorough case presentation.

Implementation

- PC.10 Provide specialized treatment that includes educational, preventive, and therapeutic services designed to achieve and maintain oral health. Partner with the patient in achieving oral health goals.

Evaluation

- PC.11 Evaluate the effectiveness of the provided services, and modify care plans as needed.
- PC.12 Determine the outcomes of dental hygiene interventions using indices, instruments, examination techniques, and patient self-reports as specified in patient goals.
- PC.13 Compare actual outcomes to expected outcomes, reevaluating goals, diagnoses, and services when expected outcomes are not achieved.

PROFESSIONAL GROWTH AND DEVELOPMENT (PGD)

- PGD.1 Pursue career opportunities within health care, industry, education, research, and other roles as they evolve for the dental hygienist.
- PGD.2 Develop practice management and marketing strategies to be used in the delivery of oral health care.
- PGD.3 Access professional and social networks to pursue professional goals.

TECHNICAL STANDARDS

- **Observation:** Ability to participate in all classroom, lab, and clinical experiences in the professional program. To assess and comprehend theory and application processes through examination, assessment, and evaluation. This requires use of functional abilities of visual, auditory, and somatic sensations
- **Communication:** Ability to communicate effectively using verbal, non-verbal, and written formats with faculty, patients, students, and other health care professionals.

- **Motor:** Sufficient motor ability to execute the technique, movement, and skills required for safe and effective care of the public
- **Intellectual:** Ability to collect, assess, interpret and synthesize information and making evidence-based decisions about the care of the patient
- **Professional Behavior:** Possess the attributes of accountability, mental and emotional integrity, adaptability, compassionate, cultural competence, and critical thinking and problem-solving skills in all academic and patient care experiences

Accreditation of the Program:

The Oakland Community College Dental Hygiene Program is accredited and follows the Commission on Dental Accreditation (CODA) Accreditation Standards for Dental Hygiene Education Programs.

SECTION III:

CLINIC INFORMATION, FORMS, AND POLICIES

HEALTH REQUIREMENTS

Those studying to become dental hygienists are at risk for increased exposure to certain preventable infectious diseases and other health hazards. It is important, therefore, for dental hygiene students to be immunized properly for protection against infectious diseases and for the prevention of the spread of disease among the dental hygiene clinic patients. Information and instruction concerning bloodborne pathogens and infection control will be provided in courses throughout the curriculum. Oakland Community College's bloodborne pathogens and infection control plans are available online for accessibility for all to reference.

CPR & BASIC LIFE SUPPORT REQUIREMENT

The program policy is that all students, faculty and staff involved with patient care complete a course in basic life support appropriate for health care providers. Each person will provide proof of Basic Life Support (BLS) for Health Care Providers course completion before treating patients. An appropriate BLS course includes Cardio-Pulmonary Resuscitation (CPR), foreign body airway obstruction procedures for the adult, child, and infant, and use of an automated external defibrillator (AED) device. It is the person's responsibility to keep this card current throughout the program. NO dental hygiene student will be allowed to treat patients if he/she is not compliant with these regulations.

PROFESSIONAL RESPONSIBILITY

Professionalism is expected when interacting with patients, staff, faculty, and peers. Students of the Dental Hygiene Program at OCC are graded on professionalism and a deduction of points for inappropriate behavior will be reflected in the students grading. Students are held to the Code of Ethics of the American Dental Hygienists' Association's (ADHA) listed within this handbook and to the competencies and standards outlined within the OCC Dental Hygiene Student Handbook and OCC Dental Hygiene Clinical Manual. Part of a registered dental hygienist's professional responsibility is to be familiar with the rules and regulations that govern the profession. A professional's actions, behaviors, and attitudes have consequences based on his/her response to a given situation.

Some examples of unethical and unprofessional behaviors include, but are not limited to:

- Leaving clinic/lab/externship session early without permission
- Violation of professional attire
- Failure to participate as a team member
- Inappropriate behavior/language while interacting with instructors, patients, staff, or peers
- Arriving to a clinic/lab/externship session unprepared to carry out the duties or assignments for the session

- Failure to follow clearly given directions/instructions by an instructor
- Failure to turn off mobile devices in the classroom or clinic
- Cheating of any kind during theory, lab or clinical exams
- Plagiarizing of any assignments
- Violating patients' rights or confidentiality/HIPAA
- Falsifying dental or medical records
- Withholding or falsifying information during clinical and/or community experiences

PHYSICAL REQUIREMENTS/RISK MANAGEMENT

The risk management protocol provides a consistent process for handling any situation that occurs putting a patient, student, staff or faculty member at risk for harm. The nature of the dental hygiene profession puts all those involved at risk for exposure to infectious diseases and other health hazards. All medical records concerning bloodborne vaccination, declination forms, and post-exposure evaluations will be maintained in the Environmental Health and Safety office.

Physical Examination: A current **health history and physical examination** are required prior to starting the program. The Physical Exam Form and Health History Form will be given to the student in their acceptance packet and are also available from the dental hygiene office. Students who withdraw from the dental hygiene program and return the subsequent year or thereafter, must have another physical examination and have the appropriate forms on file prior to resuming clinical experiences.

2. Tuberculosis (TB) clearance must be completed prior to starting the program and requires a negative TB skin test or negative TB blood test. If the test result is positive, then additional physician clearance is required, and TB Screening is required annually thereafter. (Additional need for TB clearance is good for one year from the date of clearance and must be valid throughout the entire academic year— i.e. it must not be due to expire prior to June 30 of the following year.)

Immunization Policy

Since all dental hygiene students and faculty will be in contact with the general public during the patient treatment portions of the dental hygiene program, they are at risk for exposure to infectious diseases. To protect their health and well-being, all students and faculty in the program must be immunized against the following diseases:

- Tetanus, Diphtheria, Pertussis (TDaP) - tetanus vaccination - within five years of the beginning of the program
- Polio - not required if over age 18 and not immunized as a child
- Measles, mumps, and rubella (MMR)
- COVID
- Varicella Zoster Virus (VZV) - chicken pox
- Influenza

Immunization Deferral

Students/faculty who cannot be immunized due to allergies or other personal reasons must provide a physician's statement of immunization deference to substantiate their rationale. Students and faculty are not permitted to attend patient treatment clinics until all immunization requirements are up to date and documented.

Hepatitis B

All students and faculty are strongly recommended to be immunized against Hepatitis B and to provide documentation of their positive titer before treating patients. Once a positive titer is achieved, the vaccination does not need to be updated according to the US Center for Disease Control. Students and faculty who refuse Hepatitis B immunization must sign a declination form provided by the Dental Hygiene Program.

Hepatitis B Vaccination and Exposure Protocol

To ensure that all employees who have occupational exposure or exposure incidents to blood borne diseases are protected from infection, employers are required to offer Hepatitis B vaccinations, post exposure evaluations, and a medical follow-up after each exposure incident. The most common exposure that might occur in the dental hygiene setting is an incidental stick from a contaminated instrument. The complete Hepatitis B Vaccinations, post-exposure, and follow-up process can be found in the College's Bloodborne Pathogens Program.

Should an incidental stick occur:

- stop the activity that preempted the stick
- isolate the involved item - most likely a needle or instrument
- notify the supervisor or attending dentist of the exposure incident
- perform basic first aid:
 - wash the puncture wound with warm water and antibacterial soap
avoid 'milking' or squeezing the wound - this may massage contaminants into the wound
 - flush mucous membranes with water at an eye-washing station
 - let the patient know an accidental exposure has occurred
 - make the patient comfortable - do not dismiss the patient, the clinic supervisor will discuss the testing protocol with the patient
 - notify the Dental Hygiene Specialist within one hour of the incident and fill out an incident report form in triplicate
- the Dental Hygiene Specialist will notify Public Safety who will disperse the forms to the appropriate departments
- an immediately available confidential medical evaluation and follow up will be conducted by a licensed health care professional chosen by the College.

Change in Health Status

- Any student experiencing any significant change in their health status from that documented in the Health History and Physical Examination admission forms is required to immediately notify the Program Coordinator.
- Any student experiencing a significant change in health status (for example: surgery, childbirth, or newly diagnosed illness) that necessitates significant interruption in clinical

coursework is required to submit a completed Medical Clearance from their physician prior to return to the clinical practice sessions. Medical Clearance must state they can participate in clinical practice sessions fully and safely without jeopardizing their own or others' health and well-being.

- If a student is unable to assume the didactic and clinical responsibilities of a dental hygiene student, it is the student's responsibility to discuss the following options with the instructor, Clinic Coordinator, and Program Coordinator:
 - A withdrawal from the course and/or program (refer to academic policies on progression, grades, and repeated courses)
 - An incomplete contract for an "I" mark to complete the course by a specified date

REQUIRED CREDENTIALS

All dental hygiene students and faculty must be current in Cardiopulmonary Resuscitation (CPR). A copy of each individual's current American Heart Association CPR certification card for health care providers is kept in his/her personnel file found in the Dental Hygiene Specialist's office. In addition to CPR certification, each faculty member must have copies of his/her current:

- license - attending dentist (DDS) or hygienist (RDH)
- license endorsements: N20/Oxygen Sedation and Local Anesthesia

HAZARDOUS MATERIALS MANAGEMENT

To keep all employees and students safe, Oakland Community College has developed an extensive hazard materials and communication program. The program includes the posting of hazardous chemical lists and Material Safety Data sheets; which are kept on the counter in the instructor's area of the clinic. The College offers on-line training courses for Bloodborne Pathogens, Personal Protection Equipment, and other topics dealing with hazardous situations available through the Professional Development and Training Center. All hazardous materials in the dental hygiene clinic, radiography area, and dental materials lab are visibly labeled with warning labels of fluorescent orange or orange – red stickers. The label includes:

- The Biohazard legend
- The name of the infectious agent
- Any special requirements for entering the area
- The name and telephone number of the laboratory director or other responsible person
- Reference the Clinic Manual: Policies and Procedures - section 2

The College's complete program, "Written Hazard Communication Program" can be viewed in the College Program Binder found in the instructor's area on the counter. Oakland Community College Blood borne Pathogens, Personal Protection Equipment can be viewed on the College's website under the Environmental Health and Safety Tab.

INFECTION CONTROL PROCEDURES/POLICIES

The dental hygiene clinic of Oakland Community College complies with all current federal, state, and local infection control guidelines regulated by the Department of Occupational Safety and Health Administration (OSHA) and the Center for Disease Control (CDC). These infection control guidelines are followed by all clinic faculty, staff, and students to provide optimal treatment and working conditions for all those involved in the clinic environment. Knowledge and use of infection control practices and bloodborne pathogens precautions are woven into all aspects of the dental hygiene program - the clinic, the classroom, the laboratory. The guidelines are used in:

- the treatment area
- the sterilization area
- the radiographic exposure and development area
- dental materials lab area

Treatment Area

The objective of infection control is to prevent the transmission of disease during treatment among dental professionals and patients via cross-contamination. Thus, the student clinicians are taught the following concepts of standard precautions:

- Principles of personal protection equipment use
- Proper hand washing
- Dental unit water line management
- Dental treatment area disinfection and setup
- Dental treatment area breakdown and clean-up

Personal protection equipment (PPE). The definition of Personal Protection Equipment (PPE) comes from OCC's Bloodborne Pathogens Program document. The personal protection equipment used in the dental hygiene clinic, radiologic exposure and development area and the dental materials lab includes: treatment gloves, face mask, protective eye-wear, and fluid resistant lab coat. The use of PPE is mandated during all patient treatment. The purpose of donning PPE is to help protect the students and patients from diseases that could be transmitted throughout the course of patient treatment.

Hand washing. Hand care is one of the most important aspects of infection control. Proper hand washing is paramount for maintaining the integrity of the clinician's first line of defense against disease by cross contamination - the skin. The treatment gloves worn are an important barrier against contracting and transmitting a disease since they cover the skin. The student clinician is taught the proper fit and process for removal of their gloves to ensure they are an effective barrier.

Dental water line management. Waterline management is part of the dental unit disinfection and all the dental units in the dental hygiene clinic are fitted with individual water bottles. These bottles are filled with distilled water and an adtec ICX tablet. The

adec ICX tablets are specifically formulated for dental unit waterline treatment. Waterline management follows the CDC recommendations:

- water lines are flushed at the beginning of the day for a minimum of two minutes to reduce dental unit waterline biofilm water is ran through the water tubing for 30 seconds before and 30 seconds after each patient

Treatment area disinfection. Treatment area disinfection refers to the procedures executed prior to seating the patient for treatment. The dental hygiene operatory is not required to be a sterile environment such as a hospital operating room. However, it is imperative the treatment area be maintained as a disinfected environment to reduce the potential for the spread of infectious agents. Infection control is based on the premise that transmission occurs when an infectious agent has a portal of entry to a susceptible host. By reducing the presence of infectious pathogens to an absolute minimum, the potential for infection by cross contamination is minimized or eliminated. The objectives of treatment area and dental unit disinfection are:

- to reduce the level of pathogenic microorganisms found on the treatment area surfaces and the dental unit's surface to a level the human body's defense mechanism can protect against
- to eliminate cross contamination from surface contaminants
- to apply standard precautions

Treatment area surface disinfection is accomplished by the use of an EPA-registered and ADA accepted agents with bactericidal, virucidal, tuberculocidal properties, and are hydrophilic and lipophilic in nature. The treatment area surfaces involved are: the dental unit, counters, sink, computer, clinician chair, and chart holder. The surfaces are wiped to remove bio burden followed by a final wet spray to disinfect.

Sterilization Area

The Dental Hygiene Clinic has a designated area within the clinic proper for managing the sterilization of contaminated non-disposable instruments and equipment. Coinciding with learning the procedures for the dental unit disinfection, students are taught the sterilization procedures. The learning unit on sterilization involves the procedures for properly loading, unloading and maintaining;

- the Midmark Autoclaves
- the Statim unit
- the Biosonic ultrasonic unit.

The students are taught and evaluated on the proper procedures for getting their contaminated instruments from their operatory/workstation to the intake portion of the central sterilization area while reducing the potential for an incidental stick with an instrument and preventing recontamination of sterilized items.

Radiographic Exposure and Development Areas

The dental hygiene clinic is equipped with an area designated for the exposure and development of dental x-rays. There are four x-ray operatories and one panoramic.

Each radiographic operatory is disinfected and barriers placed prior to and following patient treatment. A student is expected to wear the proper PPE while exposing radiographs on patients and to provide the patients with a protective lead apron. Direct sensors and PSP plates are covered with a barrier and PSP plates are wiped with a Cavi-wipe before it leaves the operatory for scanning.

Dental Materials Lab

Infection control procedures are executed at the dental hygiene unit before contaminated material is carried to the dental materials lab. The most common source for cross contamination to the lab is the alginate impression. Once the impression is approved by the dentist/instructor to be poured, it is sprayed with Cavi-spray and wrapped in slightly moist paper towel before it is carried to the lab with clean gloved hands.

**For more detailed information on the infection control procedures and policies used refer to the clinic manual.*

CLINIC PROTOCOL

- An instructor must be on the clinic floor before a patient is seated for treatment
- Proper PPE must be worn during patient care and in the sterilization area
- No food, drinks, or gum in clinic
- Do not yell across the clinic for an instructor or fellow student
- If you need help, sign up on the board
- Signing up for an evaluation means you are prepared to be evaluated; ask questions prior to signing up on the board
- Signing up for dismissal/final check means your computer work is done as well
- Respect other students and their patients' confidentiality; gain the patient's and student's consent if you want to observe them
- All students must remain in clinic area during their clinical rotation. Students are expected to demonstrate professionalism and responsibility to their "team" by helping others if they do not have a patient scheduled and making themselves available. Studying and congregating in the student lounge area is NOT permitted during clinical rotation.
- If you are not scheduled for the clinic, please refrain from passing through the clinic when possible and minimize your presence. It is not professional to come through the clinic and/or hang out when you are not scheduled. If you do come into the clinic, your lab coat is to be worn over your clothes if you are not in your scrubs
- You are training to become a professional, therefore you need to maintain professional in both appearance and environment

FRONT DESK ROTATION

The front desk personnel are responsible for contacting patients to confirm appointments and to work with the student clinicians to schedule patient appointments. A student clinician is scheduled to work the front desk during each clinic session. In conjunction with the Dental Hygiene Specialist, the student clinician is responsible for the following procedures:

- To call the patients on the next clinic session's roster to confirm/remind them of the day and time of their appointment
- To pre-screen patient with COVID 19 Questions when confirming appointments (when required)
- To call patients on the cancellation/wait list if an opening occurs
- To notify the student clinician if his/her scheduled patient is confirmed, a message was left, or if the patient canceled
- To document in the patient's record if he/she cancels on short notice or fails to show for an appointment
- To document the date and time when a patient's appointment is rescheduled
- Student clinicians are also responsible for maintaining communication with their patients through treatment completion.

PATIENT RIGHTS AND RESPONSIBILITY

The Dental Hygiene Program of Oakland Community College recognizes that all people have the right to equal access to quality dental care. All patients have the right to be respected and informed about their treatment, the impact of failure to comply with the recommended treatment, and responsibilities as a patient in the dental clinic. Patients also have the right to understand the dental clinic's responsibility to them.

Patient Rights:

As a patient in the dental hygiene clinic, patients have the following rights:

- to be treated with respect and consideration for their personal, medical, and dental needs.
- to be informed of all aspects of their dental treatment
- to expect confidentiality of all records pertinent to their dental care
- to be informed of appointment and fee schedules
- to review their financial and clinical records
- to obtain a thorough evaluation of their needs
- to be treated as partners in care and decision making related to treatment planning
- to receive evidence-based clinical information
- to be assured of quality treatment
- to request and expect appropriate referrals for consultation
- to be taught how to maintain good oral health for a lifetime
- to receive treatment that will prevent future dental or oral disease
- to expect continuity of treatment

- to be charged with a fair and equitable fee and have appointment schedules and times maintained
- to be given an explanation of recommended treatment, treatment alternatives, the option to refuse treatment, the risks associated with no treatment and expected outcomes of various treatments
- to be respected for requesting a second opinion
- to be respected as human beings who have feelings and needs

Patient Responsibilities

Since dental treatment is delivered in an educational setting, the patient becomes a member of the dental team with the student clinician and clinical faculty. To ensure safe and complete treatment is rendered, the patient is responsible for:

- providing accurate and complete medical information
- being on time for appointments
- canceling appointments with a least a 24-hour notice
- responding to dental recommendations or referrals in a timely manner
- patient will not be rescheduled after the third appointment series if a recommendation or referral has not been addressed
- responding to medical recommendations or referrals in a timely manner patient will not be rescheduled after the third appointment series if a recommendation or referral has not been addressed
- being respectful to the student clinician, clinic staff and clinic faculty
- using appropriate behavior in the clinic
- paying for treatment rendered at the scheduled appointment
- informing the student clinician/clinic staff of changes in medical/dental history and personal contact information that may occur between appointments

DENTAL HYGIENE CLINIC RESPONSIBILITY TO PATIENTS

A diverse group of patients with diverse dental needs are seen in Oakland Community College's Dental Hygiene clinic. The clinic faculty, staff, and student clinicians are dedicated to delivering the highest quality care possible for each patient based on the needs he/she presents. Thus, the clinic has the responsibility to:

- treat all patient information with confidentiality
- treat all patients with respect
- consider the patient's personal, medical, and dental needs during treatment plan development
- inform and educate the patient on the outcomes expected based on his/her treatment needs
- inform and educate the patient on the outcomes expected if treatment is refused
- include the patient in the decision-making process as a part of the dental team during treatment planning
- inform the patient of the anticipated time commitment and fees involved
- provide the patient with the necessary medical and/or dental referrals that become

apparent throughout the course of treatment

- provide continuity of care in a timely manner (Students are required to complete all patients they have begun treatment, which may include completing them beyond their final semester of the program)
- answer all treatment questions/concerns the patient may have
- inform the patients of the current fee schedule and changes that may occur

PATIENT COMPLAINTS

The dental hygiene clinics handle patient complaints on an individual basis as they arise. When a patient has a complaint it first is documented and addressed by the clinical coordinator in charge of the clinic that day. If the problem cannot be resolved, the patient can be given the Health Professions and Nursing Dean's number so they can further the complaint process to the next level. All patients are given an opportunity to fill out a patient satisfaction survey, to express their satisfaction level of the treatment they received at the dental hygiene clinic. Surveys are collected and analyzed each semester to assess the level of satisfaction of the patients of the Oakland Community College Dental Hygiene Clinic. Once a year the surveys are discussed with all faculty including clinic instructors and supervising DDS and problems and issues are addressed when needed.

PATIENT MANAGEMENT

Treatment of Minors

Patients under the age of 18 are considered minors. To be treated in the hygiene clinic, a minor patient must be accompanied by a parent. If a parent is not able to accompany the minor, a legal guardian or an adult authorized by the parent who is familiar with the patient's medical history may take the parent's place. This responsible adult should have the parent's written authorization giving the clinic permission to treat the minor patient. The adult accompanying a minor patient is required to remain in the clinic reception area while the patient is receiving care. Finally, if written permission to treat is not available, verbal permission can be obtained.

Antibiotic Premedication Policy

There are many medical conditions that require antibiotic coverage prior to dental treatment, with the more common ones being related to heart conditions and joint replacements. It is the responsibility of the patient to reveal any medical condition that may require premedication. When possible, the patient's physician/surgeon is contacted to have him/her make the pre-medication decision for the patient. When the physician cannot be reached, the student clinician defers decision making concerning the need for premedication to the attending dentist on staff and the guidelines published by the American Heart Association and the American Dental Association.

The ADA recommendations are:

- prosthetic cardiac valves, including transcatheter-implanted prostheses and homografts;
- prosthetic material used for cardiac valve repair, such as annuloplasty rings and chords;

- a history of infective endocarditis;
- a cardiac transplant with valve regurgitation due to a structurally abnormal valve;
- the following congenital (present from birth) heart disease
- unrepaired cyanotic congenital heart disease, including palliative shunts and conduits
- any repaired congenital heart defect with residual shunts or valvular regurgitation at the site of or adjacent to the site of a prosthetic patch or a prosthetic device

In general, for patients with prosthetic joint implants, prophylactic antibiotics are not recommended prior to dental procedures to prevent prosthetic joint infection. In cases where antibiotics are deemed necessary, it is most appropriate that the orthopedic surgeon recommend the appropriate antibiotic regimen and when reasonable write the prescription.

Sources: The American Dental Association website, updated 2023.

<https://www.ada.org/en/member-center/oral-health-topics/antibiotic-prophylaxis>

Patients who need to pre-medicate with antibiotics are required to take their prescribed dose one hour before their appointment to reach optimal blood levels. Should the patient forget to take their pre-medication or doesn't have a dose available, the clinic keeps antibiotics on hand for the attending dentist to administer at \$5.00 per dose.

Pain Management

The dental hygiene faculty and student clinicians realize scaling and root planing procedures provided can be uncomfortable for the patients. Topical anesthetics, local anesthetics, and Nitrous Oxide/Oxygen sedation are available in the clinic to keep our patients as comfortable as possible. All pain management procedures are preceded by a review of the patient's medical history, list of medications and known allergies to check for potential contraindications for use. The patient's treatment record is documented with the medicament used and the amount given.

Topical anesthetic. Benzo-jel (20% Benzocaine gel), in a variety of flavors, is available for topical application with a cotton tip applicator at each operatory. This is used for patients who experience slight discomfort during the prophylaxis procedures.

Oraqix. Oraqix is an injectable periodontal gel (2.5 lidocaine / 2.5% prilocaine) delivered by cannula to the periodontal pocket to provide a longer acting, more intense management of tissue discomfort. Oraqix is kept in the instructor's area and must be requested. This topical anesthetic is used for the patient who prefers to not receive local anesthetic and is not kept completely comfortable with just the topical gel.

Local anesthetic. Local anesthetic is kept in the sterilization area of the clinic. A variety of agents, needles, and syringes are kept in the upper cabinet above the Statim unit. Local anesthetic is given to patients with moderate to severe discomfort during prophylaxis procedures. Local anesthetic is delivered by the attending dentist, certified clinicians, and the student clinicians who have completed the local anesthetic course at competency. All injections given by a student clinician is directly observed by a certified

instructor or the attending dentist.

Nitrous oxide/oxygen conscious sedation. The student clinicians learn the didactic and practical aspects of Nitrous Oxide - Oxygen (N_2O_2/O_2) conscious sedation as a part of the local anesthetic course taught during the Summer 1 semester. N_2O_2/O_2 is recommended for the patient who exhibits dental fear and/or anxiety. As with the use of local anesthetic, the student clinician providing N_2O_2/O_2 for his/her patient does so under the direct observation of the attending dentist or a certified clinician. Use of N_2O_2/O_2 requires the patient to sign a N_2O_2/O_2 consent form and to complete a pre- and post DOT test. The N_2O_2/O_2 units are locked in the dispensary closet. The scavenging nasal hoods and tubing are located in the clinic instructor area.

MANAGEMENT OF MEDICALLY COMPROMISED PATIENTS

A diverse population is treated by the student clinicians in the OCC dental hygiene clinic. The diverse patient populations they treat have many different medical conditions that may require an alteration to the dental hygiene care plan. The student clinicians need to be aware of dental considerations and management of the following patients: patients with blood disorders, diabetes, active tuberculosis, patient taking specific medications, hypertension, and patients with HIV/AIDS and immune disorders.

Patients with Blood Disorders

Some, but not all, of the conditions that may need dental modifications include patients undergoing current or recent cancer treatments, patients with autoimmune compromising conditions, and patients with blood disorders including: anemia, iron deficiencies, and vitamin deficiencies may need dental modifications.

Normal Blood Counts

Cell Type	Reference Range
White Blood Cells	4.0 to 11.0 k/ul
Red Blood Cells Adult Males	4.70 to 5.25 k/ul
Red Blood Cells Adult Females	4.00 to 4.50 k/ul
Platelets	150 to 450 mmol
Neutrophils	1.5 to 7.5 k/ul
Lymphocytes	1.0 to 4.0 % of WBC
Monocytes	0.20 to 0.80 % of WBC
Eosinophil	< 0.41 % of WBC
Basophils	< 0.11 % of WBC

(k/ul = cubic millimeter of blood; mmol = micromol; WBC = White Blood Count)

Patient taking Coumadin (Warfarin)

- Treatment range for INR is 2-3, target is 2.5
- Ask patient for most current International Normalized Ratio (INR) blood test results
- Obtain a copy of the blood work reflecting a normal INR annually to keep on file

- Document the INR in patient's Dentrux chart: When and reading
- Consult a patient's physician prior to beginning any instrumentation – including exploring and probing if patient does not know INR or if it is not in the correct range.

Hypertension

- If patients present with an elevated blood pressure above 140/90 a second reading is needed
- A second reading should occur after at least 5 minutes and with a manual cuff
- Patients presenting with an elevated blood pressure of 160/100 or higher may not be treated without DDS or primary care physician consent
- Review nutritional, physical, emotional, and medical changes that may have increased the patient's blood pressure

Patient with Diabetes

- Treatment range for A1C is below 8% and treatment range for blood glucose is 70-200.
- Ask patient for most current A1C and blood glucose
- Obtain a copy of the A1C blood work annually to keep on file
- If a patient is unsure of their blood sugar, the student may test the patient with the glucometer located at the clinic instructor station
- Consult a patient's physician if the A1C or blood sugar is outside the treatment range.
- Ask patient when the last time they ate and verify the type of medication and time they took it
- Verify medications and time taken

Active Tuberculosis (TB)

- Confirmed with a chest x-ray.
- Active TB patients need to be treated in a hospital setting
- Use caution and consult with the patient's MD prior treatment to verify active or inactive TB

HIV/AIDS

- Treat all patients with standard precautions
- Verify their CD4 number prior to treatment
- **CD4 < 400 = HIV** symptomatic stage – patient may show signs of fever, malaise, lymphadenopathy, diarrhea. May need premedication due to opportunistic infections/ consult MD.
- **CD4 < 200 = AIDS** – patient may have Kaposi's sarcoma, lymphoma, pneumonia, cervical carcinoma. Medical Consult prior to treatment.

RECORD MANAGEMENT AND COMMUNICATIONS

There are many activities that may need to be documented in a patient's record in addition to the treatment he/she received. Communications such as the sending or receiving of x-rays and/or chartings, medical/dental referrals, and requests for medical clearance for treatment are among the activities that must be documented in the clinical record. The patient's record is a legal document and is, therefore, checked for accurate and complete entries.

Record Management

A patient's clinic record is a legal document and thereby must be complete and accurate. To ensure the accuracy of the patients' records, the records are reviewed daily and an audit is done at the end of each term.

Record Review

To ensure patient charts are properly documented, the clinical instructors review the records of the patients seen at the end of the clinic day. To standardize this procedure, each instructor follows the "Audit Checklist" while they are reviewing a record. During the review, the record is checked for documentation errors, omission of signatures and proper documentation protocol has been followed. If errors are found, a notation is placed on the file folder and it is placed in the student clinician's communication folder for correction. If the record is found to be correct, it is placed on the desk in the record room to be refilled.

Record Audit

An annual audit is conducted by randomly selecting 25 completed patient records to be reviewed by a dental hygiene clinic employee following the Audit Checklist. A completed form indicating which records were audited, the result of the audit, and who did the audit is submitted to the Dental Hygiene Specialist.

Sending Patient Documents/Information

On occasion, portions of a patient's clinical record may need to be sent to the patient's personal dentist. The most common items requested by the patient or patient's dentist are the most current radiographs and chartings. The patient's clinic record is documented by the student clinician stating what information was sent, to whom it was sent, and who sent it. The patient must provide approval before any information is sent to remain HIPAA compliant. A request is completed by the treating student clinician notifying the Dental Hygiene Specialist of what information needs to be copied, to whom it is to be sent, the postal address or email address to be used. The patient's record is signed by an instructor or the Dental Hygiene Specialist.

- Digital x-rays are sent and received via a secure portal.
- Completed mouth chartings and/or periodontal chartings are occasionally requested by a patient's private dentist. All digital patient documents are sent via a secured portal.
- Medical and/or dental referrals may be sent to a patient's physician, dentist or a specialist if required by the patient's medical/dental condition at the time of his/her appointment.

Receiving Patient Documents/Information

There are times when the patient is asked to provide the dental hygiene clinic with outside information to keep his/her clinic records up to date. The response to a medical/dental referral and copies of the most current x-rays or chartings are examples of incoming communications. Information being sent should include the patient's name for ease of inputting to a patient's electronic chart. When requesting information to be sent to the OCC dental hygiene clinic, the following addresses are provided:

Digital/electronic information:

My Dental CliQue (a secure portal) is used to request information from sources without secure email capabilities. Those sources with secure email can send directly to dentalhygieneclinic@oaklandcc.edu

US postal information (traditional x-rays):

Oakland Community College
Dental Hygiene Clinic
7350 Cooley Lake Road
Waterford, MI 48327

Fax (medical releases, release forms to be completed) (248) 942-3263

**All received patient documents are scanned and placed in the document center in the patient's Dentrix electronic file.*

EMERGENCY MANAGEMENT

Many precautions are taken to prevent emergencies from occurring. These precautions include: recognizing and minimizing contribution risk factors, obtaining a thorough medical history, knowing the signs/symptoms of common medical emergencies, and practicing the proper emergency procedures followed in the dental hygiene clinic. However, when an emergency does develop, the following procedures are followed:

- THE PERSON/PATIENT IN CRISIS IS NEVER LEFT UNATTENDED
- the student clinician identifies a potential medical emergency is developing
- the involved student has the nearest person get the attending dentist or an instructor
- the involved student gets the help of another student/person to get a blood pressure cuff, stethoscope, and oxygen tank to the emergency location and to act as scribe
- the scribe will record information pertaining to the emergency to give to EMS, Public Safety, and complete an incident report.
- the attending dentist or instructor will quickly assess the patient's vitals and symptoms and determines if **911** and/or OCC public safety are to be called.
- if EMS is called, a student per entrance is sent to wait at the building entrance(s) to guide EMS to the clinic
- supplemental oxygen and/or CPR are administered, if called for, while awaiting the arrival of EMS
- Students, patients, faculty and others not involved with the emergency should be cleared from the area. The person with the emergency is entitled to privacy and dignity - he/she is not to be subjected to curious onlookers.

Emergency Medical Kit

The supervising dentist is responsible for handling clinic emergencies. Only the dentist may give emergency drugs. There are three locations for emergency supplies in the dental hygiene clinic:

1. Health First Kit/Emergency Medical Cart. The cart is updated each fall by the Dental Hygiene Specialist and is located in the instructor area, near the fire extinguisher. The Health First Kit comes with a "Medical Emergencies in the Dental Office" video which is viewed by the students in lecture. Students take a medical emergency management exam after the lecture and viewing the video which must be passed at competency prior to treating patients. This kit contains the emergency drugs for use in color coded sections
 - Red - ammonia spray - for fainting / syncope
 - Orange - nitro lingual spray, aspirin - for angina, chest pain
 - Blue - sugar (cake frosting) - low blood sugar
 - Black - syringes, pocket mask - airway management
 - Yellow - albuterol inhaler, epinephrine ampules, diphenhydramine (Benadryl) - allergic reactions, respiratory distress, anaphylaxis
2. White first aid kit on the wall in operatory #16 contains a variety of bandages, first aid cream, ointment, sterile gauze, ammonia inhalants and alcohol wipes. The kit is kept up to date and stocked by the Dental Hygiene Specialist.

3. White first aid kit on the wall in the dental materials trim lab contains a variety of bandages, first aid cream, ointment, sterile gauze, ammonia inhalants and alcohol wipes. The kit is kept up to date and stocked by the Dental Hygiene Specialist.

Mobile Emergency Oxygen

Observe the patient's vitals (blood pressure, pulse, respiration) color and level of consciousness during oxygen use. There are three mobile oxygen units in the dental hygiene clinic.

1. A tall green vertical suitcase style unit is located under the counter in the instructor's area near the visualizer.
 - open the case from the top - 'Open Here' is embossed in the plastic
 - follow the instructions listed inside the lid
2. A portable Nitrous Oxide system is found in the dispensary in a locked closet (key to closet is inside the first upper cabinet door in the instructor area with the other keys). This source of oxygen should be used only if the other unit is unavailable. This source of oxygen takes time to set up, is meant to be used with the patient reclined in the dental chair, and may not be as efficient in delivering oxygen to the patient since it only has a nose cone.
 - grab the key to unlock the nitrous closet door from the inside of the first cupboard facing on the wall in the instructor area
 - retrieve the portable nitrous oxide system from the storage closet in the dispensary
 - retrieve the nose cone and small grey connectors and hoses from the blue basket found on the top shelf of the second cupboard unit on the wall in the instructor's area
 - use the small grey connectors to connect the nose cone and hoses to the unit's hoses
 - open one of the green oxygen tanks with the tool provided using a counter-clockwise motion
 - fill the black reservoir bag 3/4 full by pushing in the green reservoir button on the side of the unit
 - turn the oxygen gauge down to 6
 - place the nose cone over the patient's nose and tighten the hoses behind the chair back to hold the nose cone in place
 - observe the reservoir bag to determine the proper tidal volume setting

Intraoral Emergencies

Of the many intraoral emergencies that could occur, the most common ones that could occur in the dental hygiene clinic involve the breaking of an instrument tip or the loss of a filling.

Broken Instrument Tip. The student should attempt to locate the tip immediately caution the patient to not swallow and remain calm. Suction the patient to attempt to remove the tip and prevent inadvertent swallowing of it and inform the instructor if the broken tip cannot be located. If the tip is not located by the student and faculty, secure a

college report form and instruct patient to obtain a lung x-ray to see if the tip had been aspirated.

Lost fillings. Fractured teeth and loose restorations are to be charted prior to instrumentation during the complete mouth charting if a restoration is inadvertently removed during scaling procedures, place it on the bracket tray notify an instructor or the supervising dentist. Under the dentist's direction the restoration may be re-cemented with temporary cement or placed in an envelope to be given to the patient. Explain to the patient what has happened document the event on the patient's clinical record and provide a referral to the patient's personal dentist for treatment.

Illness/Injury Report

An illness/injury report is completed for all medical emergencies or other injuries that occur in the clinic or classroom. Completed copies of the form need to be given to:

- Public Safety
- Human Resources
- Employee Supervisor
- Risk Management
- Environmental Health and Safety (EHS) Manager

SECTION IV:

PROGRAM INFORMATION AND POLICIES

ADVANCEMENT AND GRADING STRUCTURE

The Dental Hygiene Program coursework is very rigorous. The dental hygiene faculty is student-centered and has various support options in place to help students successfully complete their course work.

Advancement through the Dental Hygiene Program

The Dental Hygiene course sequence must be taken in the order found in the student's dental hygiene prospective. Students advance through the program based on their performance level and/or competency level achieved. The students must achieve 75% competency/performance level or higher in all semester coursework - theory, laboratory and clinical - to advance to the next semester.

Grading Structure

Many dental hygiene courses - courses with a DHY designation- involve a theory portion and either a laboratory or a clinical portion. Such courses are: DHY 1250: Clinical Techniques, DHY 1281: Clinical Dental Hygiene I, DHY 1282: Clinical Dental Hygiene II, DHY 1283: Clinical Dental Hygiene III, DHY 1284: Clinical Dental Hygiene IV, DHY 1240: Dental Embryology and Histology, DHY 1260: Dental Radiography, DHY 2250 Dental Materials, and DHY 1350 Local Anesthesia.

For successful completion of any component DHY course, the student must achieve a 75% competency in each component. For example, to successfully pass DHY 1260: Dental Radiography, the student must achieve a 75% competency in the theory portion **and** a 75% competency in the laboratory portion.

The students' final grade for the Clinical Dental Hygiene courses is determined by combining the competency level achieved for each course component according to its weighted value. As the students advance through the program, the various aspects of their coursework are weighted differently to accommodate their acquisition of the various skills required to be a competent dental hygienist. The progression of the clinical courses is significant to the process.

First year, first semester dental hygiene students must complete all the didactic and laboratory components of all DHY courses at 75% or better to advance into the winter semester.

Failure of any two (2) didactic courses in a semester will stop the student from advancing to the next program level. The student must wait two (2) selection years before returning to the program. The didactic courses include any combination of the following courses:

- DHY 1240: Dental Embryology and Histology & DHY 114: Dental Office Procedure
- DHY 1260: Dental Radiography &/or DHY 2210: Oral Pathology &/or DHY 1310: Periodontics
- DHY 2250: Dental Materials & DHY 1350: Local Anesthesia

- DHY 1330: Therapeutics & DHY 2280: Dental Health Education
- DHY 2240: Dental Specialties & DHY 2220: Public Health Dentistry &/or
- DHY 2320: Dental Law

For a student to advance into the senior clinic, he/she must score 75% competency or better on the first or second attempt on both the Standard of Care (SOC) and the Objective Structured Clinical Exam (OSCE) taken at the completion of spring term.

To be eligible for graduation, the student must score 75% competency or better on the senior exit exam on the first or second attempt.

The Dental Hygiene program follows the College's grading scale:

A = 100% - 92%	B+ = 89% - 87%	C+ = 79% - 78%
A- = 91% - 90%	B = 86% - 83%	C = 77% - 75%
	B- = 82% - 80%	Below 75% = failure

REPETITION AND REMEDIATION

Repetition of Dental Hygiene Coursework

In a given semester, if a student achieves an incomplete in a course. The student will have a year to repeat the failed course. This repeat allowance does not apply to DHY 1230: Dental Anatomy or any of the DHY clinical techniques courses (DHY 1250, DHY 1281, DHY 1282, DHY 1283, and DHY 1284). If the student does not complete and fails the repeat course a second time, he/she will be expelled from the program and will not be eligible for program re-entry.

In the dental hygiene program, all DHY courses need to be completed and successfully passed to continue in the program. For continuance to happen and incomplete was given on an individual basis, the student must make arrangements with the course instructor to complete the course work with a 75% competency or better before the end of the semester. A written contract between the student and the instructor is created to specify requirements and time frame in which the coursework is to be successfully completed. If the instructor deems it beneficial, the student may be referred to the Accessibility Compliance Center and Educational Support Services (ACCESS) office for additional assistance. If the student fails to meet the terms of the contract, he/she will be dismissed from the program. The approval of the Dental Hygiene Program Coordinators and the Dean of Health Professions and Technologies are required for the student to be eligible to re-enter the program.

Remediation in Dental Hygiene Coursework

Instructors in the dental hygiene program provide ongoing feedback to students. When a deficit in a clinical skill is exhibited by a student, the student is notified by an instructor. At this time, the student will enter remediation with a member of the dental hygiene faculty. If remediation proves unsuccessful and the student still fails the clinical portion of a DHY designated course (such as DHY 1250, DHY 1281, DHY 1282, DHY 1283, or DHY 1284), then he/she is determined to be

incompetent/unsafe in his/her clinical skill and will be expelled from the dental hygiene program without the option of further remediation.

During the mid-term conference, students in jeopardy of failing didactic coursework are given a referral to the Accessibility Compliance Center and Educational Support Services (ACCESS) office. It is then the student's responsibility to be proactive in contacting the ACCESS office to schedule tutoring to improve his/her didactic performance. If the jeopardy of failing is in the clinical portion of the course, the student is offered re-testing/re-evaluation to reach competency. The limit for re-testing/re-evaluation is at the discretion of the instructor and/or the program coordinators.

WITHDRAWALS AND RE-ENTRY POLICY

Withdrawals from the Dental Hygiene Program

The student who withdraws twice (2) from the dental hygiene program for any reason **WILL BE TERMINATED AND WILL NOT BE ELIGIBLE FOR READMISSION**. A student who decides to withdraw from the dental hygiene program for personal or academic reasons should notify the clinic coordinator and the program coordinator at the time of his/her decision **before** taking official action. Once the decision is made, the following procedure is followed:

- the student must schedule a personal interview with the program coordinator to complete a form of intention to return or to permanently withdraw from the dental hygiene program
- the student must report to the Registration Office to officially drop his/her schedule of classes

Re-entry into the Dental Hygiene Program

The procedure for a student to re-enter the dental hygiene program once he/she has withdrawn is as follows:

- If a student is selected into the program, enrolls and then withdraws early enough for his/her seat to be reassigned, there is no penalty for the withdrawal. If this student wishes to re-enter the program, he/she designates DHY as his/her curriculum. The student will be placed on the selection list and will be considered for re-entry based on his/her prerequisite completion date
- If a student withdraws from the dental hygiene program for any reason, the reason must be stated in writing and placed in his/her dental hygiene program record. Re-entry will be granted in the next selection year process.
- If a student fails a course in a fixed sequence, then the student must wait two (2) years of the selection process. The purpose of the delayed re-entry is to assure that all applicants on the selection list receive their opportunity at a program seat before the failed student is given a program seat for a second time.

DRESS CODE AND STANDARD OF CARE REGULATIONS

Dress Code :

Pre-clinic Attire :

- clean lab coat over street attire
- no low-cut tops in pre-clinic

Clinic / Rotation Attire:

- clinic scrubs in chosen class color
- clean lab coat
- white socks, tennis socks are acceptable if they cover the ankle
- clean white shoes *may have minimal accent color. Shoes must be closed toe and not “slip on” including no “Crocs”.
- well-groomed fingernails cut to an appropriate length
- no colored fingernail polish, no artificial nails
- hair is to be clean, off the face and pulled back
- wear unobtrusive ear jewelry (small earrings that stay close to the ear, a watch kept in a bag)
- facial hair (beard/mustache/long sideburns) is kept groomed and short

Standard of Care Regulations:

Jewelry is removed at the beginning of the day. Hand, wrist, and facial jewelry can collect microorganisms in their crevices where scrubbing for removal is impossible. An instructor will approach you if you are not compliant with the dress code. Lack of respect for clinic rules will result in a lowered professional grade which can affect your total clinic performance.

ATTENDANCE, CONDUCT, AND CLASSROOM ETIQUETTE

Attendance for Lecture, Lab and Clinic

- A student is expected to attend ALL class meetings and lab sessions unless other arrangements are made with the course instructor
- For an absence to be excused, the course instructor must receive a phone call prior to the class meeting
- It is the student's responsibility to make up missed course work in a timely manner
- A student is expected to attend ALL clinic sessions to treat his/her assigned patients or to perform his/her assigned rotation duties
- Students with young children MUST make alternative care plans so they can attend class / clinic.
- Excused absences for a missed class/clinic session due to an ill family member are given only if the family member is admitted to the hospital.
- A student who misses clinic fails to meet his/her obligations to the patient or assigned rotation and will receive an unexcused absence
- A student absent two (2) or more times from class, lab, clinic, or rotation will need a written excuse from a physician, hospital, legal system, etc. A phone call will not be sufficient.
- A student with more than three (3) unexcused absences may be dismissed from the program and will require a conference with the Program Coordinator

- Failure to produce an excuse will result in the following penalty:
 - first offense = 10 points off the total grade (class, lab or clinic)
 - second offense = 15 points off the total grade (class, lab or clinic)
 - third offense = 20 points off the total grade (class, lab or clinic) and a mandatory conference with the Program Coordinator
- Penalties from these offenses could result in expulsion from the program
- The Program Director has the right to expel a student from the dental hygiene program if deemed necessary

Tardiness

A student is tardy if he/she is not in his/her seat at the scheduled time for class, lab and/or clinic to start. If tardiness becomes excessive, a referral to the Program Director and a grade reduction will occur. The tardiness policy is:

- three (3) times tardy = 5% reduction in overall grade
- four (4) times tardy = 10% reduction in overall grade

Student Conduct

- Students are expected to attend all class meetings unless other arrangements are made with the instructor. A phone call to the course instructor is expected to be made prior to the course meeting to be missed.
- It is the student's responsibility to get any missed lecture material and to make up course work in a timely manner.
- No student shall engage in behavior which, in the judgment of the instructor of the class, may be construed as cheating. This may include, but is not limited to, plagiarism or other forms of academic dishonesty such as the acquisition (without permission) of tests or other academic materials and / or distribution of same. This includes students who aid and abet, as well as those who attempt such behavior.

Classroom Etiquette

- Mobile devices are not to be used in the classroom, clinic, or lab
- Cell phones are to be in the vibrate mode only
- Eating in class, clinic, or lab is prohibited; drinks are allowed
- Disruptive behavior - talking to a neighbor, making noise, coming in late, leaving during class, etc. will result in dismissal from the room and a zero (0) for work missed

EVALUATION, GRADING, AND ROTATION MANAGEMENT

Three Week Assessments of Students Clinical Skills

All students are evaluated at each clinic session by the clinical faculty. The clinical instructors and supervising dentists are assigned to a section of the five students for a three-week period, the instructors and dentists complete a three-week assessment on each of the students they evaluated throughout that period of time. These three-week assessments are collected and

analyzed to provide tailored instruction to each student according to their strengths and weaknesses of their clinical skills.

Students Competency Evaluations and Patient Completion Grading

Each semester the students have specific required competency skill evaluations that are performed and evaluated along with the above three-week assessments to evaluate the students' skills in all five phases of dental hygiene care. At the end of a clinic session, instructors are responsible for that day by the students. A chart/record review is also completed by the instructors at the end of the clinic session and corrections to the record are performed with the students. All of the students' evaluations and patient completions need to be placed in the students individual grading folder and hard charts need to be placed in the records room to maintain HIPAA compliance before instructors leave clinic for the day.

Make-Up Policy

Students must contact the instructor to arrange a time for the make-up test. Grades on tests administered at other than the scheduled date and time will be reduced by 10%, unless the reason for missing the scheduled examination is a documented illness of the student or death in the immediate family. Documentation must be submitted within one week.

External Rotation Evaluation and Procedures

The Oakland Community College Dental Hygiene Program has affiliation agreements with external organizations to provide students a dental public health outreach rotation. The agreements establish off campus rotation program for OCC dental hygiene students in their second year to experience 20 to 24 hours of dental public health outreach experience.

The rotation

- Allows students to interact with a diverse population of patients, including those with special needs and those that are underserved.
- Allows students to work with other dental and health professional in an inter-professional educational experience.
- May include off campus debriefings held by dental and other health professionals. OCC's dental hygiene curriculum integrates the external rotation into the competencies required for completion of the clinical courses of DHY 1283 and DHY 1284 and dental health education and dental public health courses DHY 2280 and 2220 offered during the last two semesters of the program.
- May include on campus debriefing sessions to discuss their learning experiences at the external rotation.
- Provides the opportunity to be assessed by dental professionals on performance via surveys.
- Gives the student an opportunity to use a self- assessment instrument alongside a reflection paper to evaluate their learning outcomes through this external rotation.

SECTION V:

STUDENT GENERAL INFORMATION

STUDENT ACADEMIC POLICIES

Employment

The Dental Hygiene Program is very challenging. It is recommended that students do not work or if necessary limit employment to a maximum of 15-20 hours per week. Students are required to attend all lecture, laboratory, and clinical rotations.

Academic Advisement

Course instructors and the clinic and program coordinators serve as program advisors. They can be reached at their office hours and/or by appointments to assist with concerns related to courses, clinical rotations, grades, evaluations, progression in the program, and for future educational goals.

Shared Governance

The opportunity for shared governance is extended to the students of Oakland Community College by the board of trustees and college administrations. Students are invited to participate in college, campus and Department of Dental Hygiene committees.

Communication Resources

- **E-mail**
To maintain student confidentiality, dental hygiene faculty and staff will only communicate with students using OCC student email addresses.
- **Desire to learn (D2L)**
Program information, announcements, and course materials will be published on the appropriate Desire to Learn sites, which can be found under: "Distance Learning" from the OCC home page.
- **Emergency alert**
To receive official notification of college closings, and emergency notifications, all dental hygiene students must register with the Emergency Notification System, www.oaklandcc.edu/ENS/.

STUDENT PROGRAM SCHEDULE

First Term: Fall - Tuesday Section

Hour	Mon	Tuesday	Wednesday	Thur	Friday
8:00			DHY 1250 Clinical Techniques Lecture Mrs. Shelbourne		DHY 1240 Dental Histology Lecture
9:00		DHY 1250 Lab			
10:00		Clinical Lab Techniques Mrs. Shelbourne	DHY 1230 Dental Anatomy Lecture Ms. Diedovic		DHY 1240 Dental Histology Lab
11:00					
12:00					
12:30					DHY 1230 Dental Anatomy Lab Ms. Djedovic
1:00		DHY 1250 Clinical Techniques Lab Mrs. Shelbourne	DHY 1140 Dental Office Procedures Lecture Ms. Djedovic		
2:00					
2:30					
3:00					
4:00					

First Term: Fall - Thursday Section

Hour	Mon	Tue	Wednesday	Thursday	Friday
8:00			DHY 1250 Clinical Techniques Lecture Mrs. Shelbourne		DHY 1240 Dental Histology Lecture Mrs. Walby
9:00				DHY 1250 Lab Clinical Techniques Mrs. Shelbourne	
10:00			DHY 1230 Dental Anatomy Lecture Ms. Djedovic		DHY 1240 Dental Lab Mrs. Walby
11:00					
12:00					
12:30					DHY 1230 Dental Anatomy Lab Ms. Djedovic
1:00			DHY 1140 Dental Office Procedures Lecture Ms. Djedovic	DHY 1250 Clinical Techniques Lab Mrs. Shelbourne	
2:00					
2:30					
3:00					
4:00					

Second Term: Winter - Tuesday Section

Hour	Mon	Tuesday	Wednesday	Thursday	Fri
8:00		DHY 1281 Clinical Dental Hygiene I Mrs. Shelbourne	DHY 1260 Dental Radiography Lecture Ms. Djedovic		
9:00				DHY 1260 Dental Radiography Lab Ms. Djedovic	
10:00			DHY 1310 Periodontics Lecture Ms. Djedovic		
11:00					
12:00					
1:00		DHY 1281 Clinical Dental Hygiene I Mrs. Shelbourne	DHY 1281 Clinical Dental Hygiene I Lecture Mrs. Shelbourne		
2:00			DHY 1281 Clinical Dental Hygiene 1 Debriefing Mrs. Shelbourne		
3:00			DHY 2210 Oral Pathology Lecture Ms. Djedovic		
4:00					
5:00					
6:00					

Second Term: Winter - Thursday Section

Hour	Mon	Tuesday	Wednesday	Thursday	Fri
8:00		DHY 1260 Dental Radiography Lab	DHY 1260 Dental Radiography Lecture	DHY 1281 Clinical Dental Hygiene I Mrs. Shelbourne	
9:00			DHY 1310 Periodontics Lecture Ms. Djedovic		
10:00					
11:00					
12:00					
1:00			DHY 1281 Clinical Dental Hygiene I Lecture Mrs. Shelbourne	DHY 1281 Clinical Dental Hygiene I Mrs. Shelbourne	
2:00	DHY 1281 Clinical Dental Hygiene 1 Debriefing Mrs. Shelbourne				
3:00	DHY 2210 Oral Pathology Ms. Djedovic				
4:00					
5:00					
6:00					

Third Term: Summer - Tuesday Section

Hour	Mon	Tuesday	Wednesday	Thursday	Fri
8:00		DHY 1350 Local Anesthesia Lecture	DHY 1282 Clinical Dental Hygiene II Mrs. Shelbourne	DHY 1350 Local Anesthesia Lecture	
9:00		DHY 1350 Local Anesthesia Lab -, et al		DHY 1350 Local Anesthesia Lab, et al	
10:00		DHY 1282 Clinical Dental Hygiene II Mrs. Shelbourne			
10:30				DHY 2250 Dental Materials Lab et al	
11:00					
12:00			DHY 1282 Clinical Dental Hygiene II Lecture Mrs. Shelbourne		
1:00					
2:00		DHY 2250 Dental Materials Lecture	DHY 1282 Clinical Dental Hygiene II Debriefing Mrs. Shelbourne		
2:30					
3:00					
4:00					
	DHY 1282 Clinical Dental Hygiene II Mrs. Shelbourne				

Third Term: Summer - Thursday Section

Hour	Mon	Tuesday	Wednesday	Thursday	Fri	
8:00		DHY 1350 Local Anesthesia - Lecture	DHY 2250 Dental Materials Lecture	DHY 1350 Local Anesthesia - Lecture		
9:00		DHY 1350 Local Anesthesia et al - Lab		DHY 1350 Local Anesthesia, et al - Lab		
10:00				DHY 1282 Clinical Dental Hygiene II Mrs. Shelbourne		
10:30		DHY 2250 Dental Materials et al - Lab				DHY 1282 Clinical Dental Hygiene II Lecture Mrs. Shelbourne
11:00						
12:00						
1:00						
2:00				DHY 1282 Clinical Dental Hygiene II Mrs. Shelbourne		DHY 1282 Clinical Dental Hygiene II - Mrs. Shelbourne
2:30						
3:00		DHY 1282 Clinical Dental Hygiene II Debriefing - Mrs. Shelbourne				
4:00						
5:00						

Fourth Term: Fall - Monday / Wednesday AM Section

Hour	Monday	Tuesday	Wednesday	Thu	Fri
8:00	DHY 1283 Clinical Dental Hygiene III Mrs. Walby, et al	DHY 2280 Dental Health Education	DHY 1283 Clinical Dental Hygiene III Mrs. Walby, et al		
9:00		DHY 1330 Dental Therapeutics Lecture Mrs. Walby			
10:00					
10:30					
11:00					
12:00		DHY 1283 Clinical Dental Hygiene III Lecture Mrs. Walby			
1:00	DHY 1283 Clinical Dental Hygiene III Mrs. Walby, et al	DHY 1283 Debriefing Mrs. Walby			
2:00					
2:30					
3:00					
4:00					
5:00					

Fourth Term: Fall - Wednesday PM / Friday Section

Hour	Mon	Tuesday	Wednesday	Thu	Friday
8:00		DHY 2280 Dental Health Education Ms. Djedovic			DHY 1283 Clinical Dental Hygiene III Mrs. Walby, et al
9:00					
10:00		DHY 1330 Dental Therapeutics Lecture Mrs. Walby			
10:30					
11:00					
12:00		DHY 1283 Clinical Dental Hygiene III Lecture Mrs. Walby			
1:00		DHY 1283 Debriefing Mrs. Walby	DHY 1283 Clinical Dental Hygiene III Mrs. Walby, et al	DHY 1283 Clinical Dental Hygiene III Mrs. Walby, et al	
2:00					
2:30					
3:00					
4:00					
5:00					

Fifth Term: Winter - Monday / Wednesday AM Section

Hour	Monday	Tue	Wednesday	Thursday	Fri
8:00	DHY 1283 Clinical Dental Hygiene IV Mrs. Walby, et al		DHY 1283 Clinical Dental Hygiene IV Mrs. Walby, et al		
9:00					
10:00				DHY 2340 Dental Hygiene Board Review Ms. Djedovic	
11:00				Debriefing with Mrs. Walby	
12:00				DHY 1284 Clinical Dental Hygiene IV Lecture - Mrs. Walby	
1:00	DHY 1283 Clinical Dental Hygiene IV Mrs. Walby, et al			DHY 2220 Public Health Dentistry Lecture Ms. Djedovic	
2:00				DHY 2320 Dental Law Lecture - Mrs. Walby	
3:00				DHY 2230 Dental Specialties Lecture- Mrs. Walby	
4:00					
5:00					

Fifth Term: Winter - Wednesday PM / Friday Section

Hour	Mon	Tue	Wednesday	Thursday	Friday
8:00					DHY 1283 Clinical Dental Hygiene IV Mrs. Walby, et al
9:00					
10:00			DHY 2340 Dental Hygiene Board Review- Ms. Djedovic		
11:00			Debriefing With Mrs. Walby		
12:00				DHY 1284 Clinical Dental Hygiene IV Lecture - Mrs. Walby	
1:00			DHY 1283 Clinical Dental Hygiene IIV Mrs. Walby, et al	DHY 2220 Public Health Dentistry Ms. Djedovic	
2:00				DHY 2320 Dental Law Lecture- Mrs. Walby	
3:00				DHY 2230 Dental Specialties Lecture Mrs. Walby	
4:00					
5:00					

STUDENT CONCERNS AND GRIEVANCE

The Dental Hygiene program has a procedure in place to guarantee that all student problems or grievances are managed equitably.

Problem / Grievance Procedure:

1. Identify the problem source
 - faculty, clinical instructor, fellow student or other
 - obtain problem/ grievance management form (available in the clinic)
2. Seek consultation with the individual - the source of the problem/grievance
 - make an appointment to attempt to reach a solution
 - if a solution is not attained, proceed to step #3
3. Seek consultation with the Program Coordinators
 - make an appointment with the Program Coordinators
 - program coordinators will arrange a problem-solving meeting with all involved parties
 - failure to reach a solution, proceed to step #4
4. Seek consultation with the Department Chair of Health Professions and Technologies
 - make an appointment with the Department Chair
 - bring all problem/grievance management forms that have been completed
 - Department Chair will consult with the Dean of Health Professions and Technologies
 - failure to reach a solution, proceed to step #5
5. Seek consultation with the Dean of Health Professions and Technologies
 - make an appointment with the Dean
 - bring all documentation that proves you have followed the proper channels of resolution
 - a problem-solving meeting will be arranged
 - allow time for problem management and solution

Additionally, there is a suggestion box in the student conference area for your comments and suggestions for solutions to commonly experienced problems. A complaint log is also found in the student conference area for students to notify the program administrators and faculty of complaints. The complaint log is reviewed and addressed formally twice a semester, and more if necessary.

STUDENT BILL OF RESPONSIBILITIES

With every right comes a responsibility! Students are encouraged to seize the responsibility of their own lifelong education:

- I have the responsibility to come to every class prepared to listen, to participate and to learn
- I have the responsibility to read the textbook carefully
- I have the responsibility to ask questions of the instructor when I am unclear
- I have the responsibility to keep an open mind and try to comprehend what others are trying to get across
- I have the responsibility to consult with the instructor, a tutor, classmates and other resources whenever I need assistance
- I have the responsibility to view the instructor as a partner in my education, not someone who is bent on causing me pain and friction
- I have the responsibility to let the instructor and group members know if I cannot attend class
- I have the responsibility to learn about other's culture and experience the world
- I have the responsibility to share my life experience and perspective to help classmates understand concepts

- *The Teaching Professor* (January 1994)

AMERICAN DENTAL HYGIENISTS' ASSOCIATION'S CODE OF ETHICS

Preamble

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

Purpose

The purpose of a professional code of ethics is to achieve high levels of ethical consciousness, decision-making, and practice by the members of the profession. Specific objectives of the Dental Hygiene Code of Ethics are:

- To increase our professional and ethical consciousness and sense of ethical responsibility
- To lead us to recognize ethical issues and choices and to guide us in making more informed ethical decisions
- To establish a standard for professional judgment and conduct

The Dental Hygiene Code of Ethics is meant to influence us throughout our careers. It stimulates our continuing study of ethical issues and challenges us to explore our ethical responsibilities. The Code establishes concise standards of behavior to guide the public's

expectations of our profession and supports existing dental hygiene practice, laws and regulations. By holding ourselves accountable to meeting the standards stated in the Code, we enhance the public's trust on which our professional privilege and status are founded.

Key Concepts

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

Basic Beliefs

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

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

Fundamental Principles

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

Universality

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

Complementarities

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

Ethics

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

Community

This principle expresses our concern for the bond between individuals, the community,

and society in general. It leads us to preserve natural resources and inspires us to show concern for the global environment.

Responsibility

Responsibility is central to our ethics. We recognize that there are guidelines for making ethical choices and accept responsibility for knowing and applying them. We accept the consequences of our actions or the failure to act and are willing to make ethical choices and publicly affirm them.

Core Values

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

Individual autonomy and respect for human beings

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

Confidentiality

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

Societal trust

We value client trust and understand that public trust in our profession is based on our actions and behaviors.

Non-maleficence

We accept our fundamental obligation to provide services in a manner that protects all clients and minimizes harm to them and others

Beneficence

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

Justice and fairness

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

Veracity

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

Standards of Professional Responsibility

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

To ourselves as individuals...

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

To ourselves as professionals...

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

To family and friends....

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

To clients...

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

To colleagues...

- Conduct professional activities and programs, and develop relationships in ways that are honest, responsible, and appropriately open and candid

- Encourage a work environment that promotes individual professional growth and development
- Collaborate with others to create a work environment that minimizes risk to the personal health and safety of our colleague
- Manage conflicts constructively
- Support the efforts of other dental hygienists to communicate the dental hygiene philosophy and preventive oral care
- Inform other healthcare professionals about the relationship between general and oral health
- Promote human relationships that are mutually beneficial, including those with other healthcare professionals

To employees and employers...

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

To the dental hygiene profession...

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

To the community and society...

- Recognize and uphold the laws and regulations governing our profession
- Document and report inappropriate, inadequate, or substandard care and/or illegal activities by a healthcare provider, to the responsible authorities
- Use peer reviews as a mechanism for identifying inappropriate, inadequate or substandard care provided by dental hygienists
- Comply with local, state and federal statutes that promote public health/safety
- Develop support systems and quality-assurance programs in the workplace to assist dental hygienists providing the appropriate standard of care
- Promote access to dental hygiene services - for all, supporting justice and fairness in the distribution of healthcare resources

- Act consistently with the ethics of the global scientific community of which our profession is a part
- Create a healthful workplace ecosystem to support a healthy environment
- Recognize and uphold our obligation to provide pro bono service

To Scientific Investigation...

We accept responsibility for conducting research according to the fundamental principles underlying our ethical beliefs in compliance with universal codes, governmental standards, and professional guidelines for the care and management of experimental subjects. We acknowledge our ethical obligations to the scientific community.

- Conduct research that contributes knowledge that is valid and useful to our clients and society
- Use research resources appropriately
- Systematically review and justify research in progress to ensure the most favorable benefit-to-risk ratio to research subjects
- Submit all proposals involving human subjects to an appropriate human subject review committee
- Secure appropriate institutional committee approval for the conduct of research involving animals
- Obtain informed consent from human subjects participating in research that is based on specification published in Title 21 Code of Federal Regulations Part 46
- Respect the confidentiality and privacy of data
- Seek opportunities to advance dental hygiene knowledge through research by providing financial, human, and technical resources whenever possible.
- Report research results in a timely manner
- Report research findings completely and honestly, drawing only those conclusions that are supported by the data presented
- Report names of investigators fairly and accurately
- Interpret the research and research of others accurately and objectively, drawing conclusions that are supported by the data presented and seeking clarity when uncertain
- Critically evaluate research methods and results before applying new theory and technology in practice
- Be knowledgeable concerning currently accepted preventive and therapeutic methods, products and technology and their application to our practice

GRADUATION

Program Requirements

The student must have completed all required coursework, clinical competencies, and patient completion and program requirements at 75% or better on the dental hygiene grading scale.

Application for Degree

During the last semester of the program, the student must complete a final checklist at the counseling office. The student must in addition complete an application for graduation and pay the graduation fee to the OCC business office in the semester indicated for graduation.

Dental Hygiene Pinning Ceremony

The graduating class will hold and attend a pinning ceremony for their completion of the dental hygiene program. This ceremony includes the recognition, celebration, and the acceptance of their dental hygiene pin for entry into the dental hygiene profession. The Dental Hygiene faculty select specific graduating students for specific honors and awards.

Commencement

Commencement refers to the formal ceremony during which graduated students receive their diplomas. All fall, winter, or summer graduates are honored at the ceremony held in May or June each year. Graduating students are informed of details early in the final semester. Caps and gowns are available for purchase at any campus bookstore.

Michigan Licensure

Students will receive information about the application for Michigan licensure during the last semester of the program. Specific questions and details about licensure as a Registered Dental Hygienist can be found on the website, www.michigan.gov/lara.

Opportunities for Continued Education and/or Bachelor Degree:

Oakland Community College has developed an articulation agreement with University of Detroit Mercy for a Bachelor's Degree in Dental Hygiene. In addition, other colleges and universities have degree completion programs that utilize the credits and Associates degree in Dental Hygiene from Oakland Community College. More information about these programs are shared with the students in the second year of the program, through information sessions, and can be obtained from the Program Coordinators.

CAMPUS RESOURCES

The college provides valuable resources for students and these resources can be found on the home page or at www.oaklandcc.edu under “quick links” or” A-Z” tabs. Some of the following resources are listed below:

- Accessibility Compliance Center & Education Support Services (ACCESS)
- Computer Information Labs
- Counseling
- Financial Assistance & Scholarships
- Library
- Academic Support Center (ASC)
- Oakland Community College Handbook available online
- Oakland Community College Catalog and Schedules available online
- Dental Hygiene Website: <https://www.oaklandcc.edu/health/dental-hygiene/>

Student Organizations

Dental Hygiene Students are required to be a student chapter member of the American Dental Hygienists’ Association (ADHA). This student association through the academic year does perform community service and hold fundraising events for the purpose of improving oral health of the public and advancing the profession of dental hygiene.

DENTAL HYGIENE CLINIC INFORMATION

Hours of Operation

Fall Term – September through December

Monday	
Wednesday	8:00am – 4:30pm (closed between 11:30am – 1:00pm)
Friday	<i>Closed Tuesday and Thursday</i>

Winter Term – January through April

Monday	
Tuesday	
Wednesday	8:00am – 4:30pm (closed between 11:30am – 1:00pm)
Thursday	
Friday	

Summer I Term – May through June

Tuesday –	10:00am – 4:30pm (closed between 12:30pm - 2:00pm)
Wednesday -	8:00am – 4:30pm (closed between 11:30am - 1:00pm)
Thursday -	10:00am – 4:30pm (closed between 12:30pm - 2:00pm)
	<i>Closed Monday and Friday</i>

Summer II Term – July through mid-August

The dental hygiene clinic is closed.

Dental Hygiene Clinic, Offices, And Phone Numbers

- Dental Hygiene Clinic: 248-942-3260
- Dental Hygiene Specialist Office: 248-942-3261

Nitrous Oxide

Four-hour appointment \$20.00

Arestin - per application \$10.00

Antibiotic premedication dose \$5.00

Bleaching:

Initial Bleaching Kit \$75.00

Bleaching trays \$50.00

Bleach refill - 4 syringes \$25.00

Mouth guard \$50.00

X-Rays

Full mouth X-ray \$10.00 (18 exposures)

Panoramic X-Ray \$25.00

Bitewings \$0.00 (2/4 exposures included in the full mouth)

Peri-apical \$ 0.00 (single exposure (s) -no charge)

Additional copies of X-ray \$10.00

Case Study Patients \$ 0.00 (no charge)

NOTE: Full-mouth x-rays are required by Clinic policy every 3-5 years, as needed.

Payment Methods:

Credit or Debit ONLY