

**MINNESOTA WEST  
COMMUNITY & TECHNICAL  
COLLEGE**



**DENTAL ASSISTANT  
PROGRAM  
HANDBOOK**

## TABLE OF CONTENTS

Mission Statement/Mission Goals/Vision Statement	3
Vision Goals/Program Mission	4
Program Facts/Length/ Prerequisites/Part Time Enrollment/Supplies Needed	5
Dental Assistant Program-General Information	6-12
Academic Integrity	
Disabilities	
Emergency Procedures	
Affirmative Action	
Faculty	
Attendance	
Test Days/Quizzes/Classroom Conduct/Academic Integrity	
Dress Code	
Grading	
Department Guidelines/Course Fees	
Examination Fees	
Externship Information	
Criminal Background Checks	12
Program Course Requirements	13-14
Course Schedule (Fall/Spring)	15-16
Student Calendar	17-18
Infectious Control Policies and Procedures & Forms	19-33
Student Statement of Understanding & Release	34
Laboratory Protocol / Safety Rules	35-36
Student Safety Devices	37
Infection Control Protocol	38-39
Radiation Safety Policy	40-44
Dental Radiology Infection Control Protocol	45-46
Dental Assistant Department Emergency Plan	47
Nitrous Oxide Sedation Participants	48
Appendix	
A. Student Report of Blood/Body fluid exposure	49
B. Important Notices	50
C. Student Hepatitis B Vaccine Declination Form	51
D. Commission on Dental Accreditation Complaint Policy	52

## **Minnesota West Community & Technical College: Mission-Vision-Values**

“Minnesota West Community & Technical College is dedicated to serving the varied educational needs of our diverse populations in affordable, accessible and supportive settings.”

### **MISSION**

1. To provide pre-professional and liberal arts courses which lead to an Associate of Arts or Associate of Science degrees. The courses are designed to transfer to a four-year college or university and will apply toward a baccalaureate degree.
2. To provide certificate, diploma, and Associate of Applied Science degree courses for students working to develop and enhance occupational or technical competence leading toward employment or further education.
3. To provide learning opportunities for people of varying ages, backgrounds, and abilities with a particular focus and commitment to retraining and lifelong learning.
4. To provide continuing education, management education, and customized training for professions, businesses, and industries.
5. To provide facilities for programs, activities, conferences, teleconferences, and courses to meet community needs.
6. To provide extended educational opportunities by means of flexible scheduling and delivery.
7. To provide effective and efficient use of resources through partnerships with agencies, other educational institutions, businesses and industries.
8. To provide continuous improvement processes via assessment, evaluation and upgrading of programs and services, and to support the professional development of college personnel.
9. To provide the resources to meet the contemporary standards of facilities, informational resources, technology, and teaching strategies to insure quality educational outcomes.
10. To provide comprehensive student services enabling academic and personal growth toward life-long learning.

### **VISION**

“Minnesota West Community & Technical College provides dynamic, responsive, creative, and quality education to a diverse population in an ever-changing educational, business and cultural environment.”

**Access:** To provide students with access to learning and information through electronic education and technology in addition to traditional methods of instruction.

**Position Students:** To provide students with transferable credit, employment skills, and the ability to access lifelong learning.

**Regional Needs:** To be a partner with agencies, other educational institutions, businesses and industries in regional economic development.

**Continuing Evaluation:** To continue evaluating all College activities, programs, and functions with regard to service to students, performance outcomes, fiscal accountability, and cost effectiveness to insure future College growth and success.

**MnSCU Goals:** To support goals of Academic Accountability, Skill-based Transfer, Career Education, Electronic Education, Program Alignment, and MnSCU/K-12 Partnership.

#### **Value**

We value excellence in an environment of mutual learning that is respectful, consistent, and dependable.

### **DENTAL ASSISTANT PROGRAM MISSION**

Dental Assisting is a recognized vital profession to dental team services. The Dental Assistant Department's mission is that each student pursuing a career in dental assisting will be provided educational and training opportunities to attain his or her fullest potential in various dental environments, while delivering quality dental services to patients and the community. The Dental Assistant Department will strive to provide adequate and challenging opportunities for the student to acquire the basic knowledge and skills essential in meeting requirements set forth by the Dental Assisting National Board and the Minnesota State Board of Dentistry and to be encouraged to engage in life-long learning.

### **DENTAL ASSISTANT PROGRAM OUTCOMES/GOALS**

1. Demonstrate the necessary knowledge and skills essential for obtaining employment in the occupation of dental assisting.
2. Demonstrate competent clinical skills necessary for successful employment as a dental assistant.

3. Apply current concepts of infection control and occupational safety
4. Apply principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, patient care and practice management
5. Practice interpersonal and communication skills to effectively interact with diverse population groups and other members of the healthcare team
6. Demonstrate the knowledge necessary to become licensed in the state of Minnesota by successfully completing National and State Dental Assisting Board Examinations.

### **PROGRAM FACTS**

The Dental Assistant Program was established in 1969. This program is designed to meet the American Dental Association's Commission on Dental Accreditation Standards for Dental Assisting and the clinic skills and competencies as designated by the State Dental Practice Act of the Minnesota Board of Dentistry.

### **PROGRAM LENGTH**

- a) Two semesters-on campus
- b) One summer session-internship
- c) 48 total credits – diploma
- d) 60 total credits - AAS

### **PREREQUISITES FOR SPRING SEMESTER**

- a) Currently certified in CPR; American Heart Association Healthcare Provider or American Red Cross Professional Rescuer
- b) Hepatitis B vaccination, and documentation of tuberculosis testing
- c) Completion of Fall semester courses with grade of C or better

### **PART-TIME ENROLLMENT**

- a) A student can complete the program in a two-year time frame instead of one
- b) The student needs the program directors permission
- c) There are a limited number of students for part-time

### **SUPPLIES NEEDED**

- a) Colored pencils
- b) Notebooks for each subject -use three ring binders
- c) Daily planner

The following supplies are available at the bookstore.

- a) Safety glasses - for lab and clinical courses
- b) Exam gloves and masks

- c) Utility gloves
- d) Prophy angles (for spring semester)

**MINNESOTA WEST COMMUNITY AND TECHNICAL COLLEGE  
DENTAL ASSISTANT PROGRAM  
GENERAL INFORMATION**

This information has been prepared for the use of the students enrolled in the **Dental Assistant Program**. While the College has policies and procedures that are required of all enrolled in courses within the College, the **Dental Assistant Program** has additional policies (College & Program) and adheres to them.

The objectives for each course will be aimed at developing the necessary skills, knowledge and attitude for the student to be successful. Each course will have a course syllabus, and there will be a full understanding of the requirements for the completion of each course. The student's completion of the program requirements, will allow the student to take the National Certification Examination and the State Licensure Examination.

Reasonable accommodations will be provided for students with disabilities. It is the student's responsibility to contact the instructor at the beginning of the program and/or each semester.

**ACADEMIC INTEGRITY**

Minnesota West Community & Technical College expects all students to uphold the highest standards of academic integrity and acts of dishonesty will not be tolerated. See the Minnesota West website Current Student link for further information.  
<http://www.mnwest.edu/index.php/current-students>

**DISABILITIES**

Students with a verified disability or those needing a reasonable accommodation may contact the Campus Disability Coordinator.

**EMERGENCY EXIT PRODECURES**

Emergency exit information and procedures can be found in each classroom. Please take time to review these procedures.

**AFFIRMATIVE ACTION**

Minnesota West Community & Technical College endorses and implements a policy of equal opportunity for all students regardless of race, color, religion, national origin, ancestry, disability or sexual orientation. If you have any concerns see the Student Handbook or contact the Human Resources Department.

**FACULTY**

TERESA NOYES, BA, MS, CDA, LDA, PROGRAM DIRECTOR  
Office: 507-223-1346  
E-mail: [teresa.noyes@mnwest.edu](mailto:teresa.noyes@mnwest.edu)  
Office in Room: 114D

SARA ABRAHAMSON, BS, RDH, CDA, INSTRUCTOR

Office: 507-223-1347

E-mail: sara.abrahamson@mnwest.edu

Office in Room: 114D

## CODE OF CLASSROOM CONDUCT

### 1. Attendance

- a. Attendance is critical for success in this program. You will be responsible for daily lecture notes, materials and assignments in your absence. If you need to be absent from class contact the instructor or a classmate to learn of the day's activities.
- b. Students who miss a class due to an approved Minnesota West sponsored event will get credit for that class only if they notify the instructor in advance of the absence.
- c. The Dental Assistant policy follows that of the humanities policy, which states that students who miss twenty percent or more of scheduled classes may be administratively withdrawn. For a three credit course this would be ten or more classes; for a two credit course, six or more classes and for a one credit course three classes or more. Students with situations such as deaths in the immediate family, severe illness or other extenuating circumstances need to contact faculty immediately.
- d. If absolutely necessary to be absent, previous arrangements must be made with the instructor:  
Sara Abrahamson 507-223-1347  
Teresa Noyes 507-223-1346
- e. Students are expected to arrive in class on time and remain in class the entire class period.
- f. Medical, legal, or academic appointments should be made for non-class time.

There are two types of absences:

**EXCUSED** - is any absence pre-arranged or notification made with the course instructor.

**UNEXCUSED** - is defined as "no call- no show." No late assignments will be accepted for an unexcused absence. Further attendance requirements are outlined in each course syllabi.

### 2. Test Days

If you are unable to be in class on the scheduled test day you must notify the instructor (e-mail or phone).

#### **Make-up tests:**

***With call to instructor:*** must be taken within 3 days of returning to class.

***Without call to instructor:*** you will not be allowed to makeup the test

### 3. Quizzes

- a. Given at the start of each class period

- b. No quizzes will be made up.
  - c. Two lowest quiz scores will be dropped at the end of the semester.
4. **Classroom conduct / behavior**
- a. All students are expected to participate in all class activities.
  - b. Non-constructive behavior includes but is not limited to 1. Sleeping, 2. Reading non-class material, 3. Talking to other students. 4. Texting, or other use of a cell phone
  - c. No student shall attend class under the influence of illegal drugs, or alcohol.
  - d. Cell phones or other items not appropriate for instruction should not be brought to classroom, lab, or clinic
5. **Academic Integrity Policy** (taken from the Minnesota West Code of Conduct)  
[http://www.mnwest.edu/images/student-information-policies/code\\_of\\_conduct.pdf](http://www.mnwest.edu/images/student-information-policies/code_of_conduct.pdf)

Academic integrity, one of the most important values in higher education, requires that each student's work represents his/her own personal efforts and that the student acknowledges the intellectual contributions of others. **Minnesota West Community & Technical College** students are expected to honor the requirements of this policy. The following are unacceptable academic practices that are policy violations.

#### **Definitions**

The prevailing forms of academic dishonesty are cheating, plagiarism, collusion, and the submission of false information regarding admission, readmission, and academic appeals of petitions.

**Cheating** in the instructional setting is the unauthorized use or exchange of information by students in meeting academic standards or requirements; examples include, but are not limited to, the following:

- a. copying other's work during an examination
- b. using unauthorized notes or aids during an examination
- c. taking an examination for another student
- d. collaboration with any other person during a test without authority
- e. unauthorized assistance on a take home examination
- f. arranging for another student to take an examination
- g. attempting to obtain, or knowingly obtaining, using, buying, selling, transporting or soliciting in whole or in part the contents of an unreleased test or information about an unreleased test
- h. bribing any other person to obtain an unreleased test or information about an unreleased test
- i. submitting substantial portions of work for credit in more than one course, without consulting the instructors
- j. submitting research and assignments prepared by others (e.g., purchasing the services of a commercial term paper company)
- k. altering or forging an official college document.



**Plagiarism** is representing another person's words or ideas as one's own without proper attribution or credit. Other people's words or ideas must be given adequate documentation whether used in direct quotation or in summary or paraphrase. Plagiarism includes, but is not limited to, quoting written or oral materials without citation on an exam, term paper, homework, or other written materials or oral presentations for an academic requirement; submitting a paper purchased from a term paper service as one's own; submitting anyone else's work as one's own. Any form of plagiarism constitutes an act of cheating.

**Collusion** is an agreement by two or more people to commit an act of academic dishonesty. The College will not attempt to distinguish between students who cheat or plagiarize and those who allow such behaviors to occur. A student who intentionally assists another in the act of cheating or plagiarism is subject to disciplinary action for academic dishonesty.

**Procedure:**

1. The faculty member will confront the student regarding the specific charge, meet with the student to discuss the charge, consider the evidence, and hear the student explanation.
2. If the faculty member determines that the student has violated the Academic Integrity Policy, the faculty member informs the student of the consequences of the violation and the course-related sanctions the faculty member will impose. A course instructor, convinced that an act of academic dishonesty has occurred, has the authority to implement any of the following responses:
  - a. Reprimand
  - b. assignment of substitute and/or additional work
  - c. reexamination
  - d. lowering the grade of the assignment and/or course
  - e. failure and/or dismissal from the course.
  - f. report to Administration
3. Referrals to Administrators
  - a. Should the academic offense be so egregious that it warrants further sanctions the issue must be referred in a [written report](#) to the Campus Administrator, Vice President of Instruction, or Provost of the College.
  - b. The Provost will inform the student in writing, that the report has been filed. The Provost or other Presidential designee may impose sanctions in addition to those imposed by the faculty.
  - c. The student has the right to appeal the sanctions by using the process outlined in the [Grade Appeal Form](#).
  - d. The Campus Administrator is responsible for keeping records regarding the adjudication.

**Appeals:**

If the student disagrees with either the determination of a violation of the policy or with

the sanction, the student may appeal the instructor decision. Refer to the [Grade Appeal Form](#).

## **DRESS CODE**

**During lecture and classroom time, dress should be in an appropriate manner as to not distract from student learning.**

**Uniforms** need to be worn during Dental Clinic. Uniforms need to be laundered separately.

### **PROFESSIONAL DRESS CODE INCLUDES:**

Uniform: only the pre-selected uniform is to be worn. Any shirt worn under the scrub top must look professional. No turtleneck or mock turtleneck shirts may be worn. Pants should be short enough so they do not drag on ground.

Lab Coat: is to be worn over the student's clinical uniform. Lab coat is not to be worn outside of the clinic or lab.

Uniforms must be clean and free of wrinkles.

Socks without any designs must be worn.

Shoes: Clean comfortable shoes which are designated for clinic use only: they are not to be worn outside the building

Nametag: must be worn on the left side of the lab coat.

Safety Glasses: must be worn during all lab and clinical procedures

Nails: short (not above the finger tips); **no** polish or artificial nails.

Jewelry: 1 ring, stud earrings may be worn

Facial Jewelry: is discouraged

Tongue Studs: are considered unacceptable and can not be worn during clinic time.

Hair: length should be above the collar or must be tied back and away from face.

## **GRADING**

Evaluation is an important part of the Program. The course syllabus, lab, and clinic forms will identify the requirements for successful completion. These requirements will make up the grade for each course. Throughout the Program the same criteria for completion will be used.

Written Tests: Refer to individual course syllabus.

Written Assignments: Refer to individual course syllabus.

Procedure Checklists: Refer to individual course syllabus.

Late Assignments: Refer to individual course syllabus.

Course points will be totaled throughout the semester and the letter grade will be based on a percentage of total points:

93 - 100% = A,

90 – 92% = A-

86 - 89% = B+

83 - 85 % = B

80 – 82% = B-

76 - 79% = C+

70 – 75% = C

below 70% = F

Students must achieve a minimum of a “C” in all DEN classes.

Students receiving an “I” – Incomplete in a course, must complete the course work within 10 days of the start of the next semester, unless other arrangements have been made. Due to course work not being completed on time, the grade awarded will be reduced.

### **DEPARTMENT GUIDELINES**

#### Department Facilities

1. Facilities and equipment must be maintained at a level of neatness and cleanliness appropriate for a health occupation.
2. Equipment will be used only with the permission of a dental assisting instructor. An instructor must be present during the use of most equipment.
3. Students from other departments will be allowed in the dental assisting department only for scheduled appointments and/or the approval of a dental assisting department instructor.
4. Cell phones should be off or in the silent mode during class time as to not disturb the other students.

The curriculum in the dental assisting program may expose students to hazardous materials, radiation and/or infectious diseases. Students will be provided with information through education and program policies to protect themselves and their patients from harm. Students will be expected to utilize appropriate safety precautions in the classroom, laboratory and clinic.

### **DENTAL ASSISTANT PROGRAM INFORMATION**

**CPR: American Heart Association Healthcare Provider or American Red Cross Professional Rescuer** is required before starting clinical classes spring semester. This class may be offered on campus or other Minnesota West Campuses.

**IMMUNIZATIONS:** In addition to those required for the college, the hepatitis B vaccination is required. If a student chooses not to get immunized, a declination form must be signed. See Appendix A for the Vaccination and Disease History Form.

**UNIFORMS:** Will be ordered in September (need at least a \$20 deposit) Cost is approximately \$225 for 4 complete sets which includes lab coat, scrub top and pants. Will be delivered in October, when the remaining amount will be due. White or black shoes are required.

**ADAA** (American Dental Assisting Association)  
Student membership fee is \$45 which includes liability insurance.

**DENTAL ASSISTING EXAMINATION FEES: (approximate costs)**

Minnesota Jurisprudence exam (\$60.00)  
Minnesota Licensure exam (\$70.00)  
Dental Assisting National Board exam (\$575.00)

**MINNESOTA STAR OF THE NORTH DENTAL CONVENTION**

Held in April. Attendance is required for those enrolled in Chairside Assisting II or you will need to write a report. Approximate cost \$75-100 (covers hotel room, meals and transportation) Student Senate may give some money to offset these costs. Some classes have done a fund raiser to help with expenses.

**EXTERNSHIPS**

The externship consists of 6 credits during summer session, equal to 300 hours in clinical experience (10 weeks) and 2 seminars scheduled during the rotations. One week will be completed during spring semester.

Each student will be required to complete 2 different clinical rotations. A written agreement between the clinical facility, the student, and the school will be completed before the rotation begins. Only one of the two externships may be in a specialty clinic. All contracted hours must be completed in the chosen office. Students will not be allowed to change externship locations unless extenuating circumstances arise. At that time it must be approved by the supervising instructor.

Dental Assisting externships are not paid employment; rather they are an extension of your program learning experience.

**CRIMINAL BACKGROUND CHECKS**

An integral part of the Dental Assistant Program is the clinical practice portion. To provide this experience, the College contracts with local clinical facilities. Some facilities impose certain requirements on persons working at their facilities, including criminal background checks. A facility may check your criminal background and could use the results to refuse to accept you at its facility. If you refuse to cooperate in the criminal background check, the clinical facility will refuse to accept you. The Dental Assistant Program does not guarantee an alternative facility placement. If no alternative facility placement is available, you will be terminated from the Dental Assistant Program. See Appendix C for Important Notices.

The Minnesota Board of Dentistry now requires criminal background checks as part of the process for initial licensure.



## DENTAL ASSISTANT CANBY CAMPUS

The Dental Assisting program is designed to prepare individuals for Dental Assisting careers in a dental office. This may be as an assistant to either a dentist or a dental hygienist in a dental practice. The program is accredited by the American Dental Association Commission on Dental Accreditation and upon completion the student will take national and state examinations leading to certification and registration in their field. The course work is in bio-medical studies, dental sciences, clinical practices, and expanded functions allowed by the State of Minnesota. Students will spend ten weeks in extramural clinical experiences in area dental offices.

### DIPLOMA PROGRAM – 48 CREDITS

#### *Fall Semester*

Course Number	Course Title	Credits
DEN 1100	Oral Radiology I	3
DEN 1110	Dental Science	3
DEN 1120	Chairside Assisting I	2
DEN 1130	Preclinical Dental Assisting	4
DEN 1135	Dental Practice Management	3
DEN 1140	Dental Materials	3
	<b>Total Credits for Fall Semester</b>	<b>18</b>

#### *Spring Semester*

Course Number	Course Title	Credits
DEN 1105	Oral Radiology II	3
DEN 1115	Dental Health	2
DEN 1125	Chairside Assisting II	4
DEN 1145	Expanded Functions A	3
DEN 1150	Expanded Functions B	3
DEN 1180	Jurisprudence	1
DEN 1185	Nitrous Oxide Inhalation Administration	1
GSCL 1105	Job Seeking Skills	1
	<b>Total Credits for Spring Semester</b>	<b>18</b>

#### *Summer Semester*

Course Number	Course Title	Credits
DEN 1155	Extramural Clinical Experience I	3
DEN 1160	Extramural Clinical Experience II	3
	<b>Total Credits for Summer Semester</b>	<b>6</b>

#### *General Education Courses (may be taken either semester):*

Course Number	Course Title	Credits
ENGL 1101	English Composition	3
SPCH	Introduction to Speech or Interpersonal Communication	3
	<b>Total General Education Credits</b>	<b>6</b>



# DENTAL ASSISTANT CANBY CAMPUS

## ASSOCIATE OF APPLIED SCIENCE DEGREE – 60 CREDITS

### *Fall Semester – Year 1*

Course Number	Course Title	Credits
DEN 1100	Oral Radiology I	3
DEN 1110	Dental Science	3
DEN 1120	Chairside Assisting I	2
DEN 1130	Preclinical Dental Assisting	4
DEN 1135	Dental Practice Management	3
DEN 1140	Dental Materials	3
	<b>Total Credits for Fall Semester</b>	<b>18</b>

### *Spring Semester – Year 1*

Course Number	Course Title	Credits
DEN 1105	Oral Radiology II	3
DEN 1115	Dental Health	2
DEN 1125	Chairside Assisting II	4
DEN 1145	Expanded Functions A	3
DEN 1150	Expanded Functions B	3
DEN 1180	Jurisprudence	1
DEN 1185	Nitrous Oxide Inhalation Administration	1
GSCL 1105	Job Seeking Skills	1
	<b>Total Credits for Spring Semester</b>	<b>18</b>

### *Summer Semester*

Course Number	Course Title	Credits
DEN 1155	Extramural Clinical Experience I	3
DEN 1160	Extramural Clinical Experience II	3
	<b>Total Credits for Summer Semester</b>	<b>6</b>

### *General Education Courses (may be taken either semester):*

Course Number	Course Title	Credits
	Electives from Area 3 of MnTransfer curriculum	3
ENGL 1101	English Composition I	3
PSYC 1101	Introduction to Psychology OR	4
SOC 1101	Introduction o Sociology	3
SPCH	Introduction to Speech or Interpersonal Communication	3
	General Education Electives	5or 6

## DENTAL ASSISTANT PROGRAM COURSE SCHEDULE

**TERM: FALL**

Assigned Classroom: Check your individual course schedule for assigned rooms.

### Fall Semester

<b>Time</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>8:00 to 9:00</b>	Oral Radiology Room 109	Preclinical Dental Assisting Room 109	Oral Radiology Room 109	Preclinical Dental Assisting Room 109	Dental Science
<b>9:00 to 10:00</b>			Dental Science Room 109		Room 109
<b>10:00 to 11:00</b>	Chairside Assisting I Room 109	Dental Materials Lab 01 Room 113	Chairside Assisting Lab 01, 02	Dental Materials Lab 01 Room 113	Dental Materials Lab 02
<b>11:00 to 12:00</b>	Dental Materials Lec Room 109		Room 109 or 113		Room 113
<b>12:00 to 1:00</b>					
<b>1:00 to 2:00</b>		Practice Management	Dental Materials Lab 02	Practice Management	
<b>2:00 to 3:00</b>		Room 109 or 108	Room 113	Room 109 or 108	
<b>3:00 to 4:00</b>					

## DENTAL ASSISTANT PROGRAM COURSE SCHEDULE

**TERM: SPRING**

Assigned Classroom: Check your individual course schedule for assigned rooms.

<b>Time</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>8:00 to 9:00</b>		Chairside Assisting II  TN	Expanded A Lec. 	Oral Radiology Lab 	Chairside Assisting II  TN
<b>9:00 to 10:00</b>	Oral Radiology 	Jurisprudence  TN			Chairside Assisting II Lec/Lab
<b>10:00 to 11:00</b>		Dental Health 	Expanded B Lec.  TN	Oral Radiology Lec  /	
<b>11:00 to 12:00</b>	Clinic 			Clinic 	TN
<b>12:00 to 1:00</b>					
<b>1:00 to 2:00</b>	TN	Radiology Lab	Radiology Lab	TN	N2O2 (4 weeks)
<b>2:00 to 3:00</b>					
<b>3:00 to 4:00</b>	TN			TN	
<b>4:00 to 5:00</b>					

[Student Calendar](#)



## **INFECTIOUS CONTROL POLICIES AND PROCEDURES**

### **A. Infectious Disease Control**

It is the policy of Minnesota West Community & Technical College Dental Assistant Program to provide oral health care to all patients seeking treatment in our clinic. Since it is not possible to accurately detect infectious and potentially infectious patients, Minnesota West Community & Technical College Dental Assistant Clinic adheres to concepts of standard precautions as defined by OSHA's Blood borne Pathogens Standard. Emphasis is on the critical role each dental health care team member plays in maintaining a clean and safe environment. The policies and procedures outlined here are in place to protect students, staff, faculty and patients from the spread of disease and to maintain a safe learning and work environment.

Infectious disease control policies and procedures are reviewed regularly by the dental assistant department and are revised in accordance with the latest recommendations by the American Dental Association, OSAP, CDC, and other leading health care authorities. Personal protection is one of the most important aspects of preventing infectious diseases. Minnesota West Community & Technical College Dental Assistant Clinic enforces the following standards.

1. Barrier protection:
  - a. Gloves must be worn when examining and treating all patients.
    1. Damaged gloves must be changed immediately, and gloves must be discarded at the end of each treatment session.
    2. Gloves must not be worn outside the treatment room. This means that gloves must be removed when leaving cubicles to obtain supplies, etc.
  - b. Masks must be worn to protect oral and nasal mucosa from splatter of blood, saliva, and aerosols.
  - c. Eyes must be covered with protective glasses or face shields to guard against splatter of blood, saliva, and aerosols.
  - d. Lab coats must be worn over scrubs in clinical areas and changed when visibly soiled or splattered.
2. Preventing cross-contamination:
  - a. A protocol for policies and procedures during clinic has been identified and is implemented by faculty and students.

### **B. Policy Statement on Infection Diseases**

Minnesota West Community & Technical College Dental Assistant Department accepts the American Dental Education Association (ADEA) policy statements concerning infectious disease health risks set forth on March 7, 2001. These policy statements are recommendations and guidelines for allied dental education institutions and personnel.

1. Infectious Diseases
  - a. Human Dignity. All dental personnel are ethically obligate to provided patient care with compassion and respect for human dignity.
  - b. Refusal to Treat Patients. No dental personnel may ethically refuse to treat a patient solely because the patient is at risk of contracting, or has,

- an infectious disease, such as human immunodeficiency virus (HIV) infection, acquired immunodeficiency virus (AIDS), or hepatitis B or C infections. These patients must not be subjected to discrimination.
- c. Confidentiality to Patients. Dental personnel are ethically obligated to respect the rights of privacy and confidentiality of patients with of patients with infectious diseases.
  - d. Confidentiality of Faculty, Student, and Staff. Dental education institutions are ethically obligated to protect the privacy and confidentiality of any faculty member, student, or staff member who has tested positive for an infectious disease. Dental personnel who pose a risk of transmitting an infectious agent must consult with appropriate health care professionals to determine whether continuing to provide professional services represents a material risk to the patient. If a dental faculty student or staff member learns that continuing to provide professional services represents a material risk to patients, that person should so inform the Dean of Allied Health for the institution. If so informed, the Dean of Allied Health should take steps consistent with the advice of appropriate health professionals and with current federal, state, and/or local guidelines to ensure that such individuals not engage in any professional activity that would create a risk of transmission of the infection to others. Refer to Minnesota State Guidelines, Sections 214.17-214.25 at [www.dentalboard.state.mn.us](http://www.dentalboard.state.mn.us).
  - e. Counseling and Follow-up Care. Dean of Allied Health must facilitate appropriate counseling and follow-up care for those faculty, staff, and students who do not continue to perform patient care procedures. .
  - f. Protocols. Minnesota West Community and Technical College Dental Assistant Department has established and enforced written pre-clinical, clinical, and laboratory protocols to ensure adequate asepsis, infection and hazard control, and hazardous-waste disposal. These protocols are consistent with current federal, state, and/or local guidelines, and are provided to all faculty, students, and appropriate support staff. To protect faculty, students, staff and patients from the possibility of cross-contaminations and other infections, Minnesota West dental assistant department has policies and procedures in disinfection protocol and barrier techniques.
  - g. Testing for Infectious Disease and Immunization. Minnesota West has facilitated the availability testing of faculty and staff for those infectious diseases presenting a documented risk to dental personnel and patients. Minnesota West has made available the hepatitis B vaccine and appropriate vaccine follow-up to employees such as faculty and staff, in accordance with Occupational Safety and Health Administration (OSHA) regulations. Minnesota West requires all students to be immunized against the Hepatitis B virus as part of their preparation for clinic training, or demonstrate proof of immunity. Minnesota West also strongly encourages appropriate faculty, staff, and students to be immunized against not only hepatitis B, but also other infectious diseases such as mumps, measles, and rubella, using standard medical practices, and be tested for tuberculosis annually.

# **BLOODBORNE, ASEPSIS, HAZARD AND INFECTION CONTROL PLAN**

## **General policy:**

Minnesota West Community & Technical College, Canby Campus is committed to providing a safe and healthful workplace for all employees and students through compliance with applicable OSHA standards.

This written exposure control plan has been developed to comply with OSHA's Bloodborne Pathogens Standards. The standards are designed to protect employees/students from occupational exposure to HIV, HBV, and other bloodborne pathogens.

The exposure control plan is accessible to all employees and students. It will be reviewed at least annually and updated as often as changes in positions, tasks or procedures require.

The exposure control plan is filed under the tab marked "Exposure control plan" in the Minnesota West-Canby Campus *Regulatory Compliance Manual*. The *Manual* is kept in the Dental Assistant Program Director's office.

The Dental Assistant Program Director has been designated the OSHA compliance manager for this institution and is responsible for implementing the exposure control plan. The compliance manager will provide employees and students with a copy of the plan upon request.

## **Exposure determination:**

The Bloodborne Pathogens Standard describes how to determine which employees or students have occupational exposure to bloodborne pathogens. The standard defines occupational exposure as reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potential infectious materials that may result from the performance of an employee's/student's duties. Other potentially infectious materials are defined in the standard to include saliva in dental procedures and *unfixed* tissue. Occupational exposure must be determined without regard to the use of personal protective equipment.

The following exposure determination has been prepared for this office:

### **All employees in the following job classifications have occupational exposures:**

Dental Assistant Director	Teresa Noyes RDA
Dental Assistant Instructor	Sara Abrahamson
Supervising Dentists	Various

All students have occupational exposure during the clinical phase of the Dental Assisting Program. Some employees in the following Job classifications have occupational exposure, and the tasks/procedures that give rise to the exposure are listed:

Custodial staff Minnesota West - Canby:  
Garbage pick-up  
Equipment repair

## **Education**

Before engaging in activities where there is a potential risk for exposure to blood or body fluids,

all students in the healthcare fields will be educated about bloodborne pathogens and recommendations for safe practice. The Administration/Faculty of Minnesota West Community and Technical College are responsible for disseminating information about bloodborne pathogens and their transmission to their students. The curriculum must reflect content related to bloodborne pathogens and the practice of standard precautions.

**Bloodborne Pathogens Education will be provided as follows:**

PROGRAM	COURSE
Practical Nursing	NURS 1120 Nursing Care of the Adult I NURS 1140 Nursing Skills Lab NURS 1180 Clinical Application
Associate Science Nursing	NURS 2140 Professional Nursing Skills NURS 2180 Clinical Application
Medical Laboratory Technician	MDLT 1100 Introduction to Lab Science
Medical Assistant	MDLT 1100 Introduction to Lab Science
Dental Assistant	DEN 1130 Preclinical Dental Assisting
Surgical Technology	SURG 1110 Surgical Microbiology
Radiology Technology	RADT 1100 Introduction to Rad Tech and Patient Care
Massage Therapy	MSTH 1100 Introduction to Massage
Emergency Medical Services	All EMS courses
Phlebotomy	MDLT 1100 Introduction to Lab Science
Certified Nurse Assistant	HC 1175 Nurse Assistant

Students may be participating in activities within courses that have potential for exposure to infectious diseases. All measures must be exercised to minimize risk. Students who fail to adhere to the Blood Borne Pathogens Policy pose a risk to themselves and others and may be withdrawn from the program.

**Dates:**

This school will implement the following sections of the Bloodborne Pathogens Standard before the start of clinical courses each year:

- Standard Precautions
- Exposure control plan
- Information and training
- Record keeping
- Engineering/work practice controls
- Personal protective equipment
- Housekeeping

HBV vaccination/post-exposure evaluation and follow-up  
Labels and signs

**Definitions:**

**Bloodborne Pathogens:** Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).

Contaminated: The presence of blood or other potentially infectious materials on an item or surface.

**Engineering Controls:** Controls that isolate or remove the bloodborne pathogens hazard from the environment. Examples of environmental controls include sharps disposal containers, self-sheathing needles, and needleless systems.

**Exposure:** Skin, eye, mucous membrane, non-intact skin, or other parenteral contact with blood or other potentially infectious materials. Exposure may occur because of a percutaneous injury, or contact with mucous membranes or non-intact skin.

**Other Potentially Infectious Materials:** Blood as well as cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, semen, and vaginal fluids are considered to be contaminated. Standard precautions do not apply to feces, emesis, urine, nasal secretions, sputum, sweat, or tears unless they are visibly contaminated with blood.

**Personal Protective Equipment (PPE):** Specialized clothing or equipment worn for protection against a hazard. General work clothes (uniforms) are not considered PPE.

**Post-Exposure Prophylaxis:** Drug and/or immunization interventions administered to help prevent acquiring a blood-borne infection.

**Standard Precautions:** This is an approach to infection control that treats blood and certain body fluids (including saliva in dental procedures) from all patients as infectious for HBV, HIV, and other bloodborne pathogens, regardless of the patient’s perceived infectious status. These are a set of precautions designed to prevent transmission of bloodborne pathogens. They involve the use of appropriate hand washing combined with the use of appropriate protective barriers, such as gloves, gowns, masks, protective goggles or face shields, which can reduce the risk of exposure of the health care worker’s skin or mucous membranes to potentially infective materials. Standard precautions also include the concept whereby health care workers take all necessary precautions to prevent injuries caused by sharp instruments or devices.

**Standard Precautions:**

Minnesota West Community and Technical College requires use of standard precautions in healthcare programs. Education is provided to students by faculty in classes where there is an anticipated potential for exposure. (See information about education above).

**Engineering controls** are used to isolate or remove hazards from this school. Engineering controls must be examined routinely and maintained or replaced as needed to ensure their effectiveness. In this school, engineering controls are inspected and maintained or replaced as follows:

<b>Inspection/Maintenance</b>		
<u>Engineering Control</u>	<u>Schedule</u>	<u>Responsible Party</u>

Sharps container	Daily	All instructors
HVE	Daily	All instructors
Shields on lab equipment	Daily	All instructors

**Work practice controls** reduce the likelihood an employee will be exposed by changing the way a task is performed. Engineering and work practice controls used in this school are explained more fully on the next pages.

**Hand washing:**

Hand washing is the single most effective method to prevent the transmission of infection. Various hand washing agents, plain or antimicrobial and alcohol based hand sanitizers are available in campus labs and clinical sites. Students, faculty and staff should follow the recommendations published by the CDC for hand washing. <http://www.cdc.gov/handhygiene/>

- A. Hands should be washed with soap and water when hands are visibly dirty, contaminated with blood or body fluids, contaminated with protein-based substances, and at the beginning of the clinical or lab experience.
- B. The preferred method of hand hygiene is with an alcohol based hand sanitizer when hands are not visibly dirty.

Hand hygiene should be performed at the following times:

- Before direct contact with all patients
- Before donning gloves
- After removing gloves
- After contact with patient intact skin
- After contact with blood, body fluids, excretions, mucous membranes, non-intact skin, or wound dressings
- During patient care, if hands are moving from a contaminated body site to a clean body site
- After personal contact such as nose blowing, sneezing, or using the bathroom
- Before preparing or eating food
- After touching the patients surroundings

**Hand washing facilities are readily accessible in the following locations:**

1. Central clinical hand washing area (2 sensor controlled sinks)
2. Operatory #1
3. Side of Clinic (2 sensor controlled sinks)
4. Sterilization counter sink
5. Lab area (5)
6. Dark Room

**Alcohol-based hand sanitizers may be used if hands are not visibly soiled.**

**Handling contaminated needles and other sharps:**

The standard defines contaminated sharps to mean any contaminated object that can penetrate the skin including, but not limited to needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Contaminated sharps are handled as follows to minimize employee exposure:

- . Shearing or breaking of contaminated sharps is never permitted.
- . Immediately or as soon as possible after use, contaminated reusable sharps (such as scaler or explorer) must be placed in appropriate containers until they are processed. Containers provided for this purpose are puncture resistant and handled in a manner that does not require employees to reach by hand into the containers. Below is a brief description of the procedures used in this facility to ensure that employees do not reach by hand into containers of contaminated, reusable sharps. Sharp's containers in this school are located on the sterilization counter on the far left:

The following procedure will be followed when handling reusable contaminated instruments:

**Utility gloves** will be worn when handling contaminated instruments.

After completing a procedure the staff/student will place all contaminated items on the tray and bring the contaminated tray to the sterilization area.

While wear utility gloves the student will remove contaminated reusable sharps and place them in a vented Zirc cassette. The cassette will then placed in the ultra-sonic cleaner for a minimum of eight minutes.

The instruments are then rinsed under running water and the cassettes are removed from the ultra-sonic basket using instrument forceps and allowed to air dry.

**Food and drink** may not be stored in refrigerators, freezers, shelves, cabinets, or on countertops where blood or other potentially infectious materials are present. Eating, drinking, applying cosmetics, handling contact lenses is prohibited in work areas where there is reasonable likelihood of occupational exposure.

**Techniques to minimize splashing and spraying:**

Procedures involving blood or other potentially infectious materials are performed in a manner to minimize splashing, spraying, spattering and generating droplets of these substances. Methods that may be used to accomplish this goal include:

1. high volume evacuation
2. saliva ejectors

**Specimens:**

No specimens of blood or other potentially infectious materials are handled in this school.

**Contaminated equipment:**

Equipment that becomes contaminated with blood or other potentially infectious materials must be examined before servicing or shipping and decontaminated as necessary, unless decontamination is not feasible.

Equipment that cannot be completely decontaminated before servicing or shipping must be marked with a biohazard label that states which parts are still contaminated. This information must be conveyed to employees/students, service people, and others who handle the contaminated equipment.

**Personal protective equipment (PPE):**

The standard defines personal protective equipment (PPE) as specialized clothing or equipment worn by an employee/student to protect against a hazard. General work clothes that are not intended to function as protection against a hazard are not regarded as PPE.

The specific PPE used will depend on the task and degree of exposure anticipated. In general, PPE is appropriate if it prevents blood or other potentially infectious materials from passing through or reaching employees' undergarments, clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use.

**Use of PPE:**

Employees / students must use appropriate PPE whenever there is occupational exposure. This is OSHA requirement.

The only exception is in the rare and extraordinary circumstances where, in the employee's/student's judgment, using the PPE would:

- 1) expose the employee/student to greater hazard, or
- 2) prevent the employee/student from delivering patient care.

Generally, this exception would only apply in cases of extreme emergency. When an employee/student makes this judgment, the circumstances will be investigated and documented to determine whether changes can be made to prevent such occurrences in the future.

**Gloves:**

Gloves must be worn whenever you anticipate contact with blood, saliva, mucous membranes or blood contaminated objects or surfaces. There are significant risks to both dental health care personnel and patients when gloves are not used. Ungloved hands are probably the mechanism by which dental personnel have acquired HBV infections from their patients. Transmission of infectious agents from provider to patient, though relatively rare, has also been documented.

Different types of gloves should be used for different purposes. Factors to consider when choosing gloves include the type of procedure, the tactile sensitivity required for the procedure, and the comfort of the wearer.

There are three major categories of gloves: Exam gloves: Latex, Vinyl or Nitrile (sterile and non-sterile), Over gloves and Utility gloves.



The Food and Drug Administration (FDA) is responsible for regulating gloves marketed for use in the health care industry. No data currently exists to indicate that there is any difference in barrier effectiveness between vinyl and latex gloves. Sterile gloves (often marketed as sterile surgical gloves) are recommended specifically for surgical procedures, such as oral or periodontal surgery, involving contact with normally sterile areas of the body. Non-sterile gloves (often marketed as examination gloves) provide an adequate level of protection while performing most other dental procedures.

Gloves must be changed between patients, whether they are worn for treatment or examination. Gloves should not be washed. Hands should always be washed after removing gloves for several reasons. Disinfecting agents may cause deterioration of glove material, and minute tears or punctures in gloves may occur during treatment, resulting in contamination of hands. Also, resident organisms on the hands can multiply rapidly in the warm, moist environment of gloved hands and could be passed on to the next patient. If you become aware of tears or punctures in gloves during patient care, remove them as soon as possible, wash your hands and reglove. Disposable (single use) gloves should never be reused.

General purpose utility gloves are thicker, "dishwashing" type gloves that are only appropriate for use during clean up and disinfection procedure. These gloves are not designed specifically for health care uses and are not regulated by the FDA. Unlike gloves used during patient care, utility gloves can be washed, sterilized, and reused. However, be sure to replace them if they become cracked or worn, or if they show other evidence of deterioration.

### **Masks:**

A mask must be worn to protect the mucous membranes of the nose and mouth from exposure to blood and saliva. Spatter containing blood and saliva may be generated during dental procedures involving use of equipment such as the air turbine hand piece, air water syringe, or ultrasonic scaler. Studies have shown that spatter generated from the air turbine hand piece contains microorganisms. Other studies indicate that spatter, rather than true aerosols (that is, particles of material with remain suspended in the air) are generated by dental procedures. Consequently, spatter represents a greater risk of exposure. Dental health care personnel should identify which procedures can cause spatter and protect themselves by using a mask when performing those procedures. The protection provided by any mask is compromised if it does not fit well, because a poor fit may allow spatter to enter around the edges of the mask. Adjust it so that it fits snugly against the face.

Keep beard and mustache groomed so that the mask fits well and can be worn effectively.

Change the mask between patients or if the mask gets wet.

Remove the mask as soon as treatment is over. Don't leave it dangling around your neck, and don't leave the treatment room with a mask in place or around your neck.

When removing a mask, handle it only by the elastic or cloth tie strings. Never touch the mask itself.

### **Protective eyewear:**

Protective eyewear must be worn to protect the mucous membranes of the eyes from projectiles and spatter of blood and saliva. The risk of exposing the tissues of the eyes to blood and body

fluids is well documented. Viruses such as hepatitis B and herpes simplex can be transmitted to dental staff whose eyes are splashed or spattered with saliva or blood.

The protective eyewear may include goggles, safety glasses with side shields, or regular glasses with solid side shields. Since many dental procedures produce projectiles from materials such as amalgam restorations or crowns, consider using shatter resistant protective eyewear. In such instances, protective eyewear for the patient should also be used. In addition to the above it is suggested the protective eyewear be anti-fog.

**Gowns:**

Gowns, lab coats, clinic jackets, or other form of protective clothing must be worn whenever the employee's skin, street clothing or underwear is subject to occupational exposure. The fabric and style selected depend on the task and degree of exposure anticipated. OSHA considers the standard cotton, cotton/poly clinic jacket, or lab coat to be appropriate for most routine dental procedures. Additional personal protective clothing such as surgical caps or boots, may be required when gross *contamination* can reasonably be anticipated. In this school we will be wearing scrubs, with a long sleeved, high collared clinical jacket over the top.

In this school, staff/students must use the PPE indicated when performing the following tasks and procedures:

<u>Task/procedure</u>	<u>Type of PPE required</u>
Mechanical Polish/ fluoride	gloves, masks, gowns and protective eyewear
Alginate impressions	gloves, masks, gowns and protective eyewear
Chairside walk through	gloves, masks, gowns and protective eyewear
Sealant placement	gloves, masks, gowns and protective eyewear
Placement of ortho seperators	gloves, masks, eyewear and protective eyewear
Exposing radiographs	gloves, protective eyewear, gowns, masks

Students should contact Teresa Noyes or Sara Abrahamson if additional PPE is required by unusual circumstances involving large quantities of blood or other potentially infectious materials.

**Accessibility:**

PPE in appropriate sizes is made readily available for **staff** in the following locations:

<u>Type of PPE</u>	<u>Location</u>
Masks	Dental Supply Room
Gloves	Dental Supply Room
Eyewear	Instructor's office
Gowns	Instructor's office

Hypoallergenic gloves, glove liners, powder less gloves, or other similar alternatives will be made available to employees who are allergic to the gloves normally provided.

Students will purchase their own gloves, masks, protective eyewear, and gowns. They will be stored in lab drawers or lockers.

**Cleaning disposal, repair, and replacement:**

PPE will be cleaned, laundered, repaired, replaced and disposed of at no cost to employees. Students will be responsible for their own.

PPE must be removed immediately or as soon as feasible after it is penetrated by blood or other potentially infectious materials.

All PPE must be removed before staff/students leave the work area.

After PPE is removed, it must be placed in the designated area or container for storage, washing, decontamination, or disposal.

Clinical jackets will not be worn outside the clinical facility. At the end of the clinical day, or when the jacket becomes visibly soiled it will be removed and placed in a plastic bag. Plastic bags for this purpose are found in the sterilization area in the far right lower storage unit.

**Laundry:**

The standard defines contaminated laundry as laundry that has become soiled with blood or other potentially infectious materials or may contain sharps. OSHA interprets the standard as prohibiting employees from taking contaminated laundry home to clean. However, employees are permitted to take uniforms or clothing they wear under PPE home to clean, as long as this clothing has not become contaminated.

Student clothing or uniforms that have become contaminated with blood or body fluids must be transported in a tied fluid resistant bag and laundered separately in hot water. Handle contaminated clothing as little as possible. It is the responsibility of the student to take their contaminated laundry home.

**Housekeeping:**

The following work rules apply in this office to housekeeping tasks:

All equipment, environment and work surfaces must be cleaned and decontaminated after contact with blood or other potentially infectious materials (saliva).

Contaminated work surfaces must be decontaminated with an appropriate disinfectant after completion of procedures, immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials, and at the end of the workday if the surface may have become contaminated since the last cleaning. If they are used, protective coverings such as plastic wrap, aluminum foil, or imperviously backed absorbent paper must be removed and replaced whenever they become overtly contaminated and at the end of the workday. All bins, pails, cans and similar receptacles intended for reuse that have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials must be inspected and decontaminated on a regular basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination. Spills of blood

or other potentially infectious materials must be wiped up immediately, or as soon as feasible, and the area decontaminated using an appropriate disinfectant, and the blood spill kit located in the lab storage cabinet. Disinfectants used in this office are chemical germicides that are approved for use as hospital disinfectant and are tuberculocidal when used at recommended dilutions (Birex). Staff/students must wear utility gloves when cleaning contaminated equipment and surfaces. Staff/students must use mechanical means to pick up broken glassware that may be contaminated. Broken contaminated glassware may never be picked up by hand, even if gloves are used.

This clinic is cleaned and decontaminated according to the following housekeeping schedule:

<u>Area or receptacle used</u>	<u>Schedule</u>	<u>Method and cleaning solution/disinfectant</u>
Treatment room	Between patients	Birex
Instruments	Between patients	Heat Sterilizer
Handpieces	Between patients	Heat Sterilizer

### **Regulated Waste:**

The standard defines regulated waste as:

\*Liquid or semi liquid blood or other potentially infectious materials

\*Contaminated items that would release blood or other potentially infectious materials in a liquid or semi liquid state if compressed

\*Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling

\*Pathological and microbiological wastes containing blood or other potentially infectious materials (including extracted teeth) Extracted teeth used for educational purposes i.e., sealants, must be decontaminated by immersing in glutaraldehyde overnight or heat sterilizing.

### **Other Regulated Waste:**

Other regulated waste must be placed in containers that are:

\*Closable

\*Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping

\*Marked with the biohazard label or color-coded red

\*Closed before removal, to prevent the contents from spilling or protruding from the container during handling, storage, transport, or shipping. If outside contamination of the regulated waste containers occurs, the containers must be placed in a second container with the same characteristics as the first.

\*Containers for other regulated waste in this office are located in the Central Sterilization area.

\*All regulated waste is disposed of according to applicable local, state, and federal laws. OSHA does not require regulated waste to be labeled after it is decontaminated. However, state and local waste laws may have different requirements.

## **Hepatitis B vaccination:**

### **Students:**

Students are required to receive the Hepatitis B vaccination series. The expense of the vaccination is the student's responsibility. If a student is not medically eligible to receive the Hepatitis B vaccination series, they must sign a Hepatitis B waiver form (see appendix D). Refusal to receive Hepatitis B vaccination may limit clinical opportunities or placement in a clinical site.

## **Procedure Following an Occupational Exposure to Blood/Body Fluid**

### **Student Exposure/Injury:**

1. Remove all soiled clothing.
2. Wash wounds and skin with soap and water. Flush mucous membranes copiously with water for at least 15 minutes.
3. **Immediately** report the exposure to your supervising instructor after cleansing the area.
4. Follow up consultation will be required. This may involve treatment at an emergency department or public health department for an evaluation.
5. If the clinical institution has an established protocol, follow their protocol.
6. Fill out Student Report of Blood/Body Fluid Exposure and give to your supervising instructor.
7. Expenses as a result of this exposure are the student's responsibility, not the responsibility of MWCTC. (Note: Expenses may also include laboratory testing of patient's blood.)

### **Supervising Instructor responsibilities when student is exposed or injured:**

1. Have student prepare a Student Report of Blood/Body Fluid Exposure (see appendix A)
2. Give the report to the Administrative Secretary.
3. Inform the student of the importance of getting medical care.
4. Inform the student that they will be responsible for all expenses incurred.
5. Follow-up with the student in one week.

**Record Keeping:** A confidential medical record is maintained for each student with occupational exposure. The medical record includes:

- Student name
- Exposure incident report
- Form refusing Hepatitis B vaccination (if applicable)
- Form refusing post exposure evaluation and follow-up (if applicable)

**Labels:**

In this school, potentially hazardous materials are color-coded red or identified with the biohazardous symbol and the word "biohazard" in contrasting color on a fluorescent orange or orange-red label.

**Training:**

All employees will be provided with training by administration before they begin work involving occupational exposure. Thereafter, training will be provided at least annually and whenever changes in tasks or procedures require. Training will be provided during work hours at no cost to the employee by someone who is familiar with the standard. Students will receive training through regular course work before beginning clinic.

**Training will cover:**

- \*An explanation of the Bloodborne Pathogens Standard and where a copy of the standard is filed.
- \*General information about the epidemiology and symptoms of bloodborne diseases.
- \*Modes of transmission of bloodborne pathogens
- \*An explanation of this school's exposure control plan and how to obtain a copy.
- \*How to recognize tasks involving occupational exposure The use and limits of engineering controls, work practice controls and personal protective equipment.
- \*Where PPE is located and how to use, remove, handle, decontaminate, and dispose of it.
- \*How to select appropriate PPE.
- \*The effectiveness, safety, benefits, and method of administering hepatitis B vaccine and that vaccination will be provided to staff free of charge.
- \*What to do if there is an emergency spill of blood or other potentially infectious material.
- \*What to do if an exposure incident occurs.
- \*Post-exposure evaluation and follow-up that will be made available to employees in case of an exposure incident.
- \*The system of labels and color-coded used in this office to warn employees of biohazard.
- \*An opportunity for interactive questions and answers.
- \*Training program for employees is provided under the in the OSHA Bloodborne Pathogens standards
- \*The employer will maintain a record of all training sessions.

**The training record will include:**

\*Date of training.

\*Contents of training (a summary or list of subjects is sufficient)

\*Name and qualification of trainer Name and job title of each person attending.

Training records are retained for 3 years following the training session. Employees may inspect training records or obtain a copy by contacting the appropriate college administrator. Any employee who has a question about this exposure control plan contact college administration

## Student Statement of Understanding and Release of the Dental Assistant Program

I, \_\_\_\_\_ am a student at Minnesota West Community & Technical College-Canby Campus who is enrolled in the Dental Assistant Program.

I acknowledge that I have been informed of the following and that I understand the following:

1. That the Dental Assistant program I have enrolled in may involve exposure to human body fluids and cell and tissue cultures that may carry infections such as HIV (Human Immunodeficiency Virus) and Hepatitis C Virus (HCV).
2. That exposure to infectious blood and other body fluids and cultures by contact through eye, mouth, blood, non-intact skin, or other method may put me at risk of contracting a bloodborne infection.
3. That to protect myself from exposure to blood and other body fluid and cultures, I will wear protective apparel according to OSHA (Occupational Safety and Health Administration) standards and comply with applicable policies of the College and any hospital or clinical affiliate that I am attending.
4. That if I should become exposed by eye, mouth, blood, non-intact skin, or other method to blood or other human fluids or cultures, I will immediately report such incident to the program instructor or clinical affiliate supervisor.
5. That if such exposure should occur, I hereby authorize the College or the clinical affiliate to administer such immediate first aid as is deemed appropriate until medical help can be obtained.
6. That I hereby release and hold harmless Minnesota West Community & Technical College, its employees, officers, agents, and representatives, including all hospital and clinical affiliates, from any liability for any and all injury, illness, disability, or death, including all costs for medical care, resulting from my exposure to infectious blood or other human fluids or cultures or the administration of emergency first aid after such exposure, during the course of my participation in the Dental Assistant Program, whether caused by the negligence of the College or otherwise, except that which is the result of gross negligence or wanton misconduct by the College.
7. Immunizations:
  - a. All students, faculty, and staff who have direct patient care contact are required to obtain the vaccination (or present evidence of immunity) against Hepatitis B infection, or formally decline the vaccination.
  - b. Students who decline to vaccinated will be required to sign a formal declination waiver form.
  - c. All students must provide evidence of a completed immunization record as a condition of entry in to the dental assistant program

Student Name: \_\_\_\_\_ (Please Print) \_\_\_\_\_ (Major)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**MINNESOTA WEST COMMUNITY & TECHNICAL COLLEGE**  
**DENTAL ASSISTANT PROGRAM**  
**LABORATORY PROTOCOL / SAFETY RULES**

To assure that each student has a productive, as well as safe experience during the laboratory sessions, everyone needs to adhere to specific rules. The following is the minimum requirement which will be in place during laboratory sessions. Students not adhering to these requirements will not be allowed in the lab.

1. Wear your laboratory coat or protective clothing at all times. Do not wear loose clothing during lab time.
2. Hair is to be off the face and secured back tightly. If you have long hair it is advisable to have it up and off your collar. You will be asked to leave the lab area if hair is not considered safe.
3. Protective glasses **must** be worn when working with rotating instruments, such as engines, lathes, model trimmers, etc. as well as with materials or equipment that could be hazardous.
4. When removing electrical plugs from the electrical outlets, please make sure hands are dry and grip the plug, not the cord.
5. When working with the bunsen burner, never leave the lighted burner unattended. Keep face away from bunsen burner when lighting it, and do not reach across the burner, unless you are sure it is not burning.
6. "Think before you act" to avoid injury.
7. Instruments and equipment will be used for what they are designed for.
8. Be respectful of your surroundings and the safety of others.
9. Keep your desk free of all personal belongings not to be used in the procedure.
10. You will be responsible for the supplies, equipment and materials you are using, as well as maintaining and cleaning up your work area.
11. Keep all bowls, spatulas, slabs and other equipment clean as you use them.
12. At the end of class put all equipment away and clean off your table top and laboratory chairs. You are responsible for leaving the lab clean.
13. You will come to each laboratory session prepared. If material has been missed, you will gather the information needed prior to working in the lab.
14. If you are uncertain of how to proceed, you will ask an instructor prior to the laboratory session.
15. Always wipe up any spills from the floor immediately.

16. Do not pour plaster or stone into the sink. It will harden and be very difficult to remove. Put these products into paper toweling and into waste basket. Only use the three sinks in the trimming area to rinse out plaster bowls as they are equipped with plaster traps.
17. Any malfunctioning equipment must be reported to the instructor IMMEDIATELY.
18. Any injuries, no matter how minor, are to be reported to the instructor IMMEDIATELY. Follow school policy for sharp injuries.
19. In case of fire, do not panic. Know the route of exit from the building and where the fire extinguishers are mounted.
20. In case the exposure to a hazardous chemical occurs, notify the instructor immediately and refer to the SDS for proper protocol to follow.

**MINNESOTA WEST COMMUNITY & TECHNICAL COLLEGE**  
Canby Campus  
Dental Assistant Department

**STUDENT SAFETY DEVICES**

Every person shall wear quality protective eye devices when participating in, observing or performing any function in connection with any courses or activities taking place in eye protection areas of any educational institution in the state. Eye protection areas are defined as any area where there is the possibility of eye injury due to heat, fluids, or debris.

Every person shall wear a protective device over their mouth and nose when participating in, observing, or performing any procedure in which there is a possibility of inhaling dusts or fluids.

Every person shall wear protective devices on their hands when participating in or performing any procedure in which there is a possibility of exposing the hands to any chemicals, fluids, or infectious agents which may injure the hands or allow infection to begin.

Every person shall be aware of the possibility of contacting the Hepatitis B virus in any facility that treats patients. Even with the most stringent protective procedures, the possibility of developing a Hepatitis B infection exists. The most efficient and secure method for personal protection against Hepatitis B is to receive the Hepatitis B vaccination series from a medical facility.

This vaccination is optional, but highly recommended. If you decide not to receive the vaccination you will be asked to sign a release form stating you were educated about the danger of contracting Hepatitis B, and offered the vaccination, but you declined it. A decision not to receive the recommended Hepatitis B vaccination is the personal decision of the participating student, and any possible consequences are the responsibility of that student.

Any person failing to comply with the above requirements may be temporarily suspended from participation in said course and the registration of a person for such a course may be canceled for willful, flagrant, or repeated failure to observe the above requirements.

Signature of Student\_\_\_\_\_

Date\_\_\_\_\_

Signature of Witness\_\_\_\_\_

## **DENTAL ASSISTANT PROGRAM INFECTION CONTROL PROTOCOL**

### **OBJECTIVES:**

- Reduce the number of pathogens so normal resistance can prevent infection.
- Break cycle of infection and eliminate, cross contamination.
- Treat every patient/instrument as infectious.
- Protect patient/personnel from infection.

### **Post-Treatment Infection Control in the Treatment Room**

1. Continue to wear personal protective equipment.
2. Remove the air/water syringe tip and straight handpiece and place them on the patient tray.
3. Remove all disposable barriers and place them along with the prophylaxis angle, brush, saliva ejector, evacuator tip, and any other disposable items in the small garbage bag.
4. Waste contaminated with blood or saliva should be placed in a sturdy leak-proof waste bag.
5. Enter sterilization area.
6. Remove the contaminated gloves used during treatment and wash your hands.
7. Put on disinfected utility gloves and leave your protective eyewear on.
8. Take assigned sterilization cassette to treatment room.
9. Place the used instruments into the cassette and bring the tray and cassette to the sterilization counter.
10. Take cleaning and disinfection equipment to the treatment room.
11. Clean and disinfect all articles touched in the treatment room with Birex. Use the 2x wipe technique as demonstrated.
12. Return to your patient tray in the sterilization area.
13. Process your tray set up in the sterilization area.
  - a. Place cassette in ultrasonic cleaner for 8 minutes
  - b. Rinse well
  - c. Place on tray to the left of the sterilizers

14. Spray tray and tray mat with Birex, wipe, then spray again. Place in tray racks to the right of the sterilizers and leave to dry.
15. Clean and lubricate slow-speed handpiece following the directions on the chart.
16. Dry handpiece, place in a sterilization bag, and place it on the tray to the left of the sterilizers.
17. Wash the utility gloves while you are STILL WEARING THEM. Spray with Birex, and hang to dry.
18. Remove other personal protective equipment. Protective eyewear should be washed and disinfected. Gowns should be placed in a plastic bag until laundered.
19. Turn off the air and water on your unit.
20. Wash your hands well.
21. Fill out the Asepsis Monitor Sheet in the Monitor Book.
22. Remove the patient chart from the treatment room and complete the entries.

## **RADIATION SAFETY POLICY**

A safety program has been developed by this school for the purpose of insuring that all radiographs taken will be consistently produced for diagnostic reasons only and with a minimum of exposure to hazardous ionizing radiation. Based on training and experience, a Radiation Safety Officer had been designated and understands the responsibility of this position which shall include:

- Monitoring radiographic quality for the safety of patients and personnel
- Monitoring radiographic quality for diagnostic quality
- Providing training for staff in areas of radiographic technique and safety
- Insuring safe operation of radiographic equipment through observation and training of individuals involved in radiation exposure
- To maintain required records for quality assurance
- To insure that radiographic equipment is calibrated and functioning properly

The safety of patients, students, and staff is a primary concern and all action taken will be in compliance with the Minnesota Radiation Rules and Regulations, chapter 4730. In addition to the responsibilities of the Radiation Safety Officer (RSO), the students and staff understand the importance of radiation safety and compliance through the following actions:

1. Registration and renewal of all x-ray tubes shall be completed.

Why - To insure timely registration and renewal with the Commissioner of Health.

- To insure compliance of rules relating to registration 4730.0400.

- To insure compliance of rules relating to renewal 4730.0500.

Who- Registration and renewal forms shall be reviewed by the RSO.

Where- A copy of registration and renewal forms shall be kept in this Radiation Safety Officer Manual.

When- Registration must be completed within 30 days of purchase or disposition of radiation producing equipment.

How- The commissioner of Health will issue registration forms upon request and renewal forms biannually for each registered tube. These forms are to be completed and returned to the Commissioner in a timely manner.

- If it is discovered that a tube has not been registered, or has been registered incorrectly, the RSO will contact the commissioner to correct the situation.

2. No individual shall be involved in the exposure of radiation without proper training.

Why- To insure the safety of patients, staff, students, and safe radiation practices.

- To insure compliance of rules relating to occupational exposure of minors 4730.0360.

Who- This shall include any individual involved in the film placement, beam direction, or exposure of any radiograph taken at this facility.

Where- Any individual not involved in the exposure process shall not be permitted in areas designated as potential scatter radiation space.

- Any individual not involved in the exposure process shall remain outside of the primary beam and/or be protected with appropriate lead equivalent barriers.

How- Through education of students to facility design and radiation safety.

- Visual monitoring by the RSO and other staff for safety compliance.

3. Post radiation warning at each radiation control panel with exposure information for each situation likely to be used.

Why- To insure proper exposure technique for optimal diagnostic radiographs and areas of exposure.

- To minimize radiation exposure to the patient decrease the number of retakes due to exposure technique error.
- To insure compliance of rules relating to warning labels 4730.1510.

Who- The RSO shall insure proper labeling and up-date the information.

Where-This information shall be posted at the control panel of each x-ray machine.

When- This label shall be visible at all times and replaced as needed.

How- Have each student sign off on action oriented competence.

4. Terminate power to radiation equipment in an emergency situation involving radiation exposure.

Why- To reduce patient exposure to non-diagnostic radiation.

- To protect patients and staff from additional radiation hazards.
- To reduce x-ray equipment damage.
- To insure compliance of rules relating to ...4730.

Who- The individual making the exposure is responsible for taking emergency situation action to the best of their ability.

Where-The power switch is located on the control panel for each machine.

When- During any emergency situation involving radiation malfunction.

How- Turn off the power to the x-ray unit. Remove the patient from the situation. Notify the RSO. Do not use the equipment until the situation causing the malfunction had been corrected.

5. Each staff member shall receive orientation training and annual retraining in the hazards and protection of radiation.

Why- To reduce patient exposure to non-diagnostic radiation.

- To protect patients, students, and staff from non-diagnostic radiation.
- To insure compliance of rules relating to .....4730.

Who- All employees involved in making radiographic exposures and the processing of these films.

Where-Any radiographic procedures done in this facility.

When- At all times.

How- Through the practice of safe operating procedures.

- Orientation and annual retraining will be documented in the annual section of the Radiation Safety Officer Manual.
- The RSO will monitor compliance and inform individuals of training needs on an as needed basis.
- Annual retraining shall include but not be limited to:
  - \*Radiation effects to humans and fetus Safety Precautions
  - \*Radiographic criteria and evaluation
  - \*Radiographic Technique review

6. No student or staff shall be used to hold film during exposure to radiation

Why- To protect staff and students from exposure to hazardous radiation.

Who- All staff and students

Where-At this facility

When- During exposure to radiation for radiographic purposes.

How- Film holders shall be used for all radiographic exams.

In the exception case where a film holder cannot be adapted for use, the patient will be allowed to hold the film or cassette. All radiation precautions will be taken to reduce the radiation exposure received by the patient.

- During the exposure to radiation, the operator shall stand behind a protective barrier and/or be a minimum of 6 feet from the primary beam.
- If the patient is unable or unwilling, a guardian or office personnel may be used. All radiation precautions will be taken to reduce the radiation exposure received by that individual.
- Staff members may occasionally hold films if any portion of the body exposed to the primary beam is protected.
- Patients shall not support tube heads to prevent drifting.
- Maintenance and repairs shall be made as needed and copies of these records shall be filed in this manual.

7. It is understood that lead apron protection is not legally required, but it is the policy of this facility to provide this additional protection for all patients exposed to diagnostic radiation in this educational clinic. In addition, students and staff shall practice radiation safety procedures at all times.

Why- To reduce exposure to radiation of all individuals.

- To insure compliance of rules relating to rules 4730.1510.
- To insure compliance of rules relating to rule 4730-1950.

Who- All students and staff.

Where- In this facility.

When- At all times.

How- Check and set exposure technique for each patient

- When making radiation exposures stand in a radiation protected area, out of the primary beam, behind a primary barrier, or 6 feet and 90 degrees to the primary beam.
- Intra-oral exams...Full lead apron with thyroid collar draped on the front of the patient to provide protection for the gonadal area and the thyroid without obstructing the diagnostic information requested.
- Extra-oral exams...Appropriate lead shielding shall be placed between the patient and the source of radiation so as not to obstruct the diagnostic area, but provide maximum protection to the patient.
- Lead aprons shall be evaluated each time they are used for function and appearance and replaced as needed according to the RSO.
- When not in use lead aprons shall be hung or draped in such a way as not to cause creases or folds in the lead lining.
- When a lead apron no longer functions efficiently it shall be reported to the RSO to determine if it should be replaced.
- When disposing of a lead apron, contact the appropriate Hazard Waste Disposal Company and Document action in this manual.



8. Personnel radiation monitoring shall be provided by this facility for pregnant employees or if there is reason to believe greater than 25% of 1.25 REM may be received per calendar quarter by any one individual. .32 REM historically since 1998, no student has received .32 REM.

9. Why- To monitor the safety of individuals making radiation exposures.

- To insure compliance of rules relating to .....4370.

Who- The RSO shall monitor and maintain the records of pregnant staff/ students.

Where-A record shall be kept in the radiation safety manual.

When- On a quarterly basis badges will be evaluated and the information shared with the monitored individuals.

How- This facility will require that all pregnant personnel and students shall wear radiation monitoring badges. (Students will be required to cover the cost of the monitoring)

- The monitoring badge shall be worn outside of any protective clothing. When not worn this badge shall be kept in an area free of scatter radiation.
- If the individual works at a facility as well as attends school during a monitoring period, the same badge shall be worn to record total occupational exposure. Reports shall be maintained by the radiation safety officer, and reviewed with the monitored individual every three months while monitored.

9. Film-screen combinations shall be compatible.

Why- To insure that the patient is exposed to the least amount of radiation needed to provide diagnostic information.

- To insure compliance of rules relating to .....4370.

Who- Individuals ordering film and/or loading cassettes should be aware of film types stocked in this office and when they are to be used.

Where-In the darkroom and clinical areas of this facility.

When- Each time film is ordered or a cassette is reloaded.

How- Intra-oral radiography should be done using "F" speed film

- Panoramic cassettes should be loaded with.....
- Cephalometric cassettes are to be loaded with....
- N/A in college clinic, no extra oral films taken.

10. For the safety of the patient, radiation exposure shall be as low as reasonably achievable through minimal radiation exposure and retakes by using:

- \* the fastest film yielding diagnostic information consistent with the examination.
- \* trained and monitored students and personnel making radiographic exposures. Personnel shall be retrained annually in the hazards and use of radiation.

Technique seminar will be offered as needed or indicated through the monitoring of radiographs taken at this facility. Training records are maintained.

- \* technique charts indicating appropriate settings for radiographic exposures located at each x-ray machine control.
- \* darkroom quality monitoring as defined in the "Quality Assurance" portion of this manual.
- \* radiation safety surveys and calibrations shall be performed as indicated in the "Quality Assurance" portion of this manual.

11. Radiographs taken in the Dental Assisting Department at Minnesota West – Canby Campus will be for diagnostic purposes only.

12. Radiographic requests must be signed and dated by the patient's dentist or consulting dentist and a copy of this documentation must be retained in the patient's record. See Exhibit 7A for a sample request form.
13. For a patient to qualify as a candidate for a FMXR (18 films) he/she must not have had a FMXR series in the last five years, unless there is specific documentation of need by his/her dentist.
14. X-rays on patients will be retaken only if they do not meet diagnostic quality requirements. The student will be allowed only one retake of any projection on a patient. Any further exposure will be done with the help of an instructor.
15. All radiographs exposed shall be recorded in the patient chart including the number of retake exposures made.
16. X-ray film and processing chemicals are stored in the Dental Department Supply Room. This supply room is locked and only instructors have access to the key. All x-ray film is to be dispensed to the student by an instructor. There are no exceptions to this policy.
17. Maintaining proper darkroom chemistry and all factors relating to the darkroom are discussed in the section entitled, "Darkroom".
18. The student/staff will always stand behind a lead barrier when exposing x-rays. In most cases these will be lead lined walls as shown in Exhibit 7C. If it is not feasible to stand behind a lead-lined wall, the student/staff will use a portable lead-lined barrier. The student/staff is taught this concept in the Radiation Biology and Protection didactic course.

## **DENTAL RADIOLOGY INFECTION CONTROL PROTOCOL**

1. Pre-Treatment
  - a. X-ray permission letter signed by patient's dentist, or consulting dentist. Medical history completed and reviewed with patient
  - b. Barriers will be placed on the following
    - i. Headrest
    - ii. X-ray control button used to expose film
  - c. Disposable cups to be used to transport films to darkroom are placed on the x-ray shelf.
  - d. Place films and film holders (4 stables and 4 BW tabs) on the working surface, in the same manner they will be placed in the mouth
2. During Treatment
  - a. Wash hands, put on masks, eye wear, and gloves
  - b. After exposing films, place them in a disposable cup
  - c. Do not touch the outside of the cup with contaminated gloves
  - d. Remove gloves, wash hands
  - e. Once you are finished exposing the x-rays, remove lead apron from the patient and return it to the holder
3. During Processing
  - a. Bring cup of films to darkroom for processing
  - b. Put on a new pair of gloves.
  - c. Place 2 paper towels on counter work area. One for clean films and one for contaminated film outer wrap, inner black paper and lead foil.
  - d. Turn off darkroom lights and have safelights on.
  - e. Take one film out of the cup.
  - f. Open the film packet and slide out lead foil and black paper. Place film wrapper on paper towel farthest to the left.
  - g. Set foil aside on same paper towel.
  - h. Without touching the film, open the black paper wrapper and drop film onto towel to the right. Be very careful not to drop films on floor!
  - i. Place black paper wrap on contaminated paper towel (on the left).
  - j. After all films have been opened remove gloves and begin to process films one at a time, spacing them appropriately.
  - k. Once all films have been put into processor, throw away film wrappers and place lead foil in box.
4. Critique
  - a. Critique films prior to instructor evaluation
5. Post-Treatment

Follow Post- Treatment Infection Control in the Treatment Room protocol.

The following areas are also disinfected.

- i. X-ray control panel
- ii. Dental chair adjustment controls
- iii. PID and arms
- iv. View box
- v. X-ray control button and cord
- vi. Lead apron (if used)

## **Digital Radiography Infection Control**

### 1. Pre-Treatment

- a. Barriers will be placed on the following
  - i. Headrest
  - ii. X-ray control button
  - iii. Laptop keyboard
  - iii. Barrier sheath and finger cot placed on sensor
- b. Place sensor positioning devices on patient tray

### 2. During Treatment

- a. Wash hands, put on masks, eye wear, and gloves

### 3. Post-Treatment

Follow Post- Treatment Infection Control in the Treatment Room protocol.

#### Sensor Care:

- a. Carefully remove finger cot and barrier.
- b. Using wet but not soaked Birex gauze, wipe sensor cord.

## DENTAL ASSISTANT DEPARTMENT EMERGENCY PLAN

The following describes the procedures to be used should an emergency develop in the Dental Assisting Department. These emergencies include those related to a fire, or a medical problem related to an illness or injury.

### FIRE

#### A. In the Dental Department

A fire extinguisher is located in the lab by the front door. It is checked every 6 months to assure it is working properly. A fire blanket is located by the supply room door. When a fire is first detected, take the appropriate fire suppressant and try to put out the fire while calling for an instructor. The instructor will decide when to trigger the fire alarm and clear the building.

#### B. Out of the Dental Department

When the fire alarm sounds, all students must think of their patients first, and the instructors will think of the students. Quickly discontinue any procedure being performed, and take the patient out of the laboratory door and out of the building by the front office. If this escape route is blocked, leave by the clinic door, and go out one of the other doors. A chart is posted near each door with the directions. The instructors are responsible for checking all rooms to be sure they are empty, turning off lights, and closing all doors before they leave by the same exit.

## MEDICAL EMERGENCY

#### A. Injury

Send someone for an instructor or call for an instructor. **Do not leave the injured person.** An instructor will assign tasks after the injury has been investigated.

#### B. Illness

1. Call out a code name "Red" and follow it by the location, such as, "Red - Treatment Room 4", or "Red - Lab", etc. **Do not leave the patient** until an instructor arrives.
2. After the instructor arrives, ask if you should call 911. If the instructor says yes, go to the phone, press 9, and dial 911. Tell the person who answers the phone where you are, who you are, the nature of the emergency, and ask for an ambulance. Let the dispatcher hang up first after you have answered all of his/her questions.
3. If someone has not already brought the emergency oxygen cart and emergency kit, bring it to where the patient is. The emergency oxygen cart is located in the clinic storage closet and emergency kit is located on table by the darkroom. By this time the instructor may have already asked someone else to get these items, so check quickly, and then go back to where the patient is and see if you can help.

## **NITROUS OXIDE SEDATION PARTICIPANTS**

Any student who is pregnant during the Nitrous Oxide Sedation component must have written documentation from their medical physician allowing them to administer nitrous oxide/oxygen sedation to a classmate/patient. Administration of nitrous oxide is a requirement of the course.

Pregnant students without this documentation will be denied clinical participation but may be included in the lecture component. They can not be a participant in the clinical component until after the birth of their child. Arrangement for the completion of the clinical components must be arranged through the instructor and non-completion of the clinical component will prevent the student from taking the MN State Licensure examination.

Pregnant students will not be allowed to have nitrous oxide administered to them.

Appendix A – STUDENT REPORT OF BLOOD/BODY FLUID EXPOSURE

MINNESOTA WEST COMMUNITY & TECHNICAL COLLEGE  
STUDENT REPORT OF BLOOD/BODY FLUID EXPOSURE

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time: \_\_\_\_\_

Date of Report: \_\_\_\_\_ Time: \_\_\_\_\_

Facility where incident occurred: \_\_\_\_\_

Describe the incident in detail: (Attach extra sheets if needed)

Was the affected area washed/flushed?

Describe where the incident occurred. (pt. room, lab, hallway)

What potentially infectious materials were involved in the incident? (Type, blood, wound drainage, etc.)

What were the circumstances that contributed to the incident?

List the Personal Protective Equipment that was being used at the time of the incident.

Did you receive any follow up care after the incident? Describe the care that you received. (Wash and bandage wound, went to ER, received prophylactic medications, etc.).

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**STATE OF MINNESOTA  
MINNESOTA STATE COLLEGES AND UNIVERSITIES  
MINNESOTA WEST COMMUNITY & TECHNICAL COLLEGES  
IMPORTANT NOTICES**

**REASONABLE ACCOMMODATIONS**

There are conditions for which accommodations may be appropriate under the Americans with Disabilities Act. The Allied Health Programs will make all reasonable accommodations required by law for otherwise qualified instructors. To receive accommodations, you must contact the Office for Students with Disabilities.

**RESPONSIBILITY FOR HEALTH CARE COSTS**

Any health care costs incurred will be your responsibility.

**CRIMINAL BACKGROUND CHECKS**

An integral part of the Allied Health Programs is the clinical experience program. To provide this experience, the College contracts with local health care facilities. State law requires that any person who provides services which involve direct contact with patients and residents of a health care facility have a background study conducted by the State. The College will initiate a background study by asking you to complete a form so that a criminal background check can be conducted. If, as a result of the background study, you are disqualified from direct contact, it is highly unlikely that the College will allow you to participate in its clinical instruction.

**DATA PRACTICES ADVISORY AND INFORMED CONSENT**

Some facilities also impose certain requirements regarding the health of persons working in their facilities and may require that health information about you in clinical site programs be made available to them. The College may ask you to provide health information which will be used to determine whether you meet a clinical site's health requirements for care providers. Health information collected is private data on you. A clinical site may refuse to allow you to instruct based on data provided by you. The information provided will be disclosed, as needed, to the College Director of Allied Health and, should any clinical site request the data, to any clinical site where you are placed. You are not legally required to provide this information to the College. However, refusal to provide the information requested could mean that the College and clinical site may refuse to accept you at its facility.

I hereby authorize the College to release my health information to any facility to which I am assigned during my clinical instruction, should the facility request the information. This authorization is valid for one year from the date of my signature.

---

Date

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Name (please print)

---

Signature



Appendix C: Student Hepatitis B Vaccine Declination

**Student Hepatitis B Vaccine Declination**

I certify that I have been given instructions regarding the Minnesota West Canby Campus Dental Assistant Hepatitis B Vaccine Program.

I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease.

If in the future I continue to have occupational exposure to potentially infectious materials, and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination from my physician.

---

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

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Program Director signature \_\_\_\_\_ Date \_\_\_\_\_

Dept. \_\_\_\_\_ Phone \_\_\_\_\_

### **Student Complaint Policy**

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

Students wishing to make complaints to the Commission on Dental Accreditation shall put their complaint in writing, mail the original to the Commission address below, and submit a copy to the dental assisting program director to be placed on file.

A copy of the appropriate accreditation standards and/or the Commission's policy and procedure for submission of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago, IL 60611-2678 or by calling 1-800-621-8099 extension 4653.

More information on the Commission's complaint policy can be found at;  
[http://www.ada.org/~media/CODA/Files/coda\\_complaints\\_policy.pdf?la=en](http://www.ada.org/~media/CODA/Files/coda_complaints_policy.pdf?la=en)

Mail complaints to:  
Commission on Dental Accreditation  
211 East Chicago Avenue  
Chicago, Illinois 60611