



**New York City College of Technology  
City University of New York  
Department of Dental Hygiene  
Policy & Procedures Manual  
2024 - 2025**

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## I. INTRODUCTION

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A dental hygienist is a licensed professional who is an integral member of the dental healthcare team. Dental hygienists provide therapeutic services, as well as education to the public in accordance with New York State Dental Hygiene Practice Act. The educational process provides the hygienist with the knowledge and skills to provide quality health care to patients. Individuals accepted into an educational program designed to prepare them for professional licensure, are expected to acquire the ethical and behavioral characteristics consistent with the profession.

Dental hygiene students are educated to understand professional responsibility, ethical conduct and compliance with OSHA, CDC and legal regulations. During the educational process, students learn to develop effective communication skills in order to motivate the patient toward optimal oral health. Students treat patients with varied characteristics and health conditions and are given the opportunity to work in a variety of health care settings with different population groups.

The structure of the educational program includes theory, laboratory and clinical practice along with general education courses. Students gain proficiency in clinical skills by treating patients in the on-campus dental hygiene clinics. Opportunities to provide oral health services in the community are provided for students through special community service events such as Give Kids a Smile, Public Health Service-Learning Project, and the Head Start Program.

It is a requirement that students participating in the clinical courses have an annual physical evaluation, provide proof of required immunizations, maintain current professional liability malpractice insurance and CPR certification. Detailed information is found under ‘Criteria for Admission’.

Computer literacy is a requirement for graduation at NYCCT and can be accomplished through the self-paced tutorial in the Atrium Learning Center. Students need to possess basic computer skills in order to use Blackboard and OpenLab in all Dental Hygiene courses.

Graduates are eligible to take licensing examinations given by the National Board and the Commission on Dental Competency Assessment (**CDCA-WREB-CITA**) – [ADEX Dental Hygiene](#) and upon graduation may practice dental hygiene in any of the US states and territories listed here: <https://adextesting.org>.

[ADEX-CDCA-CITA mission statement](#) is: as of August 1, 2022, CDCA-WREB-CITA is one agency with one mission, offering a common, uniform licensure examination for dental and dental hygiene professions: simplifying the process for students, schools, and state boards. It is the mission of CDCA-WREB-CITA to be a nationwide resource in the development, innovation, and administration of competency assessments for the dental health professions.

CDCA-WREB-CITA is:

- Committed to serving boards of dentistry by designing and administering assessments that are based on sound principles of testing and measurement.
- Pledged to excellence, integrity, and fairness.
- Committed to a national uniform examination process dedicated to the protection of the public through cooperation with state dental boards, and educational institutions.

## **1.1 Philosophy and Mission of the Dental Hygiene Program**

Aligning with the [Mission and Educational Goals of the New York City College of Technology](#), the City Tech's Dental Hygiene Program is committed to academic excellence while providing accessibility and equity through an inclusive and welcoming learning environment. Our program appreciates the distinctiveness of our culturally and ethnically diverse student body and considers each learner's unique potential as future dental hygienists and their impact on the public's oral and overall health. Our mission is to foster the development of our students to become the influential professionals devoted to lifelong learning, who can address real-world oral health issues using critical thinking and reasoning skills, evidence-based practices, and emerging technologies and are motivated to contribute to the field of research, academics, and interprofessional collaboration.

**To support our mission, the Dental Hygiene educational program at CityTech will:**

- Offer a course of study that integrates various fields of study and is grounded in research, reflecting modern practices in health care.
- Inspire a passion for scientific inquiry and lifelong learning in dental hygiene students so that they may contribute to the advancement of the field and its practice.
- Promote the appreciation of good oral and systemic health through clinical education based on a preventative strategy, with the ultimate objective of reducing oral health inequities.
- Educate future dental hygienists to practice ethically and professionally while providing patient-centered, comprehensive dental hygiene treatments supported by evidence.
- Offer students the opportunity to participate in community service initiatives that further the goals of their educational institution, their profession, and society at large.

**This philosophy is reflected in the following goals:**

Beyond the specific requirements of their degree programs, City Tech students experience our signature [General Education Common Core](#) that encompasses the knowledge, skills, and values determined by the faculty to be essential for success in every degree program. Grounded in the liberal arts and sciences, and integrated into every major, Gen Ed at City Tech inspires students to

make connections across disciplinary lines and enriches their understanding of the moral, civic, and creative dimensions of life. It is the foundation for our hallmark technological and professional programs of study.

## 1.2 NYCCT General Education and Dental Hygiene Learning Goals

Fourteen competencies were identified to measure City Tech's General Education, as passed by the College Council in March 2013 ([City Tech General Education Learning Goals](#)), including: Civic Engagement, Creative Thinking, Critical Thinking, Ethical Reasoning, Foundations and Skills for Lifelong Learning, Information Literacy, Inquiry and Analysis, Integrative Learning, Intercultural Knowledge and Competence, Oral Communication, Quantitative Literacy, Reading, Teamwork, and Writing.

### **Dental Hygiene Educational Goals are:**

- Develop knowledge and clinical skills to be competent in providing dental hygiene care and to facilitate the desire to continue learning new clinical advances in patient care.
- Acquire and use the professional dental hygiene skills needed for communication, inquiry, analysis, and clinical excellence.
- Work collaboratively within and across health care disciplines to provide optimal patient care outcomes.
- Evolve dental hygiene professional skills to promote humanistic, ethical, and legal standards of care when treating patients from diverse socioeconomic, educational, and cultural backgrounds within the community.

## 1.3 ADEA framework and guidelines

The NYCCT Dental Hygiene program follows the guidelines and utilizes the framework provided by the **American Dental Educators' Association (ADEA) – ADEA Entry-Level Competencies for Allied Dental Professions 2023**

### The Core Allied Dental Competencies include:

- Professional Knowledge: 1) Professionalism, 2) Safety, 3) Critical Thinking and 4) Scientific Inquiry and Research
- Health Promotion and Disease Prevention: 1) Health Education and Community Connection and 2) Advocacy
- Professional Development and Practice: 1) Professional Growth, 2) Business Practices and 3) Leadership

## **Professional Knowledge**

### 1. Professionalism

- 1.1 Apply professional values and ethics in all endeavors.
- 1.2 Adhere to accreditation standards and federal, state and local laws and regulations.
- 1.3 Promote quality assurance practices based on accepted standards of care.
- 1.4 Demonstrate interpersonal skills to effectively communicate and collaborate with professionals and patients across socioeconomic and cultural backgrounds.

### 2. Safety

- 2.1 Comply with local, state and federal regulations concerning infection control protocols for blood-borne and respiratory pathogens, other infectious diseases and hazardous materials.
- 2.2 Follow manufacturers' recommendations related to materials and equipment used in practice.
- 2.3 Establish and enforce mechanisms to ensure the management of emergencies.
- 2.4 Use security guidelines and compliance training to create and maintain a safe, eco-friendly and sustainable practice compatible with emerging trends.
- 2.5 Ensure a humanistic approach to care.
- 2.6 Uphold a respectful and emotionally safe environment for patients and practitioners.

### 3. Critical Thinking

- 3.1 Demonstrate critical and analytical reasoning to identify and develop comprehensive oral health care solutions and protocols.
- 3.2 Apply individual and population risk factors, social determinants of health and scientific research to promote improved health and enhanced quality of life.

### 4. Scientific Inquiry and Research

- 4.1 Support research activities and develop research skills.
- 4.2 Use evidence-based decision-making to evaluate and implement health care strategies aligned with emerging trends to achieve high-quality, cost-effective and humanistic care.
- 4.3 Integrate accepted scientific theories and research into educational, preventive and therapeutic oral health services.

## **Health Promotion and Disease Prevention**

### 5. Health Education and Community Connection

- 5.1 Endorse health literacy and disease prevention.
- 5.2 Communicate and provide health education and oral self-care to diverse populations.
- 5.3 Facilitate learning platforms for communities of interest by providing health education through collaboration with dental and other professionals.
- 5.4 Promote the values of the dental profession through service-based activities.



5.5 Evaluate outcomes for future activities supporting health and wellness of individuals and communities.

## 6. Advocacy

6.1 Promote an ethical and equitable patient care and practice environment by demonstrating inclusion of diverse beliefs and values.

6.2 Uphold civic and social engagement through active involvement in professional affiliations to advance oral health.

## **Professional Development and Practice**

### 7. Professional Growth

7.1 Commit to lifelong learning for professional and career opportunities in a variety of roles and settings.

7.2 Engage in research, education, industry involvement, technological and professional developments and/or advanced degrees.

7.3 Demonstrate self-awareness through reflective assessment for continued improvement.

### 8. Business Practices

8.1 Facilitate referrals to and consultations with relevant health care providers and other professionals to promote equitable and optimal patient care.

8.2 Promote economic growth and sustainability by meeting practice goals.

8.3 Create and maintain comprehensive, timely and accurate records.

8.4 Protect privacy, confidentiality and security of the patients and the practice by complying with legislation, practice standards, ethics and organizational policies.

### 9. Leadership

9.1 Develop and use effective strategies to facilitate change.

9.2 Inspire and network with others to nurture collegial affiliations.

9.3 Solicit and provide constructive feedback to promote professional growth of self.

## Dental Hygiene Discipline-Specific ADEA Competencies include:

### DH. 1 Essential Knowledge

DH. 1.1 Apply the knowledge of the following sciences during the dental hygiene process of care:

- Microbiology
- Human anatomy and physiology
- Human cellular biology
- Chemistry

- Biochemistry
- Immunology and pathology
- Nutrition
- Pharmacokinetics

DH. 1.2 Apply the knowledge of the following behavioral sciences during the dental hygiene process of care:

- Sociology
- Psychology
- Interpersonal communication

## DH. 2 Person-centered Care

### 2.1 Assessment

DH. 2.1.1 Accurately collect and document a comprehensive medical, dental, social health history and diagnostic data.

DH. 2.1.2 Critically analyze all collected data.

DH. 2.1.3 Identify predisposing, etiologic, environmental and social risk factors for person-centered care.

### 2.2 Dental Hygiene Diagnosis

DH. 2.2.1 Analyze comprehensive medical, dental and social health history.

DH. 2.2.2 Integrate observational and diagnostic data as part of the dental hygiene diagnosis.

DH. 2.2.3 Use predisposing, etiologic, environmental and social risk factors for person-centered care.

### 2.3 Planning

DH. 2.3.1 Use the patient's assessment to establish an optimal and realistic, person-centered dental hygiene care plan through mutual communication.

DH. 2.3.2 Use all aspects of the dental hygiene diagnosis in combination with the person's values, beliefs and preferences to develop a dental hygiene care plan through shared decision-making.

### 2.4 Implementation

DH. 2.4.1 Obtain informed consent based on the agreed-upon treatment plan.

DH. 2.4.2 Execute individualized treatment based on the patient's dental hygiene diagnosis.

DH. 2.4.3 Integrate educational, preventive and therapeutic services to provide comprehensive person-centered care.

DH. 2.4.4 Use specialized skills and evidenced-based technology to promote dental and periodontal health.

DH. 2.4.5 Continuously re-evaluate for modifications to achieve desired outcomes.

### 2.5 Evaluation and Documentation

- DH. 2.5.1 Evaluate the effectiveness of completed services.
- DH. 2.5.2 Analyze treatment outcomes of the dental hygiene process of care to determine improved health and modifications.
- DH. 2.5.3 Modify dental hygiene care plans as necessary to meet goals of patient and clinician.
- DH. 2.5.4 Identify necessary referrals for success of the treatment outcomes, including intraprofessional and interprofessional health care providers, supporting professions and patient advocates.
- DH. 2.5.5 Accurately document assessment findings and data, dental hygiene diagnosis and care plan, implementation, outcome evaluation and any communication between professionals and patient and anyone else in the circle of care.

**1.4 NYCCT Dental Hygiene graduate Competencies:**

The NYCCT Dental Hygiene program follows the guidelines and utilizes the framework provided by the **American Dental Educators’ Association (ADEA), American Dental Hygienists’ Association, and the Commission on Dental Accreditation (CODA) Standards for Dental Hygiene Education.**

The graduates of the NYCCT Dental Hygiene Program will develop the following competencies during their course of study encompassing general education, biomedical sciences, dental sciences and dental hygiene sciences. Achievement of these competencies is evaluated in the Dental Hygiene curriculum in a variety of course assessment methods.

<b>Graduate Competency #1 (PROFESSIONALISM AND ETHICS)</b>	
Graduates will be competent in delivering dental hygiene care to diverse populations of clients and communities, demonstrating the professional behaviors consistent with dental hygiene Standards of Care, legal regulations, and the Core Values of the ADHA Code of Ethics.	
<b>DH Course #</b>	<b>Competency Evaluation method/s</b>
DEN1100	Daily clinical grading on ethics and professionalism Discussion Post Assignment
DEN1200	Daily clinical grading on ethics and professionalism Daily grading on treatment planning/informed consent Ethics OSCE Academic Integrity Pledge and Quiz 3 Ethics CE completion (DentalCare.com) HIPAA annual training (CE completion) Quality Assurance: self-evaluation chart audit checklist
DEN2300	Daily clinical evaluation on ethics and professionalism (critical errors) Daily grading on treatment planning/informed consent
DEN2400	Daily clinical evaluation on ethics and professionalism (critical errors)

	Daily grading on treatment planning/informed consent HIPAA annual training (CE completion)
DEN1218	Case Study (final examination)
DEN2311	CITI IRB completion
DEN2413	Head Start outreach participation and reflection

**Graduate Competency #2 (HEALTH PROMOTION, DISEASE PREVENTION AND COMMUNICATION)**

Graduates will be competent in effective, culturally responsible health communication with patients, communities, and health care professionals to promote oral and systemic health and achieve optimal, patient- and community-centered oral health outcomes.

<b>DH Course #</b>	<b>Competency Evaluation method/s</b>
DEN1100	Daily clinical grading DEN1100 Patient Health History OSCE
DEN1114	DEN1114 writing assignment
DEN1200	Prevention Exam Individualized Home Care plan development Treatment Planning
DEN1217	Interactive Video Assignment
DEN2300	Daily clinical grading Treatment Planning Inter-Professional Education (participation, reflection) Pediatric Patient OSCE
DEN2400	Daily clinical grading Treatment Planning Inter-Professional Education (participation, reflection) Pediatric Patient OSCE
DEN2413	Service-Learning Project

**Graduate Competency #3 (PROFESSIONAL DEVELOPMENT AND PRACTICE)**

Graduates will be competent in utilizing critical thinking and reasoning skills to analyze current scientific research and evaluate evolving technologies and advanced diagnostic and treatment modalities towards achieving optimal oral health outcomes.

<b>DH Course #</b>	<b>Competency Evaluation method/s</b>
DEN1100	Infection Control OSCE Daily clinical grading on Infection Control Instrumentation Competencies and final exam Term Paper Professional CE webinars and readings

DEN1112	Case-based final examination (OSCE) Homework assignment - Detection and Management of TMD in Primary Dental Care Homework Assignment - Review of literature on premolar and molar Instrumentation
DEN1200	Daily clinical grading on Infection Control Ultrasonics competency Research Analysis assignment
DEN1217	Interactive Video Assignment
DEN1218	Panoramic evaluation exercise
DEN2300	Daily clinical evaluation on Infection Control (critical errors) Arestin placement/evaluation competency Professional CE webinars and readings
DEN2318	All laboratory/clinical Dental Materials competencies
DEN2315	DARE Research project
DEN2311	CITI IRB completion Self-reflective essay Group Presentation assignment
DEN2400	E-portfolio

<b>Graduate Competency #4 (PROFESSIONAL RESPONSIBILITY)</b>	
<p>Graduates will be competent in applying continued self-assessment to support and facilitate their professional development, knowledge, and skills as a foundation for maintaining competency and quality assurance in patient care and practice management.</p>	
<b>DH Course #</b>	<b>Competency Evaluation method/s</b>
DEN1100	Reflections Mid-semester self-evaluation
DEN1200	Reflective journals Research Article Analysis Ethics OSCE Quality Assurance: self-evaluation chart audit checklist
DEN1218	Radiology self-assessment and peer evaluation
DEN1217	Interactive Video Assignment
DEN2300	Quality Assurance: self-evaluation chart audit checklist
DEN2318	Local Anesthesia – self- and peer assessment
DEN2400	Child Abuse prevention CE (2) E-portfolio Quality Assurance: self-evaluation chart audit checklist

<b>Graduate Competency #5 (PROFESSIONAL KNOWLEDGE AND CLINICAL SKILLS)</b>	
<p>Graduates will be competent in all phases of the Dental Hygiene Process of Care delivery, including assessment, dental hygiene diagnosis, implementation, evaluation and documentation of care and maintenance provided to patients of all patient populations (child, adolescent, adult, geriatric, and special needs) and all types of classifications of periodontal diseases.</p>	
<b>DH Course #</b>	<b>Competency Evaluation method/s</b>
DEN1100	Probing competency; Exploring competency; Instrumentation final exam BP/vital signs and ASA determination (daily grading) EO/IO assessment OSCE Daily clinical grading (assessment, implementation of treatment) Medical Emergency management training (webinars, videos, quiz)
DEN1112	Case-based Anatomy Exam (OSCE) Primary Teeth Identification Exercise/Homework
DEN1200	Calculus Detection exam Instrumentation Skills exam Prevention exam Ethics OSCE Fluoride application competency Medical Emergency management training (webinars, videos, quiz) Ultrasonics Competency Clinical Skills exam FMS/BW/PAN evaluations
DEN2300	Mock Board examination FMS/BW/PAN evaluations Diagnostic alginate impressions Sealants placement Pediatric dental patient OSCEs Inter-Professional Education (participation, reflection) Critical Errors and remediation
DEN2318	All laboratory/clinical DM competencies
DEN2400	Mock Board examination FMS/BW/PAN evaluations Diagnostic alginate impressions Sealants placement Pediatric dental patient OSCEs Inter-Professional Education (participation, reflection) GKAS event participation/reflection Local Anesthesia and Nitrous Oxide Analgesia competencies and didactic exam Critical Errors and remediation

### **1.5 Laws and Regulations Pertaining to the Practice of Dental Hygiene in New York State**

**Article 133: Dental Hygiene:** <https://www.op.nysed.gov/professions/dental-hygienists/laws-rules-regulations/article-133>

## §6606 Definition of practice of dental hygiene

The practice of the profession of dental hygiene is defined as the performance of dental services which shall include removing calcareous deposits, accretions and stains from the exposed surfaces of the teeth which begin at the epithelial attachment and applying topical agents indicated for a complete dental prophylaxis, removing cement, placing or removing rubber dam, removing sutures, placing matrix band, providing patient education, applying topical medication, placing and exposing diagnostic dental X-ray films, performing topical fluoride applications and topical anesthetic applications, polishing teeth, taking medical history, charting caries, taking impressions for study casts, placing and removing temporary restorations, administering and monitoring nitrous oxide analgesia and administering and monitoring local infiltration anesthesia, subject to certification in accordance with section sixty-six hundred five-b of this article, and any other function in the definition of the practice of dentistry as may be delegated by a licensed dentist in accordance with regulations promulgated by the commissioner. The practice of dental hygiene may be conducted in the office of any licensed dentist or in any appropriately equipped school or public institution but must be done either under the supervision of a licensed dentist or, in the case of a registered dental hygienist working for a hospital as defined in article twenty-eight of the public health law, pursuant to a collaborative arrangement with a licensed and registered dentist who has a formal relationship with the same hospital in accordance with regulations promulgated by the department in consultation with the department of health. Such collaborative arrangement shall not obviate or supersede any law or regulation which requires identified services to be performed under the personal supervision of a dentist. When dental hygiene services are provided pursuant to a collaborative agreement, such dental hygienist shall instruct individuals to visit a licensed dentist for comprehensive examination or treatment.

### §6609-b- Limited permit to practice dental hygiene

A limited permit to practice dental hygiene may be granted to an individual who has, to the satisfaction of the department, met all the requirements of section six thousand six hundred nine of this article, but has not yet passed the examination required by subdivision four of such section.

### 6605-b. Dental hygiene restricted local infiltration anesthesia/nitrous oxide analgesia certificate.

A dental hygienist shall not administer or monitor nitrous oxide analgesia or local infiltration anesthesia in the practice of dental hygiene without a dental hygiene restricted local infiltration anesthesia/nitrous oxide analgesia certificate and except under the personal supervision of a dentist and in conjunction with the performance of dental hygiene procedures authorized by law and in accordance with regulations promulgated by the commissioner. Personal supervision, for purposes of this section, means that the supervising dentist remains in the dental office where the local infiltration anesthesia or nitrous oxide analgesia services are being performed, personally authorizes and prescribes the use of local infiltration anesthesia or nitrous oxide analgesia for the patient and,

before dismissal of the patient, personally examines the condition of the patient after the use of local infiltration anesthesia or nitrous oxide analgesia is completed. It is professional misconduct for a dentist to fail to provide the supervision required by this section, and any dentist found guilty of such misconduct under the procedures prescribed in section sixty-five hundred ten of this title shall be subject to the penalties prescribed in section sixty-five hundred eleven of this title.

## **1.6 American Dental Hygienists' Association: ADHA CODE OF ETHICS (June 2022)**

### CODE OF ETHICS FOR DENTAL HYGIENISTS

#### **Preamble**

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

#### **Purpose**

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

- to increase our professional and ethical consciousness and sense of ethical responsibility.
- to lead us to recognize ethical issues and choices and to guide us in making more informed ethical decisions.
- to establish a standard for professional judgment and conduct.
- to provide a statement of the ethical behavior the public can expect from us.

The Dental Hygiene Code of Ethics is meant to influence us throughout our careers. It stimulates our continuing study of ethical issues and challenges us to explore our ethical responsibilities. The Code establishes concise standards of behavior to guide the public's expectations of our profession and supports dental hygiene practice, laws and regulations. By holding ourselves accountable to meeting the standards stated in the Code, we enhance the public's trust on which our professional privilege and status are founded.

#### **Key Concepts**

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



## **Basic Beliefs**

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

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

## **Fundamental Principles**

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

- Universality
  - The principle of universality expects that, if one individual judges an action to be right or wrong in a given situation, other people considering the same action in the same situation would make the same judgment.
- Complementarity
  - The principle of complementarity recognizes the existence of an obligation to justice and basic human rights. In all relationships, it requires considering the values and perspectives of others before making decisions or taking actions affecting them.
- Ethics
  - Ethics are the general standards of right and wrong that guide behavior within society. As generally accepted actions, they can be judged by determining the extent to which they promote good and minimize harm. Ethics compel us to engage in health promotion/disease prevention activities.
- Community
  - This principle expresses our concern for the bond between individuals, the community, and society in general. It leads us to preserve natural resources and inspires us to show concern for the global environment.
- Responsibility
  - Responsibility is central to our ethics. We recognize that there are guidelines for making ethical choices and accept responsibility for knowing and applying them.

We accept the consequences of our actions or the failure to act and are willing to make ethical choices and publicly affirm them.

## **Core Values**

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

- Individual autonomy and respect for human beings
  - People have the right to be treated with respect. They have the right to informed consent prior to treatment, and they have the right to full disclosure of all relevant information so that they can make informed choices about their care.
- Confidentiality
  - We respect the confidentiality of client information and relationships as a demonstration of the value we place on individual autonomy. We acknowledge our obligation to justify any violation of a confidence.
- Societal Trust
  - We value client trust and understand that public trust in our profession is based on our actions and behavior.
- Non-maleficence
  - We accept our fundamental obligation to provide services in a manner that protects all clients and minimizes harm to them, and others involved in their treatment.
- Beneficence
  - We have a primary role in promoting the well-being of individuals and the public by engaging in health promotion/disease prevention activities.
- Justice and Fairness
  - We value justice and support the fair and equitable distribution of health care resources. We believe all people should have access to high-quality, affordable oral healthcare.
- Veracity
  - We accept our obligation to tell the truth and expect that others will do the same. We value self-knowledge and seek truth and honesty in all relationships.

## **II. DENTAL HYGIENE DEPARTMENT POLICIES**

### **2.1 Academic Integrity Policy**

#### **[New York City College of Technology Policy on Academic Integrity:](#)**

Students and all others who work with information, ideas, texts, images, music, inventions, and other intellectual property owe their audience and sources accuracy and honesty in using, crediting, and citing sources. As a community of intellectual and professional workers, the College recognizes

its responsibility for providing instruction in information literacy and academic integrity, offering models of good practice, and responding vigilantly and appropriately to infractions of academic integrity. Accordingly, academic dishonesty is prohibited in The City University of New York and at New York City College of Technology and is punishable by penalties, including failing grades, suspension, and expulsion. The complete text of the College policy on Academic Integrity may be found in the catalog.

**Academic Integrity requires that students must:**

1. Conduct themselves in an honest and forthright manner at all times.
2. Recognize that testing and skills evaluations are an ongoing process in the academic environment and that they must be performed individually and be solely the product of that student's efforts.

It is considered improper and a violation of DH departmental policy to engage in any of the following practices, which include, but are not limited to:

1. obtaining or giving answers during test taking or skills evaluations
2. using notes or documents not provided by the instructor during testing
3. taking unfair advantage of or violating rules and evaluation procedures
4. submitting plagiarized material
5. submitting another person's work as your own
6. falsifying documents
7. removing materials or supplies from the department without direct knowledge and permission of authorized departmental personnel
8. unauthorized use of electronic devices

Violations of Academic Integrity Policies will be reported to the college Academic Integrity Officer and will result in appropriate sanctions, which may include course failure and/or dismissal from the program.

## **2.2 Dental Hygiene Skills and Abilities**

In accordance with the federal Americans with Disabilities Act, as well as other federal, state and local laws, the College provides reasonable accommodations and academic adjustments to enable students with disabilities to participate in its academic programs and activities. If you have a disability and are seeking a reasonable accommodation or academic adjustment, please contact the Center for Student Accessibility at [Accessibility@citytech.cuny.edu](mailto:Accessibility@citytech.cuny.edu) or 718-260-5143.

CUNY's Policy on Reasonable Accommodations and Academic Adjustments can be found here: <https://www.cuny.edu/about/administration/offices/legal-affairs/policies-resources/reasonable-accommodations-and-academic-adjustments/>

Competent dental hygienists must possess the skills and abilities to deliver quality dental hygiene care to a variety of patient populations, while maintaining professional compassion and integrity. In compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, the following Technical Standards (essential functions) are deemed necessary for matriculation, progression, retention, and successful completion of the Dental Hygiene Program.

### Motor/Physical/Health

Students must have sufficient motor/physical ability and health status to acquire specific technical skills that allow for the performance of oral hygiene procedures without creating actual or potential harm to, or compromise of the patient's, colleagues, faculty, or their own health and well-being.

These technical skills include, but are not limited to: proper positioning of oneself to examine the patient via palpation, percussion, auscultation and other diagnostic procedures; manipulating hand and mechanical instruments; providing basic life support; operating hand/foot controls; positioning and moving dental equipment and responding to visual and aural equipment signals.

Fine motor skills can be defined as coordination of small muscle movements which occur in the fingers, usually in coordination with the eyes. In application to motor skills of hands (and fingers) the term dexterity is commonly used. Fine motor skills are skills that involve a refined use of the small muscles controlling the hand, fingers, and thumb.

### Sensory

The student must have functional use of visual, auditory and somatic sensation. Specifically, they must have adequate visual acuity to acquire information from printed or handwritten materials, films, slides, videos and x-rays; to differentiate between variations in the depth of field, color, shade size and shape of clinical findings or their diagrammatic representation; and to observe and respond to nonverbal communication. The student must have sufficient auditory ability to facilitate proper communication with faculty, peers, and patients; as well as recognize the sounds of equipment that is functioning abnormally. Lastly, they must have sufficient tactile sensitivity to differentiate between normal and abnormal structures both intra-oral and/or extra-oral.

### Communication

In order to provide effective patient care and serve as an integral part of the dental team, the student must have fluent command of the English language. This is necessary to obtain information

from lectures, texts, written materials and conversations with dental personnel; and to be able to communicate and understand information on written examinations and patient charts and communicate with patients and members of the dental health community. In addition, the student must be able to effectively participate in problem identification, problem solving and offering directions to patients during and after treatment.

#### Cognitive

In order to problem solve and administer timely and appropriate dental hygiene care, it is essential that the student be able to: analyze, integrate, synthesize, calculate, summarize and interpret written, oral and diagrammatic/pictorial information. In addition, they must be able to document in writing pertinent accurate and complete information in a prescribed, legally acceptable format. Lastly, the student must be able to perform varied tasks in an appropriate sequence or several tasks simultaneously.

#### Behavioral

The student must possess the emotional stability necessary to fully utilize their intellectual abilities in providing the patient with appropriate, efficient and safe treatment. This is demonstrated by, but not limited to, the student's exercise of good judgment; prompt completion of patient related responsibilities; development of compassionate and effective relationships with patients, peers, and faculty; adaptation to changing environments; display of flexibility; compliance with Departmental procedures and regulations; tactful and congenial management of apprehensive patients; acceptance of reasonable feedback and adherence to the College's and Department's standards of academic integrity. In addition, they must be able to function under stress and in the face of the uncertainties inherent in the clinical treatment of patients.

### **2.3 Criteria for Admission to Clinical Dental Hygiene Program**

The most current admission requirements and process are described on the CityTech Dental Hygiene webpage: <http://www.citytech.cuny.edu/dental/apply.aspx> . Students accepted into the Dental Hygiene clinical program are responsible for additional expenses, besides tuition costs, that are not covered by the financial aid. Current approximate costs are listed on the DH webpage: <http://www.citytech.cuny.edu/dental/dh-progression.aspx>

#### Physical Examination

An annual student physical examination ([Exhibit 1](#)) is required for all dental hygiene students. All required immunization and tests will be submitted to the [Castlebranch Compliance Management System](#). The tests and immunizations required by the department are necessary to protect the health of both operator and patients. Students who decline the Hepatitis B vaccination series, influenza or COVID-19 immunization, have the right to sign an ADA Hepatitis B Declination and/or Influenza/COVID-19 Declination form.

### Certification Requirements: Basic Life Support Healthcare Provider (BLS)

BLS for the Healthcare Provider (CPR/AED/First Aid for adult, child and infant) is required of all students in any DEN clinical course. Documentation of certification will be submitted to the Castlebranch Student Compliance Management System. The student is responsible for maintaining BLS certification throughout the student's enrollment in the program. Any student in default of maintaining BLS certification will be dismissed from clinic until they are in compliance.

### Student American Dental Hygienists' Association (SADHA)

Dental Hygiene students in the clinical program are required to join and maintain their membership in the SADHA. Information is provided by the SADHA Advisor.

## **2.4 Progression in and Graduation from the Clinical Dental Hygiene Program**

A minimum grade of "C" in each course designated with the prefix DEN will be required for progression in and graduation from the dental hygiene program. DEN 1100 may not be repeated in the event of failure or a grade of "D," and the student will be required to choose another major. Special conditions of equipment and faculty availability govern the repeating of dental hygiene courses. Course repetition will be permitted only after all students meeting the entrance and progression requirements have been allocated seats. Students who withdraw will be considered for readmission on an individual basis and only if they withdraw while in good standing (passing all courses at the time of withdrawal).

The dental hygiene program recognizes that not all students will absorb and process information at the same pace. Therefore, after the first clinical skills exam in DEN 1200, DEN 2300 and DEN 2400 students are identified who would benefit from additional support. The Clinic Coordinator will meet with these students and provide recommendations and support.

For didactic courses, the faculty person who teaches the course is responsible to identify students who are not meeting the standard of the course. The faculty will review the course material with the student during office hours or at a mutually convenient time. If the course instructor feels it is necessary, they will also consult with the department chairperson.

### 2.4.1 DEN courses with clinical component: DEN1100/1200/2300/2400

All the DEN clinical courses have two components (A. Seminar/Lecture, B. Clinic). The passing grade for the courses DEN1100, DEN1200, DEN2300 and DEN2400 is 75. This grading criterion is based upon the philosophy that a well-educated dental hygienist must be able to apply didactic

knowledge to clinical practice. Additionally, the DH National Board Examinations have a grading criterion in which 75 is the passing grade. Each component (A & B) must be passed independently with a grade of 75%. A student who does not demonstrate the performance standard of either component (A or B), a grade of “D” will be given. A failing grade (D/F) in DEN1100 will result in student’s academic dismissal from the program. A failing grade in DEN1200/2300/2400 will result in student’s non-progression in the program. The student will have an opportunity to repeat the course once, according to the course repeat policy, after meeting with the DH Chairperson and the course coordinator/s and a detailed discussion of the requirements of the individualized DHR-100 course.

#### 2.4.1.1 DEN 1110-2400 Orientation Sessions

Each DEN clinical course (DEN1100/1200/2300/2400) requires an in-person student orientation session prior to the start of the appropriate semester of study. The Orientation Session is typically held ~5-7 days before the first day of the semester and student attendance is recorded. Students are informed of the session date/time in advance, and it may be necessary to schedule the sessions for Day/Evening students at the same times due to the course coordinator/faculty availability.

#### 2.4.1.2 DEN2300 Radiology Bootcamp

To refresh students’ radiology skills taught in DEN2318, and introduce them to the new radiographic techniques, as available/required, the Dental Hygiene department organizes a Radiology Bootcamp that is supported by the annual Perkins Grant funding. This in-person event is mandatory for all incoming DEN2300 students and may be required for DHR-100 Alternate-Track students depending on their individualized DHR-100 course requirements. All students are informed of the dates/times of the Radiology Bootcamp in advance, as soon as the dates/times are set by the department, and it may be necessary to schedule the Radiology Bootcamp sessions for Day/Evening students at the same times due to the course coordinator/faculty availability. Attendance at the Radiology Bootcamp is recorded, and students will not be allowed to expose the radiographic series (FMS/BWs/PAN/NOMAD) on a clinical patient unless the requirement is completed during the Radiology Bootcamp.

#### 2.4.2 Course Repeat Policy

As per the college policy, no dental hygiene course may be repeated more than once. In addition:

- No more than two dental hygiene courses may be repeated during the entire course of study.
- A student may not fail more than one course in any one semester.
- If a student fails to meet any of these provisions, they will be required to withdraw from the dental hygiene program and change their academic major.

### 2.4.3 Testing Accommodations

NYCCT's Student Support Services program (SSSP) is located in the Atrium Building, room 237 (A-237). This program addresses the needs of students with documented disabilities of all types. Students with disabilities are recommended to self- identify to SSSP and to present documentation for testing accommodations. Documentation supporting accommodations including, but not limited to, testing in an alternative location, time extension, scribe services or computer assisted readers for the blind and other assistive devices during testing. SSSP cannot disclose the student's disability but can disclose any accommodations for which the student is eligible. Compliance is legally mandated in accordance with section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990 and the amended ADA of 2008.

#### Retesting in Dental Hygiene Courses

Retesting is not permitted in any Dental Hygiene (DEN) courses, for any reason.

### 2.4.4 Incomplete grades in DEN courses:

According to the [college policy](#), the grade of "I" (Incomplete) may be given by the instructor only when there is a reasonable expectation that a student can successfully complete the requirements of the course. This grade indicates that coursework or other requirements have not been fully met. This grade is a privilege and not a right. To be eligible for a grade of "I," students must be notified of what work needs to be made up and by when and complete an "incomplete grade" form with the instructor of the course, if available. An "I" grade must be removed within one month after the beginning of the following semester, or the grade of "F" will be recorded and the student will be required to repeat the course to receive credit. Students who receive an "I" grade during the summer session are expected to remove the grade within one month after the beginning of the following fall semester.

Students will be dropped from any registered courses where the course with the "I" grade is a prerequisite if the "I" grade is not made up before the registrar drops students missing prerequisites, usually a week or two before the start of the semester. Therefore, an "I" (incomplete) grade can not be given for any DEN course with a clinical/laboratory component (DEN1100, DEN1200, DEN1218, DEN2300, DEN2318, DEN2400) based on the Dental Hygiene clinic schedule.

### 2.4.5 Continuity in the "DEN" Clinical Courses

If there is a break in continuity (documented withdrawal or failure of a DEN course) the student must meet with the chairperson to review their eligibility to continue in the dental hygiene clinical program and if eligible sign an academic contract. As per the academic contract specific clinical requirements will be necessary and a separate evaluation process, which encompasses all



competencies needed to progress to the subsequent clinical course, will be scheduled with the clinic coordinator at the end of the “alternate-track” semester.

#### 2.4.5.1 DHR 100 Dental Hygiene Remediation Clinical Course

Students classified for an "alternate-track," will be enrolled in the individualized DHR 100, a noncredit-bearing course with the purpose of helping students maintain dental hygiene clinical/radiography and instrumentation skills. This course is only offered in the DAY section and no EVENING option is available. The student will be required to sign an academic contract and pay an enrollment course fee. Provided the student attends/meets the requirements under the agreed contract, and subsequently passes the previously failed course, the student will progress in the DH clinical program. Upon completion of the DHR 100 course, students will receive goal-targeted feedback to support continued clinical performance, and a copy will also be provided to the coordinator of the subsequent clinical course.

## 2.5 Attendance

In the Dental Hygiene department, the attendance policy is consistent with the guidelines by the Commission on Dental Accreditation (CODA). The CODA guidelines require documentation of all educational hours in Dental Hygiene programs leading to a professional license. Participation in class discussions, collaborative learning activities, and clinical practice require the student’s presence in both the didactic and clinical environments. Development of the fine motor skills utilized during periodontal instrumentation requires continual practice. In accordance with earning a professional license in Dental Hygiene, attendance in the clinic/laboratory and seminar/lectures is the responsibility of the student. Students must complete all work and review material covered during their absence. The Department of Dental Hygiene expects that students will attend all scheduled classes. If the student fails to meet these minimum requirements, they cannot advance to the next clinical level.

Student attendance/absence policies in clinic are described in 3.7.1, 3.7.2. Please refer for the detailed guidance.

### 2.5.1 Student Lateness

Students are expected to be on time for all DEN courses. Students should refer to the individual course documents regarding penalties for lateness. If the student anticipates being absent or arriving late, they should email the coordinator as soon as possible, CC their clinic instructor for the day, and contact a fellow classmate, who will notify the course coordinator and/or clinical instructor. Student will still be marked late or absent. Lateness by 1 hour or more after the start of their clinic session, is considered an absence.

In all clinical courses, students are required to arrive 30 minutes prior to the beginning of the session and be in full uniform with their cubicles prepared prior to the scheduled start time for that session. Attendance is taken 15 minutes prior to the session start time. If a student is late, and their assigned patient is present, the lead faculty for that clinic session, with consent from the patient, may assign their clinic patient to another student, who is on time. Chronic/habitual lateness will be discussed by the course coordinator and a penalty will be imposed on the final course grade under ‘professionalism’ as stated in the individual course documents.

### 2.5.2 Student Accommodations in the DH Program

#### Student Accessibility Office:

For medically excused absences please notify the clinic coordinator and email John Reed Curie your medical documentation at [Accessibility@citytech.cuny.edu](mailto:Accessibility@citytech.cuny.edu) for review, who will then provide documentation verifying that the absence should be excused, with the relevant dates for the student to give to the instructor. Any anticipated absences in a clinical course, including religious holidays, are to be reported in writing by email to the clinic coordinator and receptionist/office manager (as necessary) at least two weeks ahead of time. Any anticipated absences from a lecture class are to be discussed with the instructor of the class. Any clinical demonstrations, presentations, or hands-on activities must be made up in a timely manner in another class section based on availability and with the course coordinator permission.

#### Special considerations for an extended student illness:

In the event of extended student absence due to illness, clinic coordinator will make reasonable accommodations to allow for make-up sessions. In the event that the students’ individual circumstances impact on their ability to complete DEN1100/1200/2300/2400 seminar and/or clinical requirements, a case-by-case review by the course coordinator and the department chair will determine if the student’s progression to the next level DH clinical courses or their graduation from the program is reasonable. Reasonable accommodation for the dental hygiene clinical courses will be defined as 15% of the total number of clinical sessions. For example, in DEN 1200, 15% will be equivalent to 4 clinical sessions and in DEN2300/2400 will be equivalent to 7 sessions. In DEN1100, reasonable accommodations will be determined with the course/clinic coordinator and the department chairperson on a case-by-case basis. All missed sessions must be made up before the end of the semester, or the course will have to be repeated.

#### Student Illness While on Campus

If a student becomes ill while on school property, they should inform another person immediately. This individual should remain with the ill student if possible and ask another person to obtain help from an instructor. If necessary, Public Safety (x5555) should be called.

If an emergency occurs in the student locker room, the telephone in the dressing area should be used to notify Public Safety (x5555). If possible, someone should remain with the ill person.

The emergency kit/AED and oxygen tank should be obtained as necessary. It should be remembered that calmness, speed and knowledge of lifesaving procedures are essential factors in coping with emergencies. Students with a disease or condition that may be contagious and poses a potential threat to patients or fellow students/faculty/staff must report the condition to their course/clinic coordinator. Clearance from a physician is required before the student may return to campus.

### 2.5.3 Student Pregnancy

During the course of study in the clinical dental hygiene program, if a student becomes pregnant, the student is strongly encouraged to disclose this to the department chairperson and the radiology coordinator so recommended safety guidelines can be implemented. However, students are not mandated to disclose this information.

#### Precautions for Pregnant Students:

- Students should be aware that participation in the clinical dental hygiene program may involve risk to a fetus because the student is in the vicinity of radiation. Students who choose to notify the department about their pregnancy, will be informed about the health implications of exposure to radiation and precautions to minimize exposure. Students will receive a copy of Nuclear Regulatory Commission Regulatory Guide 8.13 (Instruction Concerning Prenatal Radiation Exposure), which can also be found at: <https://www.nrc.gov/docs/ML0037/ML003739505.pdf>
- Pregnant students will be required to use a radiology monitoring badge which will be ordered by the department. A fee will be paid by the pregnant student which is currently \$100 per semester (fee subject to change).
- In addition, the program provides a training in nitrous oxide analgesia as part of DEN 2400 course. Completion of this training, with a local infiltration anesthesia training, satisfies the educational requirement of the New York State, and graduates will be eligible to apply for the NYS Dental Hygiene Restricted Local Anesthesia and Nitrous Oxide Analgesia certification. This training is not required for the completion of the DEN2400 course or eligibility for graduation from the Dental Hygiene program with an AAS degree in Dental Hygiene and licensing in Dental Hygiene. Because research shows a connection between nitrous oxide and adverse pregnancy outcomes, pregnant students are not eligible to participate in the nitrous oxide analgesia part of training. The program will work with a student who is unable to take this training to find other options for taking this training at a later time.

### Reasonable Accommodations:

- Reasonable accommodations will be made in the following clinical courses: DEN 1200, 2300, 2400, for students whose anticipated delivery date will occur during the semester:
  - Students will arrange with the course clinical coordinator to make-up clinical sessions in advance of the anticipated absence.
  - Reasonable accommodation for the dental hygiene clinical courses will be defined as 15% of the total number of clinical sessions. For example, in DEN 1200, 15% will be equivalent to 4 clinical sessions and in 2300/2400 will be equivalent to 7 sessions.
  - Pregnant students who for medical reasons are unable complete sessions in advance of childbirth must speak with the chairperson to arrange for a leave of absence from the dental hygiene program.
- Reasonable accommodations for missed clinical sessions cannot be made for the DEN 1100 course and the student will be advised to speak to the chairperson regarding withdrawing and deferring their education until the following academic year if in good academic standing.

Reasonable accommodations for other issues relating to pregnancy are available under the process set forth in CUNY's Procedures for Implementing Reasonable Accommodations and Academic Adjustments. <https://www.cuny.edu/about/administration/offices/legal-affairs/policies-resources/reasonable-accommodations-and-academic-adjustments/>

## III. DENTAL HYGIENE CLINICAL POLICIES

### 3.1 Scope of Care

The Dental Hygiene department aims to deliver Dental Hygiene services in a safe, ethical and professional manner to patients with physical, mental, behavioral, and dental health appropriate to the educational setting involving student–faculty interaction. Patients who are deemed too complex by the faculty for this teaching situation will be given a **Scope of Care letter (Exhibit 2)** explaining why they do not meet the criteria to receive services in a DH teaching clinic. The patient will receive a Community Based Dental Resource List and a **referral (Exhibit 3)** for evaluation/treatment.

#### 3.1.1 The Role of NYCCT Dental Hygiene Clinic's Dentist

In accordance with the NYS Practice Act, a dentist is assigned to each clinical session. If two clinical sessions are scheduled at the same time (such as a freshman clinic DEN1100/1200 and a senior clinic DEN2300/2400), one dentist may be assigned to their course section in either clinic and provide supervision in both clinics as necessary. Dentist's duties in the NYCCT Dental Hygiene

department include all clinical faculty duties performed by the faculty who are registered dental hygienists, and in addition:

- Supervise care for patients with complex medical conditions and provide guidance on cases where a medical clearance is needed for further treatment;
- Administer and monitor inferior alveolar block anesthesia;
- Assist faculty who are dental hygienists with determining the complex periodontal or dental cases where care can not be provided in the NYCCT educational dental hygiene environment;
- Provide emergency dental care (such as a temporary filling, sutures placement, retrieval of instrument tip) as necessary.

### **3.2 Rights and Obligations of Patients, Students, and Staff**

#### **3.2.1 Patients' Rights and RESPONSIBILITIES**

Patients have the right to be taken for treatment promptly by dental hygiene students and treated with courtesy and respect. The Patient Bill of Rights and responsibilities at NYCCT ([Exhibit 4](#)) defines the patient's rights as they relate to providing patient treatment and care and delineates the patient responsibilities related to receiving optimum oral hygiene treatment and care. They are displayed in the clinic reception area and included below.

#### **Patient Bill of Rights and Responsibilities**

Each patient has the right to:

1. Receive considerate, respectful and confidential treatment in a clean, safe environment.
2. Have a scheduled appointment time honored by the dental hygiene student.
3. Be informed, in advance, of the nominal 'treatment fee' required for clinical supplies and any possible additional fees.
4. Receive dental hygiene services without discrimination, regardless of race/ethnicity, national origin, religion, gender/gender identity or sexual orientation.
5. Have access to complete and current information about their condition.
6. Receive the information necessary to give informed consent for any proposed procedure or treatment. This information shall include, but not limited to: an explanation of recommended treatment, the benefits and possible risks of that treatment, treatment alternatives, the option to refuse treatment, the risks of no treatment and the expected outcomes.
7. Patient's personal health information (PHI) will be protected according to HIPAA and patients are informed about and provided a DH Notice of Privacy Practices ([Exhibit 5](#)).

8. Receive continuous and complete dental hygiene services that meet the standard of care of the profession to the level that this educational facility is able to offer.
9. Receive referral information about obtaining services, which are not available at this dental hygiene educational facility.

Each patient has the responsibility to:

1. Arrive on time for the scheduled appointment and remain as a patient for a minimum of three hours or until daily treatment is completed. Refer to patient lateness/missing appointments (3.6.2, 3.6.3) for the detailed guidance.
2. Provide, to the best of their knowledge, accurate and complete information about present or past illnesses, medications, hospitalizations and any other matters which are related to their health.
3. Bring the appropriate written, medical clearances from their physician, if requested.
4. Cooperate during performance of all planned procedures.
5. Conduct themselves appropriately per university guidelines.
6. Cover, as necessary, the costs of clinical supplies (nominal ‘treatment fee’) and diagnostic procedures (‘radiology fee’) set by the department.
7. Comply, to the best of their ability, with recommended treatment plan to enhance optimum outcome.

### 3.2.2 Patient Care Quality Assurance Plan

The New York City College of Technology desires to provide quality dental hygiene care to all the patients that our clinic provides service for. A patient care quality assurance plan has been established for the Dental Hygiene program. The quality assurance plan includes:

1. Informing patients of the Patient’s Bill of Rights (posted on the DH clinic website)
2. All patients are advised of the scope of oral health care this clinic is able to provide
3. For dental care that is beyond the scope of this DH setting, findings are explained and patients are informed and given a referral.
4. At the end of the treatment sequence, patients will be advised of the need for a continuation of care and periodontal maintenance. The recare length will be established based upon the patient’s periodontal maintenance needs.
5. Recare interval is noted in the e-chart. Recare outreach process is posted for the students and clinic receptionists. (Exhibit 6)
6. At the completion of care each patient is asked to complete an anonymous **Patient Satisfaction Survey**. (Exhibit 7). Results are reviewed and analyzed each semester by the clinic coordinators and department chairperson.
7. Ongoing e-chart audits according to the Chart Audit Form (Exhibit 8) by faculty (at the completion of care).

8. Periodic random e-chart audits by the clinic coordinators and department chairperson will be performed to assess the quality of the contents and documentation within the e-charts. Errors which are identified will be addressed with the faculty and students and corrective measures will be implemented. (Exhibit 8)
9. During clinic sessions and faculty advisors' office hours in DEN1200/2300/2400 faculty meet with students for ongoing Quality Assurance chart audits (Exhibit 9). All 'incomplete' charts are audited, and incomplete cases are recorded for future outreach and noted in the e-charts (Exhibit 10), clinical verification forms (Exhibit 11) are reviewed and signed, and verification summaries (Exhibit 12) are completed.

### 3.2.3 Students' Rights and Obligations

Students have the right to be treated with respect by peers, patients, faculty and staff. Students are obligated to interact with peers, patients, faculty and staff in a professional manner (see the section on Professionalism 3.4)

#### Acceptance of Cash Gifts or the Equivalent:

The Dental Hygiene Clinic is an educational clinic where students develop their skills in patient assessment and treatment. While students may come to know some of their patients well, the relationship is a professional one for the benefit of both the student and the patient. Acceptance of cash gifts or the equivalent from patients is inconsistent with this relationship and may raise ethical questions. Accordingly, gifts of cash, gift cards, gift certificates, gratuities, or other monetary equivalents of any kind may not be accepted for any reason.

The NYCCT Dental Hygiene program is accredited by the Commission on Dental Accreditation (CODA) and undergoes periodic re-accreditation. The Commission will review complaints that relate to a program's compliance with the accreditation standards. The Commission is interested in the sustained quality and continued improvement of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students. A complaint is defined by the Commission as one alleging that an accredited educational program may not be in substantial compliance with Commission standards or required accreditation procedures.

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

### 3.2.4 Nondiscrimination in Clinical Training

Consistent with the ADHA Code of Ethics and the Patients' Bill of Rights and Regulations students are required to examine patients, peers and model patients as required during their training

(irrespective of their gender, gender identity or expression, sex, culture, beliefs, disability, or disease), and must be willing to work with any individual as fully as is required as part of their training. Therefore, all students must examine patients of any gender, gender identity, gender expression, and sex during their training. Additionally, while performing clinical examinations and practical procedures, students are expected to learn by practicing on other students, and by allowing others to practice on them.

### Faculty and Staff Rights and Obligations

Faculty coverage includes dentists and dental hygiene educators when clinic is in session. During the semester, assigned faculty will rotate throughout all clinic sections. A college laboratory technician (CLT) is also present during clinic sessions for sterilization, supply distribution and minor repairs. The receptionist is stationed in the reception area and is responsible for patient appointments and maintenance of patient records. Faculty and staff members have the right to be treated with respect by students, peers and patients. Faculty and staff are obligated to interact with all in a professional manner that fosters a positive learning environment.

### **3.3 Dental Hygiene Department Confidentiality Policy for Faculty, Staff, and Students**

The Standards for Privacy of Individually Identifiable Health Information (“Privacy Rule”) established a set of national standards for the protection of certain health information. The U.S. Department of Health and Human Services (“HHS”) issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

It is the Dental Hygiene Department policy of New York City College of Technology ([Exhibit 5](#)) that all individuals who have access to confidential information shall not disclose this information to anyone or uses such information except as required for the performance of their duties or as authorized by the person involved or a representative of that person.

Confidential information is any information about the patients, faculty, staff or students, which is not otherwise available to the general public. It includes the following:

- Medical and dental records of patients, faculty, staff and students
- Financial information and records
- Information and/or names of patients, faculty, staff and students

Discussion of patient information in the hallways, student lounge, elevators, cafeteria, public transportation, restaurants, social events, etc. is prohibited.



Individuals who violate this policy are subject to disciplinary action. In addition, individuals are advised that improper disclosure of medical information concerning patients, students or fellow employees may constitute a violation of federal and/or state law (HIPAA). To ensure compliance with HIPAA Privacy Rule, all Dental Hygiene students, faculty, and staff must undergo an introductory HIPAA training and an annual review ([Exhibit 13](#)). Proof of completion must be saved in the departmental records.

Electronic patient records (Dentimax) are accessible from the designated computers which are password-protected and require an individual login by each authorized active user, according to their security level. Inactive users' (faculty, staff, students) access is removed. Open Dentimax system and any electronic patient records must not be left unattended for any period of time. If student leaves the operatory, they must lock their monitor screen ('lock screen' feature). They will be required to log in with the password to re-access Dentimax. At the end of each clinical session, all authorized users must log out of Dentimax and turn off the computer monitor.

### **3.4 Professionalism**

Professional student behavior includes:

- Rapport with instructors, staff, peers, and patients
- Punctuality; professional appearance; proper care and use of equipment
- Preparedness; timely completion of assignments
- Academic integrity
- Management and treatment of patients befitting a dental hygienist, including appropriate and modulated language
- Adherence to established department procedures
- Adherence to the American Dental Hygienists' Association Code of Ethics

Up to ten (10) points may be deducted from the FINAL COURSE GRADE for non-compliance with the above-stated professional expectations in each DEN course.

#### **3.4.1 NYCCT Professional Clinical Attire**

In order to comply with standard precautions and professionalism guidelines, students, faculty and staff must change from street wear into acceptable clinical attire in the designated areas. Students and faculty/staff are not permitted to wear scrubs to and from the college.

1. Appearance: students and faculty/staff must follow the basic daily personal hygiene routines. Hair must be neat and secured under cap. Beards require a facial net covering. Fingernails should be short, not extending beyond the finger pad. Nails should be clean and only clear

nail polish is acceptable. No artificial nails. Makeup and perfume use should be minimal. Artificial eyelashes are allowed, as long as they do not interfere with the protective eyewear.

2. In all clinical settings, the student is to wear their designated New York City College of Technology uniform, including the clinical caps of the same color as their uniform assigned by the department each year. Faculty/CLTs must wear full scrubs and cap of their style/color choice. The scrubs are to be clean and non-wrinkled at each session.
3. Students: clean white clinic shoes (no sandals or sneakers) and solid white socks  
Faculty/staff: flat, closed-toe, non-slip shoes of their color choice. Socks must cover the ankles.
4. Jewelry: wristwatch, unadorned wedding band, a thin necklace with a small pendant (approximately up to 1 cm), and one pair of small stud earrings located on the lobule portion of the ear only, are the only jewelry permitted. NO bracelets, tongue, additional ear or facial piercings are permitted.
5. After each clinic session, soiled uniforms are to be transported home in a plastic bag.
6. The over gown is only worn in the cubicle and is disposed of at the end of the session.

#### 3.4.2 Policy for Religious Attire in Teaching, Learning, and Assessment

The College respects each students' and faculty/staff right to wear items arising from cultural and religious norms. However, students in clinical/laboratory learning environments will need to abide by the following:

- a) If required by their religion to wear skirts, students and faculty must wear the regulation scrub top and a white (student) or their color choice (faculty) skirt that permits to assume appropriate operator positioning.
- b) Students and faculty/staff wearing head coverings such as, but not limited to, hijabs should secure them and not drape them freely when providing direct clinical care. The head coverings can be of the same color as the uniform or white, and must be used exclusively for clinic, unadorned and washed after each session with a spare kept in your locker.
- c) Students and faculty/staff who wear facial coverings such as, but not limited to, niqabs or burkas for religious reasons will be required to remove them while in a preclinical setting and while treating patients in clinic. This is required since the student needs to be identifiable to the patient/faculty as well as to ensure 1) appropriate placement of PPE as part of Standard Precautions; and 2) engagement in effective communication with patients, colleagues, and faculty.
- d) For any other items of clothing required as part of religious observance not listed above, students must contact their clinic coordinator or department chairperson for guidance.

### **3.5 Clinical Dental Hygiene Services Offered**

DEN 1200 clinical services include:

- Patient (*adult, geriatric, special needs, adolescent 18-19 y.o only*) data collection, assessment, treatment planning including, but not limited to
  - dental/ medical history collection and update
  - vital signs
  - intra- and extra-oral examination
  - dental/periodontal charting
  - client home care assessment
- Radiographs (except panoramic exposures)
- Oral hygiene instruction
- Scaling and debridement with topical or local anesthesia (as appropriate)
- Extrinsic stain removal
- Application of topical fluoride agents
- Application of dentinal anti-hypersensitivity agents

DEN 2300 clinical services include all DEN 1200 clinical procedures plus:

- Management of pediatric adolescent dental patients (*13-19 y.o.*)
- Panoramic radiographs
- Ultrasonic scaling and debridement
- Guided Biofilm Therapy
- Local delivery of anti-microbial agents (Arestin®), based on availability
- Caries risk assessment/Caries detection
- Sealant application (after achieving competency in Dental Materials Lab)
- Alginate impressions (after achieving competency in Dental Materials Lab)

DEN 2400 clinical services include all DEN 1200 and 2300 clinical procedures plus:

- Management of pediatric dental patients (*child and adolescent*)
- Teeth whitening procedure (based on availability)
- Local anesthesia injections (as appropriate)

### **3.6 Student's Responsibility for Patient Appointment**

#### **3.6.1 Scheduling and Confirming Appointments**

DEN 1200 students are responsible for securing their own patients for each clinical session. If known, students are to email patients' status (NEW/REVISIT/RE CARE), name, e-chart number, and phone number/email to the clinic receptionist in advance of the clinical session so that their

appointments can be added to the Dentimax scheduler. Faculty will add appointments to the scheduler on the day/time of the session if not done prior by the receptionist. A physical appointment book is not utilized in DEN1200. It is the student's responsibility to confirm their patient's appointment.

In DEN 2300 and DEN 2400 the receptionist will be assigning patients to students based on availability from the general public to students enrolled in these courses. The patient assignments are given on an equal rotational basis so that all students have access to assigned patients. The receptionist will try to assign as many patients as possible for each session. However, it is the student's responsibility to continually communicate with the receptionist to see if the student has to secure their own patient for a specific session. Patients are asked if they have any preference for an assignment to student based on their primary language to facilitate effective communication. List of current students and their language proficiency is kept in the reception area. Receptionists confirm the patient's appointment by email.

DNA: If students do not wish to be assigned patients on a specific date or for the entire semester, they must inform the receptionist to add next to their name in the 'comments' column of the appointment book DNA (do not assign).

### Confirmation of Patient Appointments

Students are responsible to call and confirm all patient appointments. The department recommends that the confirmation of appointments be done 48-72 hours in advance to allow the opportunity to secure another patient, if necessary.

When calling to confirm the patient the student should:

- Introduce yourself by their name and say that they are a student in the DH Program;
- Review with the patient the appointment day, date and time;
- Remind NEW and RECARE patients to bring a photo form of Identification (ID) to create a new e-chart or locate an existing e-chart in Dentimax;
- Ask the patient if they are taking prescription medications and obtain the correct spelling and name of the medication(s) taken and their prescribing information;
- Review any medical history concern which may require a physician's written clearance
- Inform the patient that the appointment length is a minimum of 3 hours;
- Inform patients with small children that they will not be permitted to have the child present with them in the treatment area, or remain unsupervised in the reception area
- All patients will be informed that no other persons may accompany them except when the presence of a companion is requested by the patient and approved by the clinic coordinator or chairperson prior to the visit;

- Give the patient directions to the Dental Hygiene Clinic, or patients may obtain directions by calling 718-260-5000 enter prompt #8. The patient should be instructed to enter the building on 285 Jay Street, take elevator to the 7th floor.
- Remind the patient that information, policies, and resources for patients are posted on the CityTech clinic webpage.

Advise the patient to identify themselves to the receptionist and the last name of the dental hygiene student. The receptionist will provide all new patients with a copy of the medical history form/consent form and scan their photo ID into their Dentimax e-chart. New patients and Recare patients (at the time of new full medical history completion) are informed by the student-clinician of the clinic policies and they sign/date the Patient Acknowledgement Form (Exhibit 14) which is scanned into their e-chart.

### 3.6.2 Patient Cancellation/Lateness

If the patient cancels an appointment:

- Within 48 hours' notice, and if it is possible, they will be assigned to the same student for a later date. If the patient cannot be reassigned due to the student's unavailability, the patient may be assigned to another student. If the patient cannot be reassigned immediately, their name and telephone number will be placed on a call list.
- Within 24 hours, it is the student's responsibility to record the cancelled appointment in the patient's e-chart if they are a patient of record. For new patients, the name will be given to the clinic receptionist who will reappoint the patient.
- The day of the appointment, if the scheduled patient does not appear for their appointment, the student will document this in the patient's e-chart, signed by the faculty, and clinic receptionist will be informed.
- The student must still prepare their cubicle and attempt to find a substitute patient from the campus population during the first half hour of clinic. If unsuccessful securing patient, then student returns to clinic and checks with clinical instructor(s) for re-assignment on the clinic floor. The student will be required to remain in the clinic for at least 3 hours and work productively with fellow classmates.

If the patient is late:

- Patients who arrive within 30 minutes of the start of a clinical session (grace period) will be seated and student will be graded for the session.
- Patients arriving after the grace period (30 minutes up to 2 hours), will be treated. The student will be assigned a Patient Not Present (PNP) for the session and will not be given a grade for the day. The late seating offers the student the opportunity to provide treatment and move towards the completion of clinical requirements.

- In DEN2300/2400, NEW patients, without an e-chart, who miss their initial appointment without notice, will not be re-appointed and will be offered a list of dental clinics/community/hospital-based dental facilities.
- Patients who arrive 2 hours after the start of clinic, will not be seen and will be re-scheduled. A note in the e-chart will be made by the student and signed by the clinic instructor of the patient's late arrival.

### 3.6.3 Habitual Patient Lateness/Missed Appointments

Patients' lateness to the appointments (by more than 30 min up to 2 hours, resulting in the student's PNP) or missing their scheduled appointments impedes the educational progress of the students.

- Patients who are habitually late or missing their scheduled appointments:
  - Patients' lateness or missing their appointments will be recorded in their e-chart by the student and signed by their clinic instructor.
  - Patient will be informed of the departmental policy on non-reappointment as follows:
    - Patients who miss or are late by 30 minutes up to 2 hours, resulting in the student's PNP, 2 appointments within one semester will not be re-appointed for their next re-visit/re-care. Patients will be provided their records per their request and a list of dental clinics/community/hospital-based dental treatment facilities. A note will be made in their e-chart and a patient will be marked as 'inactive'.

## 3.7 Student Attendance in Clinic

### 3.7.1 Patient Not Present (PNP)

If a student is present during a clinical session and their scheduled patient fails to show the attendance will be documented as a PNP. All PNPs/absences, if any, must be made up before the end of each semester in DEN1100/1200/2300/2400. If a student absence or PNP occurs on the last session of the DEN1200 or DEN2300, the student will owe a make-up of the clinical session at the start of the next semester and it will not count towards their next semester requirements, but recorded in the previous semester completion.

The student is required to remain in the clinic session (for 3 hours) and will be assigned various clinic-related activities. The PNP session must be made up within two weeks of the date, if cubicle availability is limited speak with the coordinator. The student will complete a PNP make-up request that will be shared with the clinic coordinator and clinic receptionist for assignment of a make-up cubicle. The receptionist will verify the student attended the make-up session. If a student fails to

attend their assigned make-up session either due to the patient no show, they will own this session as one of their allowed semester's PNP or ABS. If make-up space becomes limited, the coordinator will allocate the cubicle assignment based on the student with the greatest need.

### 3.7.2 Student Clinic Absence

If the student is absent from a clinical session, they are required to email the coordinator and provide official documentation (medical/legal) to the Office of Student Accessibility (as described in 2.5.2) upon their return to school and then will be provided the opportunity to make up the missed session.

### 3.7.3 Department Procedures the Day of the Appointment

- Students will arrive at least 30 minutes prior to the start of the clinical session to prepare their cubicles according to the establish infection control procedure.
- Attendance will be taken 15 minutes prior to the beginning of the time designated to seat the patients.
- Students are expected to wait for their assigned patients in their operatories, not in the reception area or the hallway.
- If a student is late, and their assigned patient is present at the start of the clinic session, when patients are seated, the lead clinic faculty may reassign the patient to another student if available.
- The receptionist will change patient status in computer to notify student that patient has arrived. The student will come to the reception area; greet the patient. The student will escort the patient from the reception area to the cubicle. The patient's coat should be hung on the provided hanger/hook located in the operatory. Any other belongings of the patient must be placed on the floor of the cubicle, not on the countertop or in the cubicle cabinet.
- In DEN 2300/2400, if the scheduled patient treatment is expected to be completed in less than 2 hours, a student may discuss with the clinic coordinator a possibility of scheduling a second patient for a limited-focus visit.

## 3.8 Clinic Case /Type Requirements

### 3.8.1 Case Value and Periodontal Diagnosis Determination

**Case value** refers to the amount and location of calculus deposits and stain ([Exhibit 15](#)). Periodontal classification is defined by the American Academy of Periodontology (AAP) 2018 ([Exhibits 16, 17](#)). Through the DEN clinical courses students will interact with different populations as designated in the CODA standards (child, adolescent, adult, geriatric and/or special needs). Please

refer to DEN 1200, 2300, 2400 documents. Students are expected to complete all cases in an appropriate number of visits as designated in the individual treatment plan.

### 3.8.2 Sharing of Patient Care in the DH Clinic

The philosophy of the dental hygiene department is that each student should complete their patients' care. Providing complete definitive dental hygiene care enables the student to understand the outcome of DH treatment. Sometimes in order to facilitate students' educational experience, it is necessary to share a more complex case as determined by case value and/or periodontal diagnosis. Only 2 students may be involved in the sharing of a complex case. Both students may not provide periodontal debridement to the same patient within the same clinic session. Any students intending to share a complex patient's care must receive prior approval by the clinic coordinator after their review of the patient's case.

- **Only the student who completes debridement of at least 3 quadrants of the dentition AND completes the patient's care when the patient's case is shared, will receive the credit for a case completion/requirement.**
- **Transferring a patient to another student must be documented in the patient's e-chart, verification form, signed by the faculty, and with a patient's verbal consent.**

Please refer to DEN1200/2300/2400 course documents for a complete description of case sharing rules and procedures.

## 3.9 Clinical Skills Evaluations

Students are evaluated on their clinical performance. These competency skills examinations, OSCEs (Objective Structured Clinical Examinations), and Mock Board clinical examinations are based on the dental hygiene treatment modalities described in the New York State Practice Act. The exam schedules are posted in the course schedules and students will take the exams in the posted time frame. The coordinators of each DEN clinical course will designate specific faculty in each clinic session to administer the clinical competency skills exams. Students may not choose which clinic day they want to take the exam.

Grading criteria are reflective of the clinical skills level and critical skills necessary for each clinical course. During the DEN 1100, 1200, 2300, 2400 courses, clinical competency examinations are conducted periodically in accordance with the course schedule delineated in each course document. For the scheduled clinical examinations offered during a specific time frame during the semester, if the student is absent or unable to take a clinical competency evaluation during the scheduled time, it is their responsibility to contact the clinic coordinator to discuss this situation. The student and clinic coordinator will decide a time frame when the exam will be taken. If the student does not comply with this time frame the coordinator has the right to enter a zero and it is considered a missed examination.



Depending on the expected student skill level and competency type, they may be assessed on the typodont, student-partner, or clinical patient.

- Clinical skills examinations/competencies involving clinical patients

The student is responsible for completing the clinical skills evaluations within the time frame during the semester and according to the guidelines for each examination as described in the course document. This includes selecting a qualifying patient and preparing the required armamentarium for the clinical competency evaluation. In DEN 2300 and DEN 2400 other clinical competencies (i.e. impressions; sealants application, engine polishing competency, etc.) may be demonstrated on a qualifying patient, with approval by the faculty, during any clinical session and will be evaluated using the clinical competency evaluation criteria.

- Clinical skills examinations/competencies conducted on student-partners

An absence from a scheduled clinical competency exam affects the student-partner's progress as well, including arranging for the presence of a student partner for the make-up if it is possible to schedule it. Feasibility of a make-up examination will be determined by the clinic coordinator.

- OSCEs and Mock Board clinical examinations

OSCEs and Mock Board examinations are unique clinical experiences scheduled on specific dates and offered in a specific format. These examinations may not be recreated, and if a missed OSCE/Mock Board is not made up by the student on another scheduled OSCE/Mock Board session, if available, then the student will not receive a credit.

### **3.10 Clinical Procedures & Record Keeping**

Record keeping practices in the CityTech DH department are consistent with the guidance on recordkeeping ([NYS Office of Professions - Dental Hygiene](#)):

Health professionals are required to maintain records for each patient that accurately reflect the evaluation and treatment of the patient according to section 29.2(a)(3) of the Rules of the Board of Regents. All patient records must be retained for at least six years, with the exception of records for minor patients, which must be maintained for at least six years and for one year after the minor patient reaches the age of 21.

Accurate and complete patient records serve many purposes. Patient records are important documents in matters pertaining to professional liability and professional discipline.

Practitioners and their patients should be aware that under some conditions other parties might have reason to have access to patient records. Records should be an accurate and legible account of

the evaluation and treatment of the patient. Under Section 18 of the Public Health Law, patients have the right of access to their records under most circumstances.

### 3.10.1 Initial/Re-visit/Recare appointment sequence | REDI-REFERENCE

In clinical courses DEN1200/2300/2400 students follow established appointment sequence protocols (introduced first in DEN1200), including:

1. Initial visit REDI-REFERENCE ([Exhibit 18](#))
2. RE-VISIT REDI-REFERENCE ([Exhibit 19](#))
3. RECARE REDI-REFERENCE ([Exhibit 20](#))

Following their initial (1<sup>st</sup>) visit as a NEW or RECARE patient, the patients will be re-appointed for RE-VISIT appointments according to their treatment plan. If the next appointment in the care sequence is not scheduled within 8 weeks during the same academic semester or in the next semester, then the patient care will be considered ‘incomplete’ and documented in their e-chart and students’ verification forms. Their next scheduled visit will therefore be considered a RECARE appointment.

- Example 1: patient’s initial visit in DEN2300 as a NEW patient is Sept.24. They come back for RE-VISIT on Oct.5 and then are not able to come back until Dec.20. Their treatment will be considered and documented as INC. Patient’s next appointment will be considered a RE-CARE.
- Example 2: patient’s initial visit in DEN2300 as a RE-CARE patient is Dec.17. They can not come back until the next semester, on Feb.1. Their treatment is going to be documented in DEN2300 as ‘incomplete’ and a note will be made that it will be completed in DEN2400. This will be considered a RE-VISIT appointment.

### 3.10.2 Clinical Record in Dentimax

Clinical notes are entered in the e-chart using the SOAP format (Subjective/Objective/Assessment (DH diagnosis)/Planned-Performed Procedures, [Exhibit 21](#))

Students enter the assessment data and their notes under student Dentimax login. Faculty verify the findings, assist the students with notes editing as necessary, and sign that they reviewed the notes for accuracy, noting any improvements necessary under the faculty login. Each appointment entry should have at least 2 clinical notes: student’s and faculty’s.

#### **Patient record in the Dentimax e-chart must include:**

1. Complete medical/dental history ([Exhibit 22a](#)) (for new patients and every 3 years or sooner, as determined by the supervising dentist) or the update (for recare patients, [Exhibit 22b](#)) scanned into the ‘document center’ and include:

- a. Medical/dental history review for each revisit
  - b. Allergies
  - c. Medications (prescription, OTC, supplements)
  - d. Tobacco use and alcohol use and frequency
  - e. Hormonal treatments/contraceptives use
  - f. Antibiotic prophylaxis requirement
  - g. Acknowledgement of receipt of BB pathogens policy ([Exhibit 23](#)) and Privacy Policies forms ([Exhibit 5](#))
2. Oral homecare interview
  3. Emergency contact information
  4. Vital signs evaluation: BP/pulse at the initial visit (NEW/RECARE) or re-visit as described in the BP Evaluation Guidance ([Exhibit 24](#))
  5. Chief Complaint (CC)
  6. Extra-oral/Intra-oral assessment findings ([Exhibit 25](#))
    - a. Any lesions/pathology are described using the ABCD-T format
    - b. Any lesions or pathology are re-evaluated and described at each revisit
  7. Dental assessment findings charted into the Dentimax dental chart after faculty verification and include:
    - a. Missing teeth
    - b. Unerupted/impacted teeth
    - c. Restorations (fillings, sealants, crowns, bridges, onlays/inlays/veneers)
    - d. Implants
    - e. Primary teeth present
    - f. Remaining roots
    - g. Dental/periodontal abscesses
    - h. Fractions
    - i. Removable dental appliances
  8. Dental assessment findings recorded into the SOAP note under Objective (dental):
    - a. Attrition
    - b. Abrasion
    - c. Abfraction
    - d. Erosion
    - e. Hypomineralization/dental fluorosis
    - f. Class of occlusion
    - g. Fixed permanent retainers
    - h. Fixed orthodontic appliances
  9. Complete periodontal charting in Dentimax:
    - a. 6 sites per tooth
      - i. Probing depth
      - ii. Gingival recession (location of GM in relation to the CEJ is also recorded in the SOAP note under Objective (periodontal))

- iii. Bleeding
    - iv. Suppuration
  - b. Furcations
  - c. Mobility
- 10. Complete gingival assessment (initial assessment and re-evaluation at each re-visit)
  - a. Color, consistency, shape, texture
  - b. Location of gingival margin in relation to the CEJ (apical or coronal)
  - c. Statement of inflammation
- 11. Radiographic surveys exposed (FMS/BWs/Panoramic/individual PAs) are saved in the patient's Dentimax e-chart.
- 12. Radiographic Statement of Findings (if available) or need (as necessary)
  - a. Radiographs request (type of series: FMS/BWs/PAN) is documented in the clinical notes and signed by faculty
- 13. Calculus/stain assessment: amount, location, distribution
- 14. Oral homecare assessment (PI): amount, location and distribution of biofilm
- 15. Dental hygiene diagnosis (under A in SOAP note):
  - a. Case value (calculus/stain) – H/M/L
  - b. Periodontal diagnosis (AAP-2018):
    - i. Gingivitis (extent and severity)
    - ii. Periodontitis (severity Stage 1-4/Grade A-C, pattern)
  - c. Caries risk (low/moderate/high):
    - i. In DEN1200 determined by the modified ADA criteria ([Exhibit 25](#))
    - ii. In DEN2300/2400 determined by CAMBRA assessment ([Exhibit 26](#)) or the modified ADA criteria
- 16. Treatment plan (includes Informed Consent) scanned into the 'document center'– ([Exhibit 27](#))
- 17. Individualized home care plan (in DEN1200 only, not scanned into e-chart), recorded in the SOAP notes under P (planned/performed procedures) in DEN 1200, 2300, 2400.
- 18. Treatment provided (includes patient education)
- 19. If anesthesia (topical/Oraqix/local) was provided a recorded description of agent used, amount, location, type, effectiveness, patient tolerance, and whether local anesthesia was administered by faculty (name).
- 20. Re-evaluation of areas treated in (as necessary, at revisits)
- 21. Patient referrals and medical clearance requests scanned into the 'document center' (as necessary)
- 22. Beyond DH scope: Scope of Care letter ([Exhibit 2](#)) (as necessary) scanned into the 'document center'
- 23. Patient lateness or absences from appointments (as applicable, at the start of the SOAP note for the visit)
- 24. If the patient's care is 'incomplete' – the reason and next steps
- 25. Patient's recommendations and recare interval recommended.

NOTE: No photographs can be taken using any personal devices (phones/tablets/cameras, etc.) by dental hygiene students, faculty, or staff. Intra-oral cameras are available for IO images saved into patients' e-charts.

### **3.11 Implant Policy**

#### Dental Implant Examination:

A fundamental understanding of typical variations between implants and natural dentition is necessary when conducting an implant examination to accurately assess and diagnose implant stability and the health of the supporting periodontium. According to the American Academy of Periodontology (AAP), examination of implants and documentation of findings should occur during each dental hygiene visit and include gingival assessment (tone, color, texture), radiographic evaluation, and every index (PD, GM, CAL, BOP, suppuration, mobility, plaque/biofilm, calculus) used to determine periodontal health around natural dentition with special considerations to the following:

#### Probing:

- A lighter probe walking stroke with a force of 0.15N should be used rather than the typical 0.25N used around natural dentition to avoid injury to the peri-mucosal attachment and a false BOP reading.
- Pocket depths around implants differ from the typical healthy range around natural dentition, and the actual pocket depth alone holds limited significance of pathology unless accompanied by signs of inflammation or radiographic evidence.
- A pocket depth of 5 mm or greater can be typical for implants depending on the length of the abutment used.
- A plastic probe is preferable for use to enhance flexibility/adaptability around prosthetic restorations, however, if a plastic probe is unavailable, a standard metal UNC15 probe is acceptable to use.
- Probing depths are not recorded in the perio chart in Dentimax. Any PD measurements that need to be noted, should be added in the SOAP note under 'objective: periodontal findings'.

#### Suppuration:

- Palpate tissue using index finger from the apex of the implant towards the crown. Note any suppuration released from the crevicular space.

#### Mobility:

- Determine if mobility is present on healing collar or abutment versus mobility of implant fixture.

- Use the blunt ends of two instruments
- Access mobility in F/L, M/D and vertical

Clinical Attachment Loss (CAL):

- When measuring clinical attachment level (CAL) of an implant, use the prosthetic crown margin as a reference point. Document the relation between the GM and crown margin (GM coronal or apical to crown margin).

Radiographic examination:

- A radiographic image of the implant should be taken at the initial visit using the paralleling technique to establish a baseline of the crestal bone level AND subsequently yearly during re-care visits for evaluation of any possible pathological bone resorption.
- A proper diagnostic radiographic image of an implant should provide a clear interpretation of the threads, with no overlap or blurring AND the relation between the crestal bone height and first implant thread should be determined and documented in the SOAP note.
- It is typical to observe up to 1.5 mm of horizontal bone loss within the initial year following implant placement, accompanied by no more than an additional 0.2 mm of vertical bone loss.

Implant Debridement Protocol:

Before initiating treatment verify implant locations and use current radiographs, if available. The Wingrove Titanium Implant Instruments and Dentsply® Cavitron SoffTip Ultrasonic Implant Scaler are available upon request from the CLT.

- Instrumentation:
  - Exclusively use titanium scaling instruments to prevent scratching/roughening of the implant surface that may occur with standard metal scalers. Plastic scalers should not be used due to adaptation limitations and potential to leave behind plastic fragments.
  - Use light lateral pressure and adopt a gentle working stroke when performing debridement around implants. This approach is effective as deposits are not firmly attached to the implant due to the smooth, nonporous surface.
- Ultrasonic instrumentation:
  - The use of a Cavitron SoffTip Ultrasonic Implant Scaler is limited to low power levels and should NEVER be used with medium or high-power settings.
  - Ultrasonic Implant inserts must ALWAYS be used in conjunction with the Soft Tips,

- Soft Tips CANNOT be used with standard ultrasonic tips for implant debridement.
- Implant Polishing:
  - Supra- and subgingival (up to 4 mm) air polishing using erythritol powder only for stain removal and plaque/biofilm disruption as part of the Guided Biofilm Therapy (sodium bicarbonate powder can damage titanium surface).
  - Selective supragingival rubber cup polishing is acceptable to remove stain from crown with fine nonabrasive prophy paste or toothpaste. Prophy paste containing APF fluoride should be avoided.
- Home Care Maintenance Instructions:
  - Powered or manual toothbrush with soft or extra soft bristles
  - Use of non-shredding floss can be used with single implants using the "crisscross" method if the GM is securely positioned at the prosthetic crown margin.
  - Flossing should not be used with exposed rough implant surfaces to prevent residual floss fragments.
  - Water flosser with appropriately chosen attachments is recommended for at home biofilm disruption of arch fixed implant prosthesis (ex. all on four).
  - Antiplaque/anti-gingivitis dentifrices and mouth rinses should be recommended.
  - Schedule re-care appointments at 3-month intervals during the initial 1-5 years after implant placement. Subsequently, the re-care interval may be adjusted accordingly between 3-6 months to maintain the health of implants and periodontal tissues.

### **3.12 Pediatric Dental Patient**

In DEN2400 students will see pediatric dental patients, classified as:

- CHILD 5-12 years of age
- ADOLESCENT 13-19 years of age

Pediatric dental patients **under 18 y.o.** will be seen only with the parent/legal guardian present who can provide informed consent for services.

DH services include:

1. Medical/dental history ([Exhibit 28](#)) and homecare review
2. Complete assessment (EO/IO, occlusion/dental, caries, pathology)
3. Oral homecare education
4. Pit/fissure sealants
5. Topical fluoride application
6. Referrals as necessary

### 3.12.1 Give Kids A Smile

GKAS is a special community service event held in the spring semester during regularly scheduled clinic hours. Attendance is MANDATORY for ALL DEN 2400 students and DEN 1200 students and faculty regularly assigned on the day. All other DEN 1200 students and all faculty not assigned to the day are encouraged to volunteer their services, but it is optional. The GKAS coordinator will provide a detailed itinerary, including collaborating departments' participation, before the event day, as some features are subject to change. All students and faculty participating should:

- Arrive at the assigned time.
- Attendance will be taken; clinic lateness/absence guidelines apply.
- Dress in full clinic attire.
- Faculty, students, and volunteers will be assigned to stations/clinics.

#### Cubicle Set-Up for GKAS:

- Sanitize and disinfect cubicle as usual.
- Set up slow-speed handpiece with prophylaxis angle loaded with paste and protective sleeve over entire handpiece.
- Prepare bracket tray with: (open cassettes prior)
  - Mirror, explorer, anterior sickle scaler; leave cassette with remainder of instruments in bin under sink.
  - Three pieces of gauze, one cotton swab, one prophylaxis paste, one fluoride varnish.
- Cover bracket tray with opened patient bib
- Items kept on the counter:
  - Dappen dish with two drops disclosing gel (use cotton swab to apply on children's teeth)
  - Patient bib chain
  - Hand-held mirror (place blue barrier on handle)
  - Sunglasses

Sequence of care for pediatric patient: Pediatric Medical History/Informed Consent ([Exhibit 28](#)) will be signed by parent/legal guardian prior to or at the time of visit. Paper charts will be used for child patients (NO e-charts). Use the Tell-Show-Do method throughout the DH visit and use age-appropriate simple language.

- Greet the patient (walked to cubicle by DEN 1200 student) with a smile and warm friendly welcome.
- Invite patient to be seated.
- Fold bib in half before placing on patient.
- Offer the patient sunglasses and hand mirror (held in left hand)



- Use mouth mirror to perform intraoral exam and explorer to count and exam dentition.
- Explain to patient you are going to color their teeth and disclose using cotton swab.
- Explain in what the different colors on teeth (plaque/biofilm) while patient views teeth in hand-held mirror.
- Demonstrate OHI
- Use engine polish to remove plaque/biofilm/debris.
- Suction may be used as needed and if tolerated by patient.
- Ask patient to thoroughly rinse (may need to rinse more than once).
- Floss patient's teeth using string floss or floss pics.
- Using air/syringe with gentle air pressure dry teeth to examine for calculus.
- Scale teeth only as needed.
- Call faculty for exam
- Apply Fluoride varnish after exam.
- Dismiss patient (freshman student will escort patient with paperwork to check out station for dental certificate and referrals)

### **3.13 Patient with Complex Medical Conditions and Special Needs**

Patients with ASA categories 1 and 2 can be seen in the Dental Hygiene clinic without the medical clearance. After a consultation with the clinic dentist, patients determined to be in the ASA 3 category may require a Medical Clearance to return for their dental hygiene care. Patients may be dismissed due to a complex medical condition (such as hypertension, diabetes mellitus, epilepsy, kidney disease, and others as determined by the supervising dentist) and will require a physician's medical clearance to return for continuation of their dental hygiene care. The medical clearance will be valid for the duration of the semester or the completion of the patient's dental hygiene sequence of care. At the next recare appointment, if the patient's condition requires a physician's approval for DH care, a new medical clearance request will be provided and the clearance must be obtained. The department's guidelines/forms include:

1. Guidance on management of patients with hypertension ([Exhibit 24](#)):
  - a. Patient with HBP/not hypertensive crisis ([Exhibit 29](#))
  - b. Patient with HBP/hypertensive crisis ([Exhibit 30](#))
  - c. Medical Clearance Request form ([Exhibit 31](#))
2. Referral form for evaluation of medical/dental conditions ([Exhibit 3](#))

Patients are classified as 'Patients with Special Needs' based on the following categories (more than one category may apply and is recorded in the Verification Form and Verification Summary):

- Medical conditions with ASA3+
- Physical disabilities or limitations,

- Psychological or behavioral issues, and/or
- Developmental or cognitive disabilities
- Vulnerable older adults

### **3.14 Dental/Medical Referrals/Continued Care Form**

Patients who require additional medical/dental evaluation will be given an “Adult Referral Form” (Exhibit 3) which will be completed under the supervision of a Dental Hygiene faculty member who will scan a copy into the patient’s e-chart. For dental referrals, patients will be provided the Community/Hospital-Based Dental Resources list which is organized by borough and available in the reception room. This information should be used as a guide. Fee schedules, types of services, registration procedures, and the very existences of the facilities can and do change frequently. If any errors or changes are noted, please inform the receptionist so that the list may be revised.

#### 3.14.1 Beyond the Dental Hygiene Scope of Practice

Dental Hygienists provide diagnostic/preventative/therapeutic services within the Dental Hygiene Scope of Care, as defined by the [Dental Hygiene Practice Act](#). Patients, whose dental or periodontal condition may require an evaluation and/or treatment by the dentist or dental specialist (such as periodontist) are referred for a dental or periodontal evaluation and treatment. Patients receive a ‘Scope of Care’ letter (Exhibit 2) a referral for dental/periodontal evaluation (Exhibit 3), and a list of community-based resources. Patients will receive their dental hygiene e-chart records and radiographs/images (if available) per their request (Exhibit 32).

#### 3.14.2 Verification forms and summaries

Each semester all students’ patient experiences are recorded in the verification forms (Exhibit 11) that include:

- 1) Patient’s name, age, Dentimax ID#
- 2) ASA category determined at the first (initial/recare) visit
- 3) Special Needs category/categories, if applicable
- 4) Case value and periodontal diagnosis, including if the condition is beyond DH scope
- 5) Number/dates of all treatment visits
- 6) Radiographs’ utilization and a verification of statement of findings (signed by the faculty)
- 7) Chart audit at the completion of care sequence or if the case is ‘incomplete’
- 8) Notes (including if case is incomplete, transferred, beyond scope, etc).

At the semester end, students complete and faculty verify the patient information on the Verification Summary form ([Exhibit 12](#)) that includes:

- 1) Number of patients completed of different diagnostic categories (case value/periodontal diagnoses)
- 2) Number of patients 'incomplete' with the case value/periodontal diagnoses if determined
- 3) Number of patients by age and ASA category
- 4) Number of patients seen with Special Needs and the categories
- 5) Number of patient visits of different diagnostic categories
- 6) Number of radiographic series utilized (including exposed by the student and previously exposed and available in the patient's e-chart).

## **IV. RADIOGRAPHY CLINIC PROCEDURES**

### **4.1 Radiology Patient Treatment Procedures**

Students wear the complete regulation uniform as designated by the Department when exposing digital radiographs.

Radiology Reception Area procedures:

#### **For Patients of Record:**

- Greet patient and make them comfortable.
- Seat patient, open their Dentimax e-chart to documents and verbally review with the patient all information on the Health History & Radiographic Series Request forms and:
- Clarify any areas in question under Clinical Notes in the patient's e-chart

#### **For Patients NOT of Record (DEN 1218 Radiology Lab):**

- Greet the patient and have the patient complete the medical/dental history and be escorted to clinic / radiology lab for authorization.
- Verbally review with the patient all information on the medical/dental history questionnaire, clarify any areas in question and have the patient sign the form. Complete radiographic history and request for a radiographic series in the clinical note; obtain authorization from the clinic dentist or supervising instructor. The student and supervising instructor will sign and date the medical/dental questionnaire, verifying that it has been reviewed.
- Supervising instructor will collect patient's paperwork and create an electronic patient file and scan the medical/dental history, radiographic series request form.

## **4.2 Exposure Room Procedures for Digital Exposure**

1. Escort patient into exposure room (with all their personal belongings).
2. Have patient place their belongings in a secure location.
3. Be observant of any disability that may influence the radiographic procedure.
4. When exposing intraoral dental images, ask the patient to remove all dental “removables” (complete/partial dentures, orthodontic retainers, etc.) and other items that might be superimposed on the images (including para oral & oral “jewelry”, eyeglasses etc.).
5. When exposing a Panoramic image, ask patient to remove all dental “removables” and other items that might be superimposed on the images (including para-oral & oral “jewelry”, eyeglasses, metal hair clips, bobby pins, etc.).
6. Wrap dental “removables” in a moistened paper towel (with gloved hands), place in a headrest cover and give to patient to secure.
7. Place a bib over thyroid area of apron and place on patient.
8. Open XCP package (without touching instrument & drop into lined basket).
9. Give patient a tissue or paper towel.
10. Sanitize/wash hands and put on gloves.
11. Perform a brief oral inspection and have the (\*instructor) record the following anatomical considerations on the “Chairside Grading Sheet”:
  - a. class of occlusion
  - b. presence of tori
  - c. overlapped teeth
  - d. any other condition for which you may need to modify routine receptor placement guidelines and/or p.i.d./cone positioning OR technique.
- 1) \*DEN 1218L (Radiology Instructor)
- 2) \*DEN 2300L/2400L (Supervising Clinical Instructor)
12. Briefly explain the procedure to the patient – informing the patient of the anticipated number of exposures.
13. Assemble XCP instrument.
14. Adjust the head position for the first image and begin radiographic exposure.
15. After last exposure, review dental images with the instructor, if any retakes are needed have the instructor approve before re-exposing the patient.
  - a. No more than 1 retake is allowed for the BWs series
  - b. No more than 3 retakes are allowed for the FMS
16. If there are no retakes needed, click ‘DONE’ to save series, review that the series has been saved before dismissing the patient.
17. If necessary, allow the patient to replace dental appliances (“removables”).
18. Remove lead apron from patient only touching patient’s bib. Drape the apron (unfolded) over the chair.
19. Immediately thereafter, remove gloves and wash/sanitize hands.

20. Answer any additional questions the patient may have and finalize arrangements for providing the patient with a digital copy of the images.
21. Invite patient to retrieve belongings and escort them out.
22. Reiterate the best method for leaving the facilities and finding transportation.
23. Clean/disinfect exposure room according to the Dental Radiology Infection Control Procedures; see Infection Control Manual.

## **V. POLICY on DEPARTMENT EQUIPMENT and SUPPLIES, CARE and MAINTENANCE OF INSTRUMENTS**

At the beginning of each semester, students are assigned a cubicle and a locked drawer in which to store their instruments and supplies.

All auxiliary supplies provided by the department are obtained from Central Supply or location in the clinic. Students are responsible for signing out and returning department equipment and supplies in good and working condition.

- Note: it is the financial responsibility of the student to replace damaged department equipment or supplies.

### **5.1 Instrument preparation**

Instrument preparation for sterilization is reviewed in the **Infection Control Manual**.

Equipment failures are to be reported immediately to clinic instructors and, if necessary, a repair card will be filled out by the student and submitted to Central Supply. This repair card and all clinical forms are found in the file drawer/cabinet in both clinics.

### **5.2 Instrument maintenance**

Instrument sharpness is to be maintained for the duration of the clinical session and verified by the test stick. Instruments may be sharpened at any time during the clinical session when they become dull, using the students' sharpening tool. Periodically, instruments should be inspected for wear, and worn instruments must be replaced. Hu-Friedy instrument company offers dental hygiene students an instrument trade-in program. Students should contact their clinic coordinator for information.

## **VI. CLINICAL EMERGENCY PROTOCOLS:**

### **6.1 Dental Hygiene Student/Faculty/Staff Emergency Procedures**

In all clinical settings the following procedures will protect the students and faculty/staff and alert the department to an impending emergency quickly and effectively:

- 1) If a student/faculty/staff should become ill, the section faculty member must be informed immediately.
- 2) The supervising dentist will be notified.
- 3) The faculty member will directly oversee the situation and assign as many students as necessary to assist.

All students/faculty/staff must be familiar with the location of the emergency supplies. Students may be called upon to retrieve the medical emergency kit, and/or oxygen tank or call for security (x5555) on the clinic phone. To support this effort, at the beginning of each “DEN” clinical course, the coordinators will arrange a review of the Medical Emergency procedures. The guide to management of medical emergencies is posted in each clinic A710/711 ([Exhibit 33](#)).

#### 6.1.1 Dental Hygiene Patient Emergency Procedures

##### Student #1:

- Identifies the patient emergency.
- Summons student #2 in adjacent cubicle.
- Remains chairside, comforts patient, monitors vitals

##### Student #2:

- Informs section instructor, then the supervising dentist of situation and cubicle number
- Retrieves medical emergency kit

##### Once the supervising dentist arrives:

- section instructor retrieves oxygen, and AED if needed.
- both faculty members will assess and determine the need for EMS contact.
- student #1 documents the event in patient's e-chart clinical note as directed by faculty, who will sign.

#### BASIC LIFE SUPPORT (BLS) CERTIFICATION

All students, clinical staff and faculty are required to be certified in BLS for the Healthcare Provider and includes CPR, AED, first aid for adults, children, and infants every two years.

#### LIFE THREATENING EMERGENCIES

1. If possible, never leave patient alone.
2. Have fellow student or faculty call 911 and inform campus security (x5555).
3. Follow sequence Dental Hygiene Patient Emergency Procedures (above)

4. Complete an Incident Report form available in each clinic.

## **6.2 Medical Emergency and First Aid Kit and Equipment**

NOTE: First-aid kits, oxygen tank, and AED (Automatic External Defibrillator) are well marked and available to students, clinical staff and faculty during all clinics and laboratory sessions. See floor plan for locations. Equipment:

### Contents of Medical Emergency Kit/indications:

- Epinephrine: Cardiac arrest, anaphylaxis, or acute asthmatic attack
  - Auto Injectors (1 Pediatric dose/ 1 adult dose)
  - 2 Ampules of epinephrine (& syringes)
- Oral Diphenhydramine Tablets: Some allergic reactions
- Sublingual Nitroglycerin Tablets: Acute anginal attack
- Oral Glucose: Hypoglycemia
- Albuterol Inhaler: Bronchodilation
- Naloxone Nasal Spray: Opioid overdose
- Ammonia Inhalants: Syncope
- CPR Mask

### Additional Medical Emergency Supplies:

- Portable AED
- Oxygen Tank
- CPR Mask with oxygen intake tube
- Bag Valve Mask
- Blood Glucose Meter
- First Aid Kit

## **6.3 Eye Contaminant Exposure**

When the eyes of any person may be exposed to chemicals and/or materials, use the eye wash stations located on the wall inside room A710/A711 at each clinic entrance and in the radiology lab. In an emergency, proceed to an eyewash station and follow the instructions posted at the eyewash station. Incident form should be filled out and filed with the department chair.

NOTE: The emergency eye wash station is only for first aid. It is not a medical treatment for chemical exposures. Make certain that you seek proper medical attention. It is important to inform the physician of exactly what you were exposed to.

## 6.4 CityTech General Emergency Protocol



### **In the Event of an Emergency**

To reach the Department of Public Safety Dispatcher

**DIAL 5555**

From any on-campus telephone

Otherwise, dial 1-718-260-5555

To reach a New York City Police/Fire Department Operator:

From a campus telephone, dial 9-911.

Otherwise, dial 9-1-1.

Notify the Public Safety or Police/Fire Dispatcher that you are reporting an emergency by saying:

**"This is an emergency."**

State the nature of emergency.

Provide the number from which you are calling.

Provide the location of the emergency.

Unless there is an immediate threat to you, do not hang up until instructed to do so.

## 6.5 Smoking Regulations and Fire Emergency

### Smoking Regulations

New York City College of Technology is a smoke-free campus. Smoking/vaping are prohibited anywhere on campus, including any dental hygiene facilities (classrooms, laboratories, clinics).

### Fire Evacuation Dental Hygiene Clinic Procedures:

In the event of a fire alarm, it must be assumed that there is an actual fire on campus. All work must immediately cease.

1. Stop all work and place patient chair into an upright position and remove patient bib.
2. The student will calmly escort the patient out of the building.
3. When exiting the building, use the stairs only and closest to clinic exit door. Do not stop anywhere for other belongings.
  - Do not run or talk loudly as you may drown out emergency directions.
  - Try to remain calm.



## CityTech FIRE Emergency Protocol:

**When reporting a fire:**

**USE THE FIRE ALARM PULL BOX**



Fire Alarm Pull Boxes can be found next to fire stairs and elevators

**AND**

**DIAL**

**5555 (Public Safety) or 9-911**

- Provide your name, location and telephone number.
- Provide the location of the fire
- Provide information on the number of persons trapped (if any)
- Provide information on the number of persons injured (if any)

**Remember the following:**

- If you or someone else is on fire – **Stop, Drop and Roll**
- Evacuate using the **NEAREST FIRE EXIT**
- **Do not use the elevator unless instructed**
- If you find yourself in a smoke filled environment “**Stay Low & Go.**”
- A fire can double in size every thirty seconds, so speed is essential
- Identify the correct type of fire extinguisher depending on the type of fire
- Never attempt to put out a fire with your back to a wall – always leave yourself a way out
- Never re-enter the building unless instructed

**Be prepared:**

- Locate the fire extinguishers in your area.
- Learn evacuation routes.

## **6.6 Exposure Incidents**

An “exposure incident” is an event in which there is a potential exposure of a health care provider to body fluids or materials contaminated with body substance. Such exposures must be dealt with immediately. Examples of exposure incidents could include:

1. Needle stick with a contaminated needle
2. Cuts with contaminated instruments
3. Contact of pre-existing skin wounds, sores, hangnails, etc. with potentially infectious body substances
4. Contact of the mucosa or surface of the eyeball, with potentially infectious body substances through spatter, spills, or aerosols caused by dental instrument usage.

### Body Fluid Exposure

Clean wound and skin sites with soap and water immediately, flush mucus membranes with water. Notify faculty member immediately.

1. If an exposure is life-threatening, call 911
2. Inform campus security (x5555)
3. Follow the NYCCT Post-Exposure Protocol for Mucocutaneous Exposure (Exhibit 30)

#### 6.6.1 Reporting of Exposure Incidents

The following forms are required to be completed when an exposure occurs in the dental hygiene department:

- NYCCT Exposure Report” Departmental form (Exhibit 34)
- NYCCT Post Exposure Protocol (PEP) – (Exhibit 35)
  - All contents of medical health records are confidential.
  - Follow-up Procedures are described in detail in the NYCCT Post-Exposure Protocol

### 6.7 Emergency Procedures: Dental

In the event of a dental emergency, the operator should inform the student in an adjacent cubicle, who must quickly and calmly inform a clinic instructor. If, in the opinion of the instructor, the dental emergency requires the assistance of a dentist, the student-operator will notify the dentist and obtain the dental emergency kit as necessary. If possible, a temporary restoration will be placed, and a referral for definitive care will be given to the patient. The incident will be documented in the patient e-chart and a DH Incident Report Form (Exhibit 36). If dental emergency occurs such as loss of restoration or crown removal, or a laceration in need of suturing, appropriate supplies are available in the Clean/Soil room.

#### **Dental Emergency Kit includes:**

- IRM (or Cavit)
- Sutures (ideally resorbable in case the patient does not return)
- Hemostat and scissors
- Tofflemire to place temporary fillings
- Woodson carver (to condense IRM and carve/contour)
- High speed handpiece and diamond bur to smooth any rough edges of restorations/teeth that are fractured during treatment

#### 6.7.1 Procedures for Instrument Breakage

Occasionally, an instrument may sustain a fracture, which may be the result of instrument wear and/or operator error. If it occurs, follow the procedures below:

1. Remain calm, immediately isolate the area involving the broken tip with gauze or cotton rolls.
2. Upright the patient.
3. Advise the patient:
  - a) The instrument tip has broken.
  - b) Do not spit/expectorate into the cuspidor but into a paper cup or tissue provided.
4. Inform an instructor immediately.
5. The instructor will assess the likelihood of locating and retrieving the fractured instrument fragment. If possible, the instructor will retrieve the fractured instrument fragment.
6. If the retrieval was successful, the student and instructor will accompany the patient to the Dental Radiology Exposure room where the instructor will proceed to expose the appropriate images to confirm the instrument fragment retrieval.
7. If the retrieval was not successful, the student and instructor will accompany the patient to the Dental Radiology Exposure room where the instructor will proceed to expose the appropriate images to identify the instrument fragment location.
8. All procedures for instrument fragment retrieval will be documented in the patient e-chart and an Incident Report will be filed with the Department Chair. One of the following outcomes must be documented in the patient record and the patient should be advised that:
  - The instrument tip has been retrieved and confirmed by radiographic image
    - Patient will be advised to monitor the site of instrument fracture and retrieval and contact NYCCT Dental Hygiene department as necessary to follow up.
    - Patient's records, including the radiographic images post-retrieval will be provided upon request.
  - The instrument fragment has not been retrieved and is not visible in the radiographic image OR The instrument tip has not been retrieved and is visible in the radiographic image:
    - Patient will be referred to the Brooklyn Hospital Emergency Dental Department:  
The Brooklyn Hospital Center  
121 DeKalb Avenue  
Brooklyn, New York 11201  
718-250-8000/8963  
<https://www.tbh.org/doctors-by-specialty/575>
    - Patient will be provided the referral form for dental evaluation and a copy of their radiographic images
    - Patient will be contacted the next day for follow-up by their student, clinic coordinator or DH department chairperson.
    - The outcome of the emergency dental management, as communicated by the patient, will be documented in the patient's e-chart and all written correspondence will be kept by the department chairperson.

## **6.8 Laboratory Emergency Procedures**

In the laboratory setting, the following procedures will protect the participants and alert the proper authorities to an emergency in an effective and timely manner.

1. A student observing a potential or actual emergency situation will immediately inform the supervising faculty.
2. The faculty member will directly oversee the situation and assign students as necessary to assist.
3. All students/faculty/staff must all be familiar with the location of the emergency equipment and telephones.

## **6.9 Procedures for Dealing with Disruptive Patients**

If an incident occurs in the reception area or hall, the receptionist will ask the patient to leave. If the patient is uncooperative, a lead faculty or clinic coordinator will be called. Public Safety will be informed.

If an incident occurs in the clinic, the student will contact a faculty member.

The following behavior patterns may indicate the presence of a problem or a conflict:

- Inappropriate behavior such as outbursts, disoriented responses, bizarre speech, provocative behavior, abusive language (sarcasm, hostile remarks, etc.)
- Overly distraught, agitated, and/or enraged
- Visible signs of drug use, intoxication, or excessive alcohol use
- Drowsiness or sleepiness, vacant empty stare
- Change in speech patterns
- Loitering around after clinic hours with no special purposes or asks for any personal information

Incidents will be recorded in the Incident Report Form ([Exhibit 36](#)) and submitted to the department chairperson. In consultation with Public Safety, a patient may be placed on their list of persons not allowed on campus. A note will be made in the patient's e-chart will be added by the supervising faculty. An alert will be added to the patient's e-chart by department chairperson and the patient will not be re-appointed.

## **6.10 Patients' Complaints Policy**

Patients may express their dissatisfaction with the clinical services/procedures they received by following the Complaints Procedure Protocol. The DH Chairperson addresses the complaints after reviewing all records and conducting interviews with the student-clinician, supervising faculty/dentist, clinic coordinator, and the patient as necessary. A confidential complaint record is kept by the chairperson and the outcome is recorded in the patient's e-chart ([Exhibit 37](#)).

**Exhibits:**

- **Exhibit 1:** NYCCT Student Medical History
- **Exhibit 2:** Scope of Care Patient Letter
- **Exhibit 3:** Adult Referral Form
- **Exhibit 4:** CityTech Patients' Bill of Rights and Responsibilities
- **Exhibit 5:** NYCCT DH Notice of Privacy Practices
- **Exhibit 6:** Recare Patient Outreach Guide
- **Exhibit 7:** Patient Satisfaction Survey
- **Exhibit 8:** NYCCT Chart Audit Form
- **Exhibit 9:** QA Chart Audit Checklist
- **Exhibit 10:** Verification Summary: Incomplete Cases Tracking
- **Exhibit 11:** Verification Form
- **Exhibit 12:** Verification Summary
- **Exhibit 13:** Dental Hygiene Annual HIPAA Review
- **Exhibit 14:** Patient Acknowledgement Form
- **Exhibit 15:** Calculus Detection/PI
- **Exhibit 16:** AAP-2018 At a Glance
- **Exhibit 17:** AAP-2018: Staging/Grading Periodontitis
- **Exhibit 18:** Redi-reference Initial Visit New Patient
- **Exhibit 19:** Revisit Appointment Sequence
- **Exhibit 20:** Redi-reference Recare Visit
- **Exhibit 21:** DEN1200/2300/2400 Clinical Worksheet
- **Exhibit 22a:** Complete Medical History form
- **Exhibit 22b:** Medical History Update form
- **Exhibit 23:** Bloodborne Pathogens Policy
- **Exhibit 24:** BP Category and Clinical Action
- **Exhibit 25:** EOIO/Dental/CAT
- **Exhibit 26:** ADA CAMBRA Assessment
- **Exhibit 27:** DEN1200/2300/2400 Treatment Plan-Informed Consent
- **Exhibit 28:** NYCCT Pediatric Medical/dental History form
- **Exhibit 29:** HBP-not hypertensive crisis form
- **Exhibit 30:** Hypertensive Crisis form
- **Exhibit 31:** Medical Clearance Request form
- **Exhibit 32:** Records Request Form
- **Exhibit 33:** Management of Medical Emergencies Guide (*S.Malamed*)
- **Exhibit 34:** DH Exposure Report
- **Exhibit 35:** NYCCT Post-Exposure Protocol
- **Exhibit 36:** DH Incident Report
- **Exhibit 37:** CityTech Policy on Addressing Patients Complaints

## Student Medical History



New York City College of Technology  
 Department of Dental Hygiene  
 300 Jay Street, Brooklyn, NY 11201

Student Name \_\_\_\_\_

Physical Exam Date \_\_\_\_\_

### 1. Immunizations:

Upload vaccination history and/or titer results to *CastleBranch*

**T-dap:** Tetanus-Diphtheria-Acellular Pertussis Booster (within 10 yrs)      Date: \_\_\_\_\_

**Varicella Vaccine:**

\*Being born before 1980 is not considered evidence of immunity for healthcare providers.

Evidence of immunity includes any of the following:

Varicella vaccination - Date of 1<sup>st</sup> Dose: \_\_\_\_\_ Date of 2<sup>nd</sup> Dose: \_\_\_\_\_

Or laboratory confirmation of immunity to varicella.

If *Non-Immune*: Varicella vaccination must be administered: (4-8 weeks apart):

Date of 1<sup>st</sup> Dose: \_\_\_\_\_ Date of 2<sup>nd</sup> Dose: \_\_\_\_\_

**MMR** (Measles, Mumps, Rubella) Vaccination:

\*Proof of 2 vaccinations is required for all students born after 1957

Date of 1<sup>st</sup> Dose: \_\_\_\_\_ Date of 2<sup>nd</sup> Dose: \_\_\_\_\_

**Hepatitis B vaccine:** has completed the vaccine series     YES       NO

In-progress of series      Date of completion \_\_\_\_\_

**COVID vaccination**      Date/s \_\_\_\_\_

**Influenza vaccination**      Date \_\_\_\_\_

### 2. Tuberculosis: QuantiFERON®-TB Gold In-Tube Test (QFT- GIT) or T-SPOT® TB test (T-Spot) – Please note these are blood tests; only one is needed. Skin test is not acceptable.

Blood test results are required and must be submitted to *CastleBranch*.

**RESULTS:** \_\_\_\_\_

### 3. Cardiac Conditions and Joint Replacement:

The American Dental association, American Heart Association, and the American Association of Orthopedic Surgeons suggest antibiotic prophylaxis prior to dental treatment for patients at risk of developing infective endocarditis and prosthetic joint implant infections. As part of their educational experience, dental hygiene students serve as operators and patients, performing and receiving a variety of dental hygiene procedures. A possible consequence of these procedures when serving as a patient is gingival bleeding producing a transient bacteremia.

Does this student have a cardiac condition which meets the AHA recommendations for antibiotic prophylaxis for dental treatment?

NO       YES, please describe: \_\_\_\_\_

Does the student have any prosthetic joint replacement?

NO       YES, please specify: \_\_\_\_\_

**4. Please check one of the following statements:**

- In my opinion, this student has no medical condition(s) which would limit their ability to fully participate in the New York City College of Technology Dental Hygiene Program.
- This student has the following conditions, which may limit their ability to fully participate in the New York City College of Technology Dental Hygiene Program.

Please List: \_\_\_\_\_  
\_\_\_\_\_

**Practitioner's Official Stamp**

Practitioner's Signature \_\_\_\_\_

Date \_\_\_\_\_

I authorize releasing this physical evaluation report to the New York City College of Technology Dental Hygiene Department.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

*Annual physical exam forms which are incomplete will not be accepted by the Dental Hygiene Department and will prevent student from participating in the clinical Dental Hygiene courses.*

*Inability to participate in clinic means that the student must be absent from clinic. Please refer to the attendance policy stated in the course documents.*

**Print this 2-page medical history form and bring to your annual physical exam**



**New York City  
College of Technology**  
The City University of New York  
300 Jay Street, Brooklyn, NY 11201-1909

**Department of Dental Hygiene**

A701

718.260.5074 • Fax: 718.260.5069

[dentalhygiene@citytech.cuny.edu](mailto:dentalhygiene@citytech.cuny.edu)

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

Date of Appointment: \_\_\_\_\_

At your appointment today, during the assessment phase of the dental hygiene visit, it has been determined that the scope and type of dental care that you need cannot be provided by this dental hygiene educational program. It is in the best interest of your health that you are referred to a facility that can provide the dental care you need. The Dental Hygiene scope of practice is clearly defined by the **New York State Office of the Professions, §61.9: Practice of Dental Hygiene**. It outlines the extent of professional services that a dental hygienist can provide in NYS, and when these practices fall beyond the scope of practice for Dental Hygiene.

We are providing you with a list of community/hospital-based dental resources.

We will not be able to appoint you again for hygiene services until your necessary dental needs have been addressed. Upon completion of the necessary dental treatment, you may contact the dental hygiene clinic to schedule your appointment for re-evaluation.

*Respectfully,*

Referring Faculty Signature: \_\_\_\_\_

Referring Faculty Name Printed: \_\_\_\_\_





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 Email: [dentalhygiene@citytech.cuny.edu](mailto:dentalhygiene@citytech.cuny.edu)

## ADULT REFERRAL FORM

Date: \_\_\_\_\_

E-chart# \_\_\_\_\_

Patient: \_\_\_\_\_

CityTech Dental Hygiene student, under faculty supervision, performed a periodontal and oral disease risk assessment and it was determined that the patient requires an evaluation/consultation in the following areas in a timely manner:

- Comprehensive dental evaluation (caries/restorative care)**
- Comprehensive periodontal evaluation**

- Oral pathology evaluation**

Description of findings:

\_\_\_\_\_  
 \_\_\_\_\_

- Orthodontic evaluation**

- Oral surgery evaluation:** \_\_\_\_\_

- Medical evaluation/consultation:**

Hypertension      BP: \_\_\_\_\_ Pulse \_\_\_\_\_

Diabetes

Other: \_\_\_\_\_

Patient has a copy of their  BW  FMS  Panoramic radiographs exposed in our clinic on: \_\_\_\_\_

*date*

Dental Hygiene student: \_\_\_\_\_

Supervising Faculty: \_\_\_\_\_

I have been informed of the clinical findings and recommendations. I understand that failure to comply with the referral recommendations may result in significant and potentially permanent damage to my health. I further understand that failure to follow up on the referral recommendations may result in discontinuation of treatment at the NYCCT dental hygiene clinic.

Patient Signature: \_\_\_\_\_ (if the referral is given to the patient)

Referral is being mailed to the patient by: \_\_\_\_\_

Date: \_\_\_\_\_



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## **City Tech Dental Hygiene Clinic Patients' Bill of Rights and Responsibilities**

### Each patient has the right to:

- Receive considerate, respectful and confidential treatment in a clean, safe environment.
- Have a scheduled appointment time honored by the dental hygiene student.
- Be informed, in advance, of the nominal treatment costs towards the clinical supplies and any possible additional nominal costs.
- Receive dental hygiene services without discrimination, regardless of race/ethnicity, national origin, religion, gender/gender identity or sexual orientation.
- Have access to complete and current information about their condition.
- Receive the information necessary to give informed consent for any proposed procedure or treatment. This information shall include, but is not limited to: an explanation of recommended treatment, the benefits and possible risks of that treatment, treatment alternatives, the option to refuse treatment, the risks of no treatment, and the expected outcomes.
- Have their personal health information (PHI) treated confidentially and be provided with a DH Notice of Privacy Practices.
- Receive continuous and complete dental hygiene services that meet the standard of care of the profession to the level that this educational facility is able to offer.
- Receive referral information about obtaining services that are not available at this dental hygiene educational facility.

### Each patient has the responsibility to:

- Arrive on time for the scheduled appointment and remain as a patient for a minimum of three hours or until daily treatment is completed.
- Provide, to the best of their knowledge, accurate and complete information about present or past illnesses, medications, hospitalizations and any other matters which are related to their health.
- Bring the appropriate written, medical clearances from their physician, if requested.
- Cooperate during performance of all planned procedures.
- Treat all providers and staff in the clinic with respect, and refrain from rude, disrespectful or threatening conduct.
- Cover, as necessary, the nominal costs of clinical supplies and diagnostic procedures (radiology supplies) set by the department.
- Comply, to the best of their ability, with the recommended treatment plan to enhance optimum outcome.



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Email: [dentalhygiene@citytech.cuny.edu](mailto:dentalhygiene@citytech.cuny.edu)

## City Tech Dental Hygiene Clinic Notice of Privacy Practices

***Effective 02.20.2024***

This notice describes how health information about you may be used and disclosed and how you can get access to this information.

We do not share your private health information with any health plans, health care clearinghouses, or those health care providers that conduct certain health care transactions electronically.

All correspondence from the CityTech Dental Studies Clinic will be on-site or by mail to the address on record.

**Please review it carefully.**

### THE DENTAL HYGIENE CLINIC COVERED BY THIS NOTICE

This Notice describes the privacy practices of CityTech Dental Hygiene Clinic (the "Dental Hygiene Clinic"). "We" and "our" means the "CityTech Dental Studies Clinic". "You" and "your" means our patient.

### HOW TO CONTACT US/ OUR PRIVACY OFFICIAL

If you have any questions or would like further information about this Notice, you can either write to or call the Privacy Official for our Dental Hygiene Clinic:

Dental Hygiene Clinic Name: CityTech Dental Hygiene Clinic  
Privacy Official: Prof. Anna Matthews, Chairperson  
285 Jay Street A701  
Brooklyn, NY 11201  
Dental Hygiene Clinic email address: [dentalhygiene@citytech.cuny.edu](mailto:dentalhygiene@citytech.cuny.edu)  
Dental Hygiene Clinic phone number: (718) 260-5074

### INFORMATION COVERED BY THIS NOTICE

This Notice applies to health information about you that we create or receive and that identifies you. This Notice tells you about the ways we may use and disclose your health information. It also describes your rights and certain obligations we have with respect to your health information. We are required by law to: maintain the privacy of Protected Health Information; give you this Notice of our legal duties and privacy practices with respect to that information; and abide by the terms of our Notice that is currently in effect.

## OUR USE AND DISCLOSURE OF YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

### **Common reasons for our use and disclosure of patient health information**

#### **Treatment**

We will use your health information to provide you with dental hygiene treatment or services, such as cleaning or examining your teeth or performing other dental hygiene preventative or diagnostic procedures. We may request health information about you from dental specialists, physicians, or other health care professionals involved in your care. You may request an electronic copy of your dental radiographs and other dental records that will be delivered to you via mail to your address on record or made available for pick up at the clinic.

#### **Health Care Operations**

We may use and disclose health information about you in connection with health care operations necessary to run our clinic, including review of our treatment and services, training, evaluating the performance of our staff and health care professionals, quality assurance and legal consultation.

#### **Appointment Reminders**

We may use or disclose your health information when contacting you to remind you of a dental appointment. We may contact you by using a postcard, letter, voicemail, or email.

#### **Treatment Alternatives and Health-Related Benefits and Services**

We may use and disclose your health information to tell you about treatment options or alternatives or health-related benefits and services that may be of interest to you.

#### **Disclosure to Family Members and Friends**

We may disclose your health information to a family member or friend who is involved with your care if you provide written authorization to do so.

#### **Emergency**

We will disclose relevant health information about you to your emergency contact in case of emergency.

### **Less common reasons for use and disclosure of patient health information**

The following uses and disclosures occur infrequently and may never apply to you.

#### **Disclosures Required by Law**

We will disclose patient health information (i) in response to a court or administrative order; (ii) in response to a subpoena, discovery request, or other lawful process that is not ordered by a court if efforts have been made to notify the patient or to obtain an order protecting the information requested; (iii) as otherwise required by law.

#### **Public Health Risks**

We may disclose Protected Health Information for public health activities and purposes, which include: preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; reporting adverse reactions to medications or foods; reporting product defects; enabling product recalls; and notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

### **Victims of Abuse, Neglect, or Domestic Violence**

We may disclose health information to the appropriate government authority about a patient whom we believe is a victim of abuse, neglect, or domestic violence.

### **Health Oversight Activities**

We may disclose patient health information to a health oversight agency for activities necessary for the government to provide appropriate oversight of the health care system, certain government benefit programs, and compliance with certain civil rights laws.

### **Law Enforcement**

We may disclose patient health information to a law enforcement official for a law enforcement purposes, such as to identify or locate a suspect, material witness or missing person or to alert law enforcement of a crime.

### **Serious Threat to Health or Safety**

We may use and disclose patient health information if we believe it is necessary to do so to prevent or lessen a serious threat to anyone's health or safety.

### **Specialized Government Functions**

We may disclose patient health information to the military (domestic or foreign) about its members or veterans, for national security and protective services for the President or other heads of state, to the government for security clearance reviews, and to a jail or prison about its inmates.

### **Workers' Compensation**

We may use or disclose patient health information to comply with workers' compensation laws or similar programs that provide benefits for work-related injuries or illness.

### **YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES**

We will make other uses and disclosures of health information not discussed in this Notice only with your written authorization. You may revoke that authorization at any time in writing. Upon receipt of the written revocation, we will stop using or disclosing your health information for the reasons covered by the authorization going forward.

### **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

You have the following rights with respect to certain health information that we have about you. To exercise any of these rights, you must submit a written request to our Privacy Official listed above.

- **Access**  
You may request to review or request a copy of your health information. We will provide a copy of your health information in a format you request if it is readily producible. If not readily producible, we will provide it in a hard copy format or other format that is mutually agreeable.
- **Amend**  
If you believe that your health information is incorrect or incomplete, you may request that we amend it. We may deny your request under certain circumstances. You will receive written notice of a denial and can file a statement of disagreement that will be included with your health information that you believe is incorrect or incomplete.
- **Restrict Use and Disclosure**

You may request that we restrict use of your health information to carry out treatment, payment, or health care operations or to your family member or friend involved in your care. We may not (and are not required to) agree to your requested restrictions.

- **Confidential Communications: Alternative Means, Alternative Locations**

You may request to receive communications of health information by alternative means or at an alternative location. We will accommodate a request if it is reasonable and you indicate that communication by regular means could endanger you. When you submit a written request to the Privacy Official listed above, you need to provide an alternative method of contact or alternative address.

- **Receive a Paper Copy of this Notice**

You have the right to a paper copy of this Notice. You may ask us to give you a paper copy of the Notice at any time. This notice is available on the CityTech Dental Hygiene Clinic website.

#### CHANGES TO OUR PRIVACY PRACTICES AND THIS NOTICE

We reserve the right to change the terms of this Notice at any time. Any change will apply to the health information we have about you or create or receive in the future. We will promptly revise the Notice when there is a material change to the uses or disclosures, individual's rights, our legal duties, or other privacy practices discussed in this Notice. We will post the revised Notice on our website and in our office and will provide a copy of it to you on request. The effective date of this Notice (including any updates) is at the top of this page.

#### TO MAKE PRIVACY COMPLAINTS

If you have any complaints about your privacy rights or how your health information has been used or disclosed, you may file a complaint with us by contacting our Privacy Official listed above.



## Recare Patient Outreach - Student Guide

*To ensure an easily accessible patient pool, our formal recall tracking system identifies potential patients eligible for recare at the recommended intervals. On a weekly basis, a list of eligible patients is generated, and students are provided an opportunity to contact patients and schedule an appointment for them.*

*In case the DEN 2300/2400 student experiences a PNP during their regular clinic session, they are provided with an opportunity to attend a clinical session outside of their regular clinic schedule where they will have a dedicated treatment area, as well as faculty and CLT support. A list of patients eligible for recare is provided to the student who needs to secure a patient for such a make-up session. Students can contact the patients by using a CityTech phone located in the reception area.*

### The student contacting patients from existing recare list must follow the following steps:

1. Request the **weekly list of eligible patients** from the receptionist on duty.
2. Use the **Dentimax computer in the reception area** with Ms. Pagan or Ms. Murray logged in (**NOTE: a receptionist MUST be present while the student is reviewing the records and contacting the patient**).
3. **Review each patient clinical record** before contacting a patient from recare list:
  - a. Verify that the patient is due for recare visit based on the previously recommended recare interval.
  - b. Verify that there are no circumstances precluding patient from attending their appointment (e.g. need for medical clearance, administrative alerts, documented request to not contact the patient)
4. **Contact the patient and follow the script:**
  - a. Introduce yourself and state that you are a student calling from the Dental Hygiene clinic at CityTech.
  - b. Inform the patient that our records indicate they are due for their recare dental hygiene visit.
  - c. Ask if they are interested in making an appointment.
  - d. **If yes** – ask if they have any preference for a specific student-provider, offer available appointment times, schedule an appointment and inform patient of their commitment and that they will be contacted 24-48 hours prior to their appointment for confirmation.
  - e. **If no** – ask them if they would prefer to be contacted at a later time. If not – inform the clinic receptionist, who will inactivate patient record.
5. **Document patient contact in a clinical note:**
  - a. Indicate the date and time of contact, type of contact (left voicemail or spoke to patient)
  - b. Outcome
    - appointment scheduled
    - appointment not scheduled:
      - contact patient at a later time
      - patient prefers to be removed from the recare list
  - c. Sign your name.

Introduce yourself and state that you are calling from the Dental Hygiene clinic at CityTech. Inform the patient that our records indicate they are eligible for their dental hygiene visit.

If yes – ask if they have any preference for a specific provider, offer available appointment times, schedule an appointment and inform patient of their commitment and that they will be contacted 24-48 hours prior to their appointment for confirmation.

Ask if they are interested in making an appointment.

If not – ask them if they would prefer to be contacted at a later time. If not – inform the clinic receptionist, who will inactivate patient record.



# Patient Satisfaction Survey

Dental Hygiene Department | New York City College of Technology | CUNY

[Redacted URL]



Not shared

Please complete this survey about the dental hygiene services you received at New York City College of Technology. We do not collect any information that will identify you. This survey should only take a few minutes. The DH program is continually working toward improving your experience at the Dental Hygiene Clinic. Please answer the following questions regarding your most recent dental hygiene treatment. Your opinion is very valuable to our department!

- Yes, I will complete this anonymous survey
- No, I would like not to complete this survey

Where do you live?

- Brooklyn
- Bronx
- Manhattan
- Staten Island
- Queens
- Nassau County
- Suffolk County
- Other:

What is your age (years)?

- 18-24
- 25-45
- 46-64
- 65+

Are you a CityTech STUDENT, FACULTY, or STAFF?

- Student
- Faculty
- Staff
- None of the above

If you are a STUDENT, are you interested in applying to our Dental Hygiene program?

- yes
- no
- maybe

How long have you been coming to our Dental Hygiene clinic?

- this is my first time
- ~1-2 years
- ~2-6 years
- over 6 years

Why did you choose to have your Dental Hygiene services at our clinic?

- my own prior experience
- low cost/convenience
- I am a friend/relative of the DH student

How did you hear about us?

- Referral from dentist/hospital/clinic
- student advertisement (flyer/direct contact/social media/Craig's list)
- CityTech Dental Hygiene clinic website
- Other:

How easy was your process this time to get the appointment with a Dental Hygiene student:

	1	2	3	4	5	
very difficult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	very easy

If you answered 'difficult' above, please let us know so that we can improve our process - THANK YOU!

Your answer

Were you provided the detailed information on how to access and enter our building?

yes

no

If you'd like to let us know anything else about your experience with access to our clinic, please share it with us:

Your answer

Did the student get in touch with you by text/email/phone call at least 48 hrs in advance of your appointment?

yes

no

During your appointment, were all assessment findings/ diagnostic and treatment procedures/ follow-up and referral appropriately explained to you?

yes, completely

yes, partially

no

If you answered 'partially' or 'no', would you please provide us with more information to improve our process?

Your answer

Did you have any discomfort during your treatment?

- no, and pain control was not offered because it was not necessary
- no, but the student/faculty did offer topical/local anesthetic if necessary
- yes, and it was appropriately addressed
- Other:

If you answered 'other' above OR if you have any additional comment on treatment comfort/pain control - please let us know:

Your answer

Did the student and faculty interact with you in a professional caring manner?

	yes	no
Student	<input type="radio"/>	<input type="radio"/>
Faculty	<input type="radio"/>	<input type="radio"/>

During your appointments, interactions with the student, faculty, and staff, were respectful of your cultural and health beliefs?

- yes
- no
- partially

If you have any additional comments to help us improve, please explain here:

Your answer

Any suggestions to help us improve our bedside manner?

Your answer

Overall, how would you rate your experience at our clinic this time?

- |              |                       |                       |                       |                       |                       |              |
|--------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------|
|              | 1                     | 2                     | 3                     | 4                     | 5                     |              |
| 1- very poor | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 5- excellent |

Based on your experience, would you recommend our Dental Hygiene clinic to your relatives/friends/someone you know?

- yes, absolutely
- yes, with some considerations (please let us know below)
- no (please do let us know so we can improve)

Any comments on the question above?

Your answer

Thank you for sharing your thoughts! We do consider your feedback very seriously and we thank you for helping us to continually improve our services! Feel free to add any thoughts here and we hope to see you again soon!

Your answer

Submit

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Google Forms





# Chart Audit Form

In accordance with CODA standard 6-2, a patient chart audit is part of the patient care quality assurance plan and allows for a continuous systematic review of patient care standards. This form is used for random comprehensive review of patient records. The chart audit is conducted by clinic coordinators on bi-weekly basis. Results of patient records review and documentation of corrective measures are summarized by utilizing this form.

\* Required

1. Patient's e-chart# \*

## Patient Information

2. Address/phone/email \*

Yes

No

3. Emergency contact \*

Yes

No

4. Alerts (as necessary and appropriate) \*

Yes

No

5. RECARE interval noted \*

Yes

No

Type of Visits Stated:

6. Initial/ Revisit/ Recare /Limited Focus \*

Yes

No

## Case value/AAP classification

7. "Case value/AAP classification" marked in 'tooth' box and formatted as:  
**example:** H-GING or H-II/B  
"TBA" may be placed in tooth box when assessment is not yet completed

Yes

No

8. A description of deposits (calculus and/or stain) corresponds to the case value designation \*

Yes

No

9. Clinical evidence supports the periodontal classification (AAP-2018) \*

Yes

No

10. Radiographic evidence (if available) supports the periodontal classification \*

Yes

No

Not applicable

11. If AAP classification not appropriate based on available clinical/radiographic evidence, please describe corrective measures taken.

Clinical Notes follow the SOAP format and the following is documented:

12. Chief complaint (reason for visit) \*

Yes

No

13. All assessment findings \*

Yes

No

14. All procedures rendered \*

Yes

No

15. Revisit re-evaluations \*

Yes

No

16. Oral hygiene instructions \*

Yes

No

17. Treatment plan was developed and the number and sequence of visits is appropriate to the patient's case value/periodontal classification \*

Yes

No

18. Recare recommendations \*

Yes

No

19. If any of the above categories was not completed or provided enough detail, please describe corrective measures taken.

## Data Collection:

20. **Extra/Intra Oral exam** findings recorded. Pathology is noted using the ABCD-T format of lesion identification. \*

Yes

No

21. **Dental Charting** - all restorations/caries charted, non-carious dental disease noted (attrition/erosion/abrasion/abfraction) and radiographic dental findings have been added to the dental charting (if radiographs are available). A general dental charting statement and document any broken/unstable restorations is added, if applicable \*

Yes

No

22. **Radiographic statement** about the radiographic findings (if radiographs were available for review) \*

Yes

No

Not available

23. Caries Activity/Risk:

In **DEN1200** refer to modified evaluation (dental assessment form)

In **DEN2300/2400** – refer to CAMBRA. \*

Yes

No

24. **Gingival statement:** full description of gingival appearance (C,C,C,T), location of GM (if no recession, include if coronal to the CEJ) – at the initial assessment. At revisits: re-evaluation of previously scaled areas OR if no scaling was done yet, complete re-evaluation of the gingival appearance. \*

Yes

No

25. **Periodontal Charting:** full mouth charting including PD, GM, furcations, mobility, BOP. \*

Yes

No

26. **Calculus/stain evaluation:** a general statement about type (sub-/supra-gingival), location, amounts; stain – localized or generalized, heavy/moderate/light/none \*

Yes

No

27. **A: assessment findings** – including periodontal classification (Gingivitis – generalized or localized, mild/moderate/severe; or periodontitis – Stage/Grade localized or generalized); case value (H/M/L), caries activity/risk, non-cariou dental conditions. \*

Yes

No

28. If any of the above categories was not completed or provided enough detail, please describe corrective measures taken.



## MEDICAL HISTORY

29. Scanned Med History complete with faculty, student, and patient signatures. Vitals and ASA included. \*

Yes

No

30. "chief complaint" listed \*

Yes

No

31. Any blanks on form \*

Yes

No

32. All POSITIVE responses followed up to include a statement about condition, OTC/prescribed medications. Social history; recreational drug use/alcohol/tobacco \*

Yes

No

33. Long Medical Form is current < 3 years old OR Medical history update form signed, scanned into the e-chart \*

Yes

No

## DENTAL HISTORY

34. Past dental history noted \*

Yes

No

35. Past radiographic history noted \*

Yes

No

36. Self-reported home care \*

Yes

No

Scanned items:

37. Medical History long and/or update forms with signatures \*

Yes

No

38. Treatment plan with signatures \*

Yes

No

39. If indicated

Radiographic Authorization

Adult referral

Medical Clearance form

Hypertension forms (either Non-Hypertensive Crisis OR Hypertensive Crisis form- latter has to be signed by faculty and patient)

Scope of Care letter

E-chart clinical notes entries:

40. Spelling/grammar are correct \*

Yes

No

41. Must be done under student's log-in and notes signed with their full First name and Last name \*

Yes

No

42. Faculty entered a separate note under their log-in and signs their note with first and last name. \*

Yes

No

43. Additional remarks:

---

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**Quality Assurance Checklist**

In accordance with CODA standard 6-2, a patient chart audit is part of the patient care quality assurance plan and allows for a continuous systematic review of patient care standards. This form is used for random comprehensive review of patient records. The chart audit is conducted by designated personnel on bi-weekly basis. Results of patient records review and documentation of corrective measures are summarized by utilizing this form.			
<b>Patient's e-chart#</b>			
<b>Patient Information:</b>			
Address/phone #/e-mail	Yes	No	
Emergency contact	Yes	No	
Alerts (as necessary and appropriate)	Yes	No	
RE CARE interval noted	Yes	No	
Type of Visits Stated:	Yes	No	
<b>Case value/AAP classification</b>			
A designation of: Case value/AAP classification marked in 'tooth' box and formatted as: example: H-GING or H-II/B "TBA" may be placed in tooth box when assessment is not yet completed	Yes	No	
A description of deposits (calculus and/or stain) corresponds to the case value designation	Yes	No	
Clinical evidence supports the periodontal AAP-2018 classification	Yes	No	
Radiographic evidence (if available) supports the periodontal AAP classification	Yes	No	N/A
If AAP classification not appropriate based on available clinical/radiographic evidence, please describe corrective measures taken.	Yes	No	
<b>Clinical Notes follow the SOAP format and the following is documented:</b>			
Chief complaint (reason for visit)	Yes	No	
All assessment findings	Yes	No	
All procedures rendered	Yes	No	
Revisit re-evaluations	Yes	No	
Oral hygiene instructions	Yes	No	
Treatment plan was developed, and the number and sequence of visits is appropriate to the patient's case value/AAP classification	Yes	No	
Recare recommendations	Yes	No	
If any of the above categories was not completed or provided enough detail, please describe corrective measures taken below.	Yes	No	
<b>Data Collection:</b>			
Extra/Intra Oral exam findings recorded. Pathology is noted using the ABCD-T format of lesion identification.	Yes	No	
Dental Charting - all restorations/carries charted, non-carious dental disease noted (attrition/erosion/abrasion/abfraction) and radiographic dental findings have been added to the dental charting (if radiographs are available). A general dental charting statement and document any broken/unstable restorations is added, if applicable	Yes	No	
Radiographic authorization by faculty in a separate clinical note; student's statement about the radiographic findings (if radiographs were available for review)	Yes	No	N/A
Caries Activity/Risk (CAMBRA):	Yes	No	
Gingival statement: full description of gingival appearance (C,C,C,T), location of GM (if no recession, include if coronal to the CEJ) – at the initial assessment. At revisits: re-evaluation of previously scaled areas OR if no scaling was done yet, complete re-evaluation of the gingival appearance.	Yes	No	
Periodontal Charting: full mouth charting including PD, GM, furcations, mobility, BOP.	Yes	No	
Calculus/stain evaluation: a general statement about type (sub-/supra-gingival), location, amounts; stain – localized or generalized, heavy/moderate/light/none	Yes	No	

A: assessment findings – including periodontal classification (Gingivitis – generalized or localized, mild/moderate/severe; or periodontitis – Stage/Grade localized or generalized); case value (H/M/L), caries activity/risk, non-carious dental conditions.	Yes	No
If any of the above categories was not completed or provided enough detail, please describe corrective measures taken below.	Yes	No
<b>Medical History</b>		
Med History complete with faculty, student, and patient signatures. Vitals and ASA included.	Yes	No
“Chief Complaint” listed	Yes	No
No blanks on form	Yes	No
All POSITIVE responses followed up to include a statement about condition, OTC/prescribed medications. Social history; recreational drug use/alcohol/tobacco, include past use, frequency and duration	Yes	No
Long Medical Form is current < 3 years old OR Medical history update form completed	Yes	No
<b>Dental History</b>		
Past dental history noted	Yes	No
Past radiographic history noted	Yes	No
Self-reported home care	Yes	No
<b>Scanned Items</b>		
Medical History long and/or update forms with signatures	Yes	No
Treatment plan/consent with signatures	Yes	No
If indicated: <ul style="list-style-type: none"> <li>• Radiographic Authorization (if a paper form)</li> <li>• Adult Referral</li> <li>• Medical Clearance form</li> <li>• Hypertension forms (either Non-Hypertensive Crisis OR Hypertensive Crisis form- latter must be signed by faculty and patient)</li> <li>• Scope of Care letter</li> </ul>	Yes	No
<b>E-chart clinical notes entries:</b>		
Spelling/grammar are correct	Yes	No
Must be done under student’s log-in and notes signed with their full First and Last name	Yes	No
Faculty entered a separate note under their log-in and signs their note with first and last name.	Yes	No
<b>Additional remarks and corrective measures:</b>		

DEN1200-2300-2400 Verification Summary: **Incomplete Cases Monitoring**

Student: \_\_\_\_\_ Course: \_\_\_\_\_ (DEN1200/2300/2400)  
 Clinic Advisor: \_\_\_\_\_

Consistent with CODA Standard 6-2, patient treatment deficiencies must be identified and corrected, towards ensuring that all active patient cases are completed.

**Incomplete cases review and follow-up:**

Name (Last, First)	Phone or Email	E-chart#	Reason for not completing the case and plan for follow-up

**NOTE:** please make sure the patient’s contact information is completed in the e-chart and the clinical note explaining the reason for not completing the case and plan for a follow-up is entered and signed by the faculty.

Verified by: \_\_\_\_\_ (faculty name/date)

Verification Form DEN1200/2300/2400

Student: \_\_\_\_\_ Clinic Advisor: \_\_\_\_\_

Patient #	Name:							E-chart #		Comments: (explain if Tx incomplete and add info in Incomplete Tracking Form, Pt shared – include student info, etc.)
Visit dates: (add each date)	Case Type (L, M, H)	Perio: Gingivitis or Stage/Grade	ASA	Age	Radiographs utilized			Radiographic review statement in e-chart Date/faculty	Initial Visit: Clinical Faculty Signature	
1										
2										
3										
4	Special Needs: select the category/categories (consult DDS as necessary)								Tx completed? YES / NO (explain in comments section) RECARE DATE (scheduled and noted in e-chart): _____	
5										
6										
7										

Patient #	Name:							E-chart #		Comments: (explain if Tx incomplete and add info in Incomplete Tracking Form, Pt shared – include student info, etc.)
Visit dates: (add each date)	Case Type (L, M, H)	Perio: Gingivitis or Stage/Grade	ASA	Age	Radiographs utilized			Radiographic review statement in e-chart Date/faculty	Initial Visit: Clinical Faculty Signature	
1										
2										
3										
4	Special Needs: select the category/categories (consult DDS as necessary)								Tx completed? YES / NO (explain in comments section) RECARE DATE (scheduled and noted in e-chart): _____	
5										
6										
7										

Patient #	Name:							E-chart #		Comments: (explain if Tx incomplete and add info in Incomplete Tracking Form, Pt shared – include student info, etc.)
Visit dates: (add each date)	Case Type (L, M, H)	Perio: Gingivitis or Stage/Grade	ASA	Age	Radiographs utilized			Radiographic review statement in e-chart Date/faculty	Initial Visit: Clinical Faculty Signature	
1										
2										
3										
4	Special Needs: select the category/categories (consult DDS as necessary)								Tx completed? YES / NO (explain in comments section) RECARE DATE (scheduled and noted in e-chart): _____	
5										
6										
7										



Student: \_\_\_\_\_ Clinic Advisor: \_\_\_\_\_

	Patients' Case Classifications		Total Visits
	Light:		
These numbers represent number of <b>exposures to patient case types</b> .  The total number has to be equal to number of clinical sessions when each student had a patient  <i>(excluding Pediatric Patients and Limited-Focus Visits)</i>	L/Healthy		
	L/gingivitis		
	L/stage I periodontitis		
	L/stage II		
	L/stage III		
	L/stage IV		
	Medium:		
	M/gingivitis		
	M/stage I periodontitis		
	M/stage II		
	M/stage III		
	M/stage IV		
	Heavy:		
	H/gingivitis		
	H/stage I periodontitis		
	H/stage II		
	H/stage III		
	H/stage IV		
	<b>Case Value/Perio Classification undetermined</b>		

	Patients' Characteristics		Total Number of Patients
	All patients seen <i>(# of patients)</i>	Age categories	12 years of age and younger
13-19 years of age			
20-40 years of age			
41-64 years of age			
65+ years of age			
These numbers represent exact number of patients seen <i>(completed and incomplete, excluding pediatric patients)</i>	Number of cases completed, with case values:	<b>Light</b>	
		<b>Medium</b>	
		<b>Heavy</b>	
	<b>Incomplete cases:</b>	# of patients incomplete	
	ASA classification	1	
		2	
		3	
	<b>Special Needs</b>	Medical (ASA3 or higher)	
		Physical disabilities/limitations	
		Psychological/behavioral issues	
Developmental/cognitive disabilities			
Vulnerable older adults (geriatric population)			
Number of radiographs utilized during the semester <i>(exposed and interpreted, or previously exposed and used)</i>	Radiographs Utilization		Number of radiographs/series
	Bitewing Radiographic series (H/V)		
	Full Mouth Series		
	Panoramic Radiographs		

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_



### Dental Hygiene Annual HIPAA Review – DEN1200/DEN2400

To gain and sustain knowledge of the Patients Privacy and Confidentiality in the dental clinical environment, all Dental Hygiene students must complete an annual HIPAA course at the start of the Spring semester in DEN1200 and DEN2400. The course is available here: <https://www.vivalearning.com/on-demand-dental-ce-course/hipaa-made-easy-for-healthcare-facilities-2023> and it includes:

- Electronics Transactions Standard
- Privacy Rule
- Security Rule
- Breach Notification Rule
- Enforcement Rule
- Omnibus Rule
- HITECH Amendment
- Hardware/software components
- Enforcement and penalties
- Inspections

Students must register for the account and complete the test to receive their certificates. Certificates must be saved in the following format: *First name.Last name-HIPAA-year*. Certificates must be submitted to the DEN1200/DEN2400 coordinators by the due date requested.

Failure to complete the annual HIPAA training will result in final course grade deduction as described in the courses syllabi. Students will not be able to treat patients in the CityTech Dental Hygiene clinic until the course is completed.



## New York City College of Technology

The City University of New York  
 285 Jay Street, Brooklyn, NY 11201-1909  
 Department of Dental Hygiene  
 Tel: 718.260.5074 • Fax: 718.260.5069  
 Email: [dentalhygiene@citytech.cuny.edu](mailto:dentalhygiene@citytech.cuny.edu)

### DENTAL HYGIENE PATIENT ACKNOWLEDGEMENT FORM

Date: \_\_\_\_\_

CityTech e-chart# \_\_\_\_\_

I, \_\_\_\_\_ (*last name, first name*), acknowledge that I have been informed of the following practices and procedures at the New York City College of Technology/Dental Hygiene Clinic:

- The NYCCT Dental Hygiene clinic is an **educational clinic**. Students are supervised and evaluated by faculty as they proceed through the patient assessment and treatment, and develop their skills.
- Patients are expected to be in the clinic for about 3 hours each visit.
- Multiple re-visit appointments may be required to complete your Dental Hygiene care, depending on the difficulty of the case and any additional assessments necessary.
- Additional assessments, such as x-rays, may be needed to determine if your care can be completed in our Dental Hygiene clinic.
- If the patient's medical or dental/periodontal condition is determined too complex for dental hygiene care in an educational setting, we will provide the referral and a comprehensive list of dental treatment facilities.
- Medical consultation and medical clearance may be required to ensure the safety of your treatment in our clinic.
- Patients are expected to **arrive on time** for appointments. Arriving late or missing an appointment impedes the students' educational progress.
- Patients who arrive late by more than 30 minutes or miss their appointments 2 times, will not be re-scheduled for further care. A referral for care and a comprehensive list of dental facilities will be provided.
- Upon completion of dental hygiene care, patients will be informed of their recommended recare interval, and they should contact the Dental Hygiene clinic to schedule the next recare appointment.

Patient signature: \_\_\_\_\_

Date: \_\_\_\_\_

Dental Hygiene student: \_\_\_\_\_ (*full name*)

Witness (DH faculty or staff): \_\_\_\_\_ (*name, signature*)

DEN1200 Calculus Detection / Plaque Index assessment

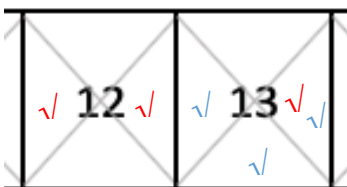
Student: \_\_\_\_\_

Date: \_\_\_\_\_ Patient \_\_\_\_\_

**M:** *clickable sub-calculus 12+ tooth surfaces, including 2 posterior teeth. or Stain on the cervical 1/3 of at least 12 tooth surfaces. or Significant supra-calculus on 12+ tooth surfaces, including 2 posterior teeth.*  
**H:** *clickable sub-calculus 16+ tooth surfaces, including at least 6 posterior teeth. or Medium criteria sub-calculus + stain on the cervical 1/3 of at least 12 tooth surfaces. or Medium criteria sub-calculus + significant supragingival calculus on 12+ tooth surfaces, including 2 posterior teeth.*

**Calculus/stain detection**

**Directions:**



1. Cross out missing teeth **in red**;
2. **Supragingival calculus:** using gauze, dry the tooth surface, detect supragingival calculus on each tooth surface (M,D,F,L). Add **blue checkmark** ✓ on the teeth/surfaces where it is found (see example);
3. **Subgingival calculus:** using 11/12 explorer, detect subgingival calculus on each tooth surface (M,D,F,L). Add **red checkmark** ✓ on the teeth/surfaces where it is found (see example)

Facial																	
Right	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Left
Lingual																	
Right	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	Left
Facial																	

4. Identify stains (circle) – use the criteria in the ‘Clinic Manual’  
Extrinsic: none | light | moderate | heavy      Location: Generalized | Localized
5. Based on calculus/stain assessment, according to the description in the ‘Clinic Manual’ and above, determine case value:      **L**      **M**      **H**
6. Faculty will check and assign the case value (circle above)
7. **FOR CALCULUS DETECTION EXAM ONLY:** faculty will assign quadrant; student will use graph above. Enter below the number of errors in detection:

<b>ACCURACY: detects calculus accurately (-2 points for each incorrect deposit)</b>		
Supragingival calculus detection	# of incorrect deposits:	Points off:
Subgingival calculus detection	# of incorrect deposits:	Points off:

Use Calculus Detection Exam e-form on iPad to evaluate TECHNIQUE; add information on points off for ACCURACY, if applicable.



# Classification at-a-Glance

## 2018 Classification of Periodontal and Peri-Implant Diseases and Conditions

### Periodontal Health, Gingival Diseases and Conditions

- Periodontal Health and Gingival Health
- Gingivitis: Dental Biofilm-Induced
- Gingival Diseases: Non-Dental Biofilm-Induced

### Periodontitis

- Necrotizing Periodontal Diseases
- Periodontitis
- Periodontitis as a Manifestation of Systemic Disease
- Periodontal Abscesses and Endodontic-Periodontal Lesions

### Periodontal Manifestations of Systemic Diseases and Developmental and Acquired Conditions

- Systemic Diseases or Conditions Affecting Periodontal Supporting Tissues
- Mucogingival Deformities and Conditions
- Traumatic Occlusal Forces
- Tooth- and Prosthesis-Related Factors

### Peri-Implant Diseases and Conditions

- Peri-Implant Health
- Peri-Implant Mucositis
- Peri-Implantitis
- Peri-Implant Soft and Hard Tissue Deficiencies



# Staging and Grading Periodontitis

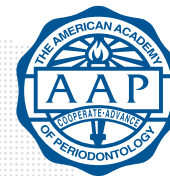
The 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions resulted in a new classification of periodontitis characterized by a multidimensional staging and grading system. The charts below provide an overview. Please visit [perio.org/2017wwdc](http://perio.org/2017wwdc) for the complete suite of reviews, case definition papers, and consensus reports.

## PERIODONTITIS: STAGING

**Staging intends to classify the severity and extent of a patient's disease based on the measurable amount of destroyed and/or damaged tissue as a result of periodontitis and to assess the specific factors that may attribute to the complexity of long-term case management.**

Initial stage should be determined using clinical attachment loss (CAL). If CAL is not available, radiographic bone loss (RBL) should be used. Tooth loss due to periodontitis may modify stage definition. One or more complexity factors may shift the stage to a higher level. See [perio.org/2017wwdc](http://perio.org/2017wwdc) for additional information.

	Periodontitis	Stage I	Stage II	Stage III	Stage IV
Severity	<b>Interdental CAL</b> (at site of greatest loss)	1 – 2 mm	3 – 4 mm	≥5 mm	≥5 mm
	<b>RBL</b>	Coronal third (<15%)	Coronal third (15% - 33%)	Extending to middle third of root and beyond	Extending to middle third of root and beyond
	<b>Tooth loss</b> (due to periodontitis)	No tooth loss		≤4 teeth	≥5 teeth
Complexity	<b>Local</b>	<ul style="list-style-type: none"> <li>Max. probing depth ≤4 mm</li> <li>Mostly horizontal bone loss</li> </ul>	<ul style="list-style-type: none"> <li>Max. probing depth ≤5 mm</li> <li>Mostly horizontal bone loss</li> </ul>	In addition to Stage II complexity: <ul style="list-style-type: none"> <li>Probing depths ≥6 mm</li> <li>Vertical bone loss ≥3 mm</li> <li>Furcation involvement Class II or III</li> <li>Moderate ridge defects</li> </ul>	In addition to Stage III complexity: <ul style="list-style-type: none"> <li>Need for complex rehabilitation due to:               <ul style="list-style-type: none"> <li>Masticatory dysfunction</li> <li>Secondary occlusal trauma (tooth mobility degree ≥2)</li> <li>Severe ridge defects</li> <li>Bite collapse, drifting, flaring</li> <li>&lt; 20 remaining teeth (10 opposing pairs)</li> </ul> </li> </ul>
Extent and distribution	<b>Add to stage as descriptor</b>	For each stage, describe extent as: <ul style="list-style-type: none"> <li>Localized (&lt;30% of teeth involved);</li> <li>Generalized; or</li> <li>Molar/incisor pattern</li> </ul>			



## PERIODONTITIS: GRADING




Grading aims to indicate the rate of periodontitis progression, responsiveness to standard therapy, and potential impact on systemic health.

Clinicians should initially assume grade B disease and seek specific evidence to shift to grade A or C.

See [perio.org/2017wwdc](http://perio.org/2017wwdc) for additional information.

	Progression		Grade A: Slow rate	Grade B: Moderate rate	Grade C: Rapid rate
<b>Primary criteria</b>  <i>Whenever available, direct evidence should be used.</i>	Direct evidence of progression	Radiographic bone loss or CAL	No loss over 5 years	<2 mm over 5 years	≥2 mm over 5 years
	Indirect evidence of progression	% bone loss / age	<0.25	0.25 to 1.0	>1.0
		Case phenotype	Heavy biofilm deposits with low levels of destruction	Destruction commensurate with biofilm deposits	Destruction exceeds expectations given biofilm deposits; specific clinical patterns suggestive of periods of rapid progression and/or early onset disease
<b>Grade modifiers</b>	Risk factors	Smoking	Non-smoker	<10 cigarettes/day	≥10 cigarettes/day
		Diabetes	Normoglycemic/no diagnosis of diabetes	HbA1c <7.0% in patients with diabetes	HbA1c ≥7.0% in patients with diabetes

## Clinic Redi-Reference Guide: INITIAL (NEW PATIENT)

1. Meet your patient and escort them to clinic with completed medical history.
  2. Seat patient, offer patient hand sanitizer and place bib. Document patient's info in the clinic binder and verification form.
  3. Review medical history and record in the space provided any medical conditions.
    - Any medications / supplements look up on Drugs.com app, review and document significant adverse oral effects and effects on dental treatment in the SOAP note.
    - Review the dental history and interview the patient about their oral care regimen and record the information under 'S' in the clinical note.
  4. Take vitals (blood pressure/pulse-use **left arm only**) and record the readings on the medical history form.
  5. Patient will rinse for 30 seconds with undiluted pre-procedural antiseptic rinse.
  6.  **Assigned faculty member reviews medical/dental history.**
    - a. introduce the faculty member to the patient
    - b. provide a **verbal summary** of the patient's medical/dental/social Hx, vital signs, ASA.
  7. Wash hands; place PPE\*. Open and slide the sterile instruments out of the bag. Put on gloves & set up instruments, sharpening tool and stick. (\*Remember gloves are the last item you put on before patient treatment and the first item you remove when treatment has ended).
  8. Use the Clinical Worksheet as your guide as you complete the assessments.
  9. Extra-oral/Intra-oral Exam: document variations of normal and any pathology found (ABCD-T)
  10.  **In DEN1200, assigned faculty member will review EO/IO and briefly screen for Beyond Scope** (extensive dental/periodontal problems, identify any areas student should avoid when doing dental/perio assessment). **In DEN2300/2400 faculty may permit student to proceed with next assessments (based on case complexity).**
  11. Dental Charting: entire dentition, class of occlusion, overjet/overbite
  12. Periodontal Charting: entire dentition (see Step-by-Step Guide to AAP-2018 assessment/classification)
    - Gingival assessment / statement of gingival inflammation
    - Measure/record recession (GM)
    - Probing depths (6 measurements each tooth)
    - Check /record for mobility/furcations
- NOTE: if 2 or more 7+mm PD found, call supervising faculty to screen for Beyond Scope of Practice Faculty will determine if radiographs are required and if the case is within DH scope of practice.**
13. Supragingival and subgingival calculus detection (Use calculus detection form – included in EOIO/calculus detection/PI form)
  14. Based on all assessments, draft Tx plan.
  15.  **Assigned faculty member will review dental, perio assessment data/calculus detection for accuracy and determine with the student AAP-2018 perio type and case value.**
  16. **Assigned faculty will review treatment plan draft. Student will explain it to the patient, obtain patient's informed consent. NOTE: faculty may advise if radiographs are required before Tx.**
  17. Disclose biofilm, calculate PI and record in the SOAP note. Think what you will teach (tooth brushing or interdental care) depending on the location, distribution and amount of biofilm. In DEN1200, complete **Individualized Home Care Plan form**. In DEN1200, 2300, 2400 - discuss home care plan with patient, record in the SOAP note.
  18. Student proceeds with treatment:
    - a. Home care with visual aids and demonstration in the mouth
    - b. Instrument debridement. Select appropriate instruments for case type.
    - c. **At the completion of the assigned area, faculty will evaluate for rescales.**
  19. Engine polishing and topical Fluoride application after completion of entire dentition debridement.
  20. Document in the SOAP note: Treatment provided including any pain management. Include self-care recommendations and referrals if necessary (medical/dental). At last appointment state the re-care interval.
  21. **Session documentation: review the electronic record including patient info, clinical notes, all documents scanned.**



## DEN1200: Revisit Appointment Sequence

1. Review the Medical/Dental history to see if any changes have occurred since their last visit and ask the following questions:
    - a. Any **new** medications, or **changes** in medications
    - b. If patient reported taking any medications on the initial visit ask:
      - Are they continuing to take it as prescribed?
      - Did they take their medications today as prescribed?
      - If patient has diabetes, additionally ask if they ate today and how long ago.
    - c. **Any recent changes** in health (hospitalizations, allergies – *these are unlikely to happen since the previous visit, but always ask. Do not record in chart unless there were changes*)
    - d. Are you currently under the care of a doctor
    - e. If referral for dental Tx was given on the previous visit: ask if the patient followed up with the dentist, what was the outcome; if not, ask why not, reinforce the importance to get the evaluation.
  2. It is not necessary to retake blood pressure and pulse unless the person:
    - a. Is a known to have hypertension
    - b. Had an elevated reading at the initial appointment
    - c. Has a history of cardiac disease
  3. Ask patient if they have tried to incorporate your oral hygiene instructions previously introduced into their oral homecare routine  
*Information from #1-3 will be recorded under 'S' (subjective) in the SOAP note*
  4. Perform a visual intra-oral inspection to see if any viral or aphthous ulcers or tissue trauma is evident.
  5. Re-evaluate the area previously scaled for tissue response and residual calculus and compose statements to be entered on the Clinical Worksheet/SOAP form; Re-evaluation of treatment. *(Using SOAP on electronic record- this info goes under "O")*
- STOP** **Ask faculty for check-in. Introduce faculty to patient and relay patient findings from your assessments. Please report complete information including:**
- Patient's name, age, ASA and vitals (if taken this visit)
  - Periodontal diagnosis and case value (if already determined)
  - Date of previous visit/s and what was done (what assessments or treatment AND home care introduced). If radiographs are available, please have them open and briefly describe findings.
  - How did patient respond to treatment and their follow-up on HC instruction.
6. After check-in disclose biofilm and perform a new plaque index making suggestions based upon the plaque score. Involve patient.
  7. Upon completion of oral hygiene instruction continue patient treatment according to treatment plan.

### REVIST Appointment electronic record entry should include:

1. Statement about the medical history review.
2. Statement about blood pressure if retaken.
3. Statement about intra oral inspection, if there are findings.
4. Statement about gingival tissue response to scaling.
5. Statement about any patient concerns.

1. Meet your patient and escort them to clinic with completed medical history **UPDATE form OR comprehensive medical history form if last one on record is 3 years or more OR** as requested by clinical dentist or supervising faculty.
  2. Seat patient, offer patient hand sanitizer. Document patient's info in the **student daily clinic binder and verification form**.
  3. **Review patient's previous: clinical notes, medical history, dental images, referrals.**
  4. Review medical history **update** and record in the space provided **any changes to medical health**.
    - **Current medications** / supplements look up on Drugs.com app, review and document significant adverse oral effects and effects on dental treatment in the SOAP note.
    - Review the dental history and interview the patient about their oral care regimen and record the information provided in the chart on clinical worksheet form.
  5. Take vitals (blood pressure/pulse-**use left arm only**) and record the readings on the medical history form.
  6. Patient will rinse for 30 seconds with undiluted pre-procedural antiseptic rinse.
  7. **STOP** **Assigned faculty member reviews medical/dental history.**
    - a. introduce the faculty member to the patient
    - b. provide a **verbal summary** of the medical/dental Hx including pt. age; tobacco use (form, frequency, duration of use); hospitalizations & medical conditions; current medications, vital signs, ASA.
  8. Wash hands; place PPE\* (over gown, mask, and glasses). Open and slide the sterile instruments out of the bag. Put on gloves & set up instruments, sharpening stone, and stick; place bib on patient. (**\*Remember gloves are the last item you put on before patient treatment and the first item you remove when treatment has ended.**)
  9. **Review patient's clinical notes and reevaluate previously exposed dental images (if applicable), document new radiographic statement. Radiographs should be opened on computer screen and utilized during assessments and treatment.**
  10. Complete the Clinical Worksheet as you complete the assessments.
  11. Extra oral/Intra oral Exam: Document variations of normal and any pathology found (ABCD-T)
  12. **STOP** **Assigned faculty member will review EO/IO and briefly screen for Beyond Scope** (extensive dental/periodontal problems, identify any areas student should avoid when doing dental/perio assessment).
  13. Dental Charting: **Reevaluate entire dentition and modify previous dental charting with new dental findings accordingly**, class of occlusion, overjet/overbite, **hard tissue summary**.
  14. Periodontal Charting: **Begin a new periodontal exam chart and re-probe** entire dentition (see Step-by-Step Guide to AAP-2018 assessment/classification).
    - Gingival assessment / statement of gingival inflammation
    - Measure/record recession (GM)
    - Probing depths with probe (6 measurements each tooth)
    - Check /record for mobility/furcations
- NOTE: if 2 or more 7+mm PD found, call supervising faculty to screen for Beyond Scope of Practice Faculty will determine if radiographs are required and if the case is within DH scope of practice.**
15. Supragingival and subgingival calculus detection (Use calculus detection form – included in EOIO/calculus detection/PI form)
  16. **STOP** **Assigned faculty member will review perio assessment data/calculus detection for accuracy and determine with the student AAP-2018 perio type and case value.**
  17. Based on all assessments, draft Tx plan.
  18. **STOP** **Assigned faculty member will support the development/reviews the treatment plan and then student explains it to the patient, obtains patient's informed consent. NOTE:** faculty may advise if radiographs are required before Tx.
  19. Disclose biofilm, calculate PI and record in the SOAP note. **Document whether PI improved since last dental hygiene visit.** Think what you will teach (tooth brushing or interdental care) depending on the location, distribution, and amount of biofilm. Develop **Individualized Home Care Plan**, discuss with faculty and patient, record in the SOAP note.
  20. Student proceeds with treatment:
    - a. Home care with visual aids and demonstration in the mouth
    - b. Instrument debridement. Select appropriate instruments for case type.
    - c. **At the completion of the assigned area, faculty will evaluate for rescales.**
  21. Engine polishing after completion of entire dentition debridement as determined by the faculty.
  22. Document in the SOAP note: Any treatment provided including any pain management. Include self-care recommendations and referrals if necessary (medical/dental). At last appointment state the re-care length.
  21. **Session documentation: review the electronic record including patient info, clinical notes, all documents scanned.**

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

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Type of Visit:  Initial exam  Recare  Revisit  Limited Focus Visit

SOAP CRITERIA

S

CC: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M / F / GN Ethnicity: \_\_\_\_\_  
 Medical Hx Interview: Vitals: BP \_\_\_\_\_ Pulse \_\_\_\_\_ ASA \_\_\_\_\_ Diabetes:  normoglycemic/no diabetes Dx  
 HbA1c<7.0  HbA1c = 7.0+  HbA1c unknown

Social Hx (alcohol, tobacco, drug): \_\_\_\_\_ If smoking:  <10 cigarettes/day  10+ cigarettes/day  
 Dental/Radiographic Hx: \_\_\_\_\_

Reported Oral Self-Care:

Toothbrush:  Powered/Type \_\_\_\_\_  Manual:  Soft  Med.  Hard Method \_\_\_\_\_ Frequency \_\_\_\_\_  
 Dentifrice:  OTC Brand \_\_\_\_\_  Whitening  Desensitizing  Other \_\_\_\_\_  
 Interdental Aid(s): \_\_\_\_\_ Frequency \_\_\_\_\_ Tongue Cleaner:  Yes  No  
 Oral Rinses: \_\_\_\_\_ Frequency \_\_\_\_\_

Clinical Oral Exam Summary:

EO/IO Findings: \_\_\_\_\_ Oral Piercings  Yes  No

Oral Pathology (ABCD\_T Format) \_\_\_\_\_

Summary Hard Tissue: (attrition, abrasion, erosion, abfraction) \_\_\_\_\_

Missing teeth (other than third molars and extracted during ortho Tx):  yes (number) \_\_\_\_\_  no

Gingival Assessment: (gingival appearance C/S/C/C/T & perio findings) \_\_\_\_\_

Calculus Detection (type/location/amount) \_\_\_\_\_

Biofilm/Plaque Score: \_\_\_\_\_ Case Value  L  M  H Stain  Light  Medium  Heavy

Radiographic Needs/Findings \_\_\_\_\_

<b>Dental Hygiene Diagnosis/Condition</b>		<b>What is Evidence for Disease/Condition? (Contributors to Disease/Condition)</b>	<b>Strategies to Improve or mitigate disease/condition</b>
		(from O - objective assessment findings)	P (planned interventions)
<b>A</b>	<b>Periodontal Status:</b> <input type="checkbox"/> Health <input type="checkbox"/> Gingivitis Severity: <input type="checkbox"/> minimal <input type="checkbox"/> moderate <input type="checkbox"/> severe Extent: <input type="checkbox"/> Localized <input type="checkbox"/> Generalized <input type="checkbox"/> Periodontitis Stage: I II III IV      Grade: A B C <input type="checkbox"/> Localized <input type="checkbox"/> Generalized <input type="checkbox"/> Molar/Incisor pattern		
	<b>Caries Status (activity/risk):</b>  <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High		
	<b>Other Diagnostic Conditions Noted:</b> <input type="checkbox"/> Dentinal Hypersensitivity <input type="checkbox"/> Xerostomia <input type="checkbox"/> Erosive tooth wear (ETW) <input type="checkbox"/> Abfraction <input type="checkbox"/> Mechanical Wear (attrition/abrasion)		
<b>P</b>	<b>Write in any areas of rescales identified:</b>	<b>P: Procedures Planned or Performed</b> <i>Treatment plan: add planned interventions (by visit) to Treatment Plan/Consent form</i> <u>What was accomplished today?</u>  <u>What is planned for next visit?</u>	

This form is a teaching tool to help students learn what is important to evaluate and how assessment data influences the type of care and the number of visits need to complete the Dental Hygiene phase of care. **At the completion of this patient care** appointment, when all documentation has been added to the patient clinical record, **this laminated form must be disinfected.**

<b>Medical Alert Condition:</b>	Allergy to:	<b>Premedication Needed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>BP:</b> _____ / _____ <b>Pulse:</b> _____ <b>bpm</b>	E-Chart Number:
---------------------------------	-------------	--	--	-----------------

**NEW YORK CITY COLLEGE OF TECHNOLOGY – HEALTH HISTORY FORM**

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M  F  X

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

If you are completing this form for another person, what is your relationship to that person? \_\_\_\_\_

**MEDICAL INFORMATION**

Are you in good health? **Yes No**

Has there been any change in your health within past year?

Do you have a Primary Care Provider/specialist?

Are you currently under the care of a physician?  
If yes, what is/are the condition(s) being treated?  
\_\_\_\_\_  
\_\_\_\_\_

Date of last physical examination/medical check-up: \_\_\_\_\_

Primary Care Provider/Specialist/Clinic: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check if your last medical check-up was outside of U.S.

Have you had any serious illness, operations, or been hospitalized within the past 5 years? **Yes No**

If yes, what was the problem?  
\_\_\_\_\_  
\_\_\_\_\_

Are you allergic to or have you had a reaction to? **Yes No**

Local or topical anesthetics (like “novocaine”)

Aspirin

Penicillin or other antibiotics

Sulfa drugs

Codeine or other narcotics

Latex

Iodine

Hay fever/seasonal

Food (specify) \_\_\_\_\_

Other (specify) \_\_\_\_\_

Metals (specify) \_\_\_\_\_

To yes responses, specify type of reaction.  
\_\_\_\_\_  
\_\_\_\_\_

Are you taking or have you recently taken any medicine(s) including non-prescription/OTC/supplements? **Yes No**

If yes, what medicine(s) are you taking?

Name	Condition	Dosage	How long
Prescribed: _____			
_____			
_____			
_____			

Non-Prescription (OTC): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vitamins, natural or herbal preparations and/or diet supplements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you consume alcohol regularly? **Yes No**

If yes, how much? \_\_\_\_\_ How often? \_\_\_\_\_

Do you use drugs or other substances for recreational purposes?

If yes, please list: \_\_\_\_\_

Frequency of use (daily, weekly, etc.): \_\_\_\_\_

Do you use tobacco (smoking/vaping, snuff, chewing)?

If yes, for how long have you been using tobacco? \_\_\_\_\_  
If yes, how interested are you in stopping?  
(circle one): Very / Somewhat / Not interested

Have you had an orthopedic total joint replacement?\*(hip, knee, elbow)

If yes, when was this operation done? \_\_\_\_\_  
\_\_\_\_\_

Has a physician or dentist recommended that you take antibiotics prior to your dental treatment?

If yes, what antibiotic and dose? \_\_\_\_\_

Name of physician or dentist: \_\_\_\_\_

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

**WOMEN ONLY**

Are you or could you be pregnant?

Taking birth control pills or hormonal replacement?

Please complete both sides



Place an "X" to indicate if you have or have not had any of the following diseases or problems

	Yes	No		Yes	No
Abnormal bleeding	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia*	<input type="checkbox"/>	<input type="checkbox"/>
AIDS or HIV infection	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Anemia	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent infections	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis/ Rheumatoid arthritis	<input type="checkbox"/>	<input type="checkbox"/>	If yes, indicate type of infection _____		
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Kidney problems	<input type="checkbox"/>	<input type="checkbox"/>
Blood transfusion. If yes, date: _____	<input type="checkbox"/>	<input type="checkbox"/>	Mental health disorders. If yes, specify _____	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/chemotherapy/radiation treatment	<input type="checkbox"/>	<input type="checkbox"/>	Night sweats	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular disease. If yes, specify below:	<input type="checkbox"/>	<input type="checkbox"/>	Neurological disorders. If yes, specify _____		
___ Angina			Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>
___ High Cholesterol			Persistent swollen glands in neck	<input type="checkbox"/>	<input type="checkbox"/>
___ Artificial heart valves*			Respiratory problems. If yes, specify below:	<input type="checkbox"/>	<input type="checkbox"/>
___ Congenital heart defects*			___ Emphysema    ___ Bronchitis, etc.		
___ Congestive heart failure*			Severe headaches, migraines	<input type="checkbox"/>	<input type="checkbox"/>
___ Coronary heart disease*			Severe or rapid weight loss	<input type="checkbox"/>	<input type="checkbox"/>
___ Damaged heart valves*			Sexually transmitted disease	<input type="checkbox"/>	<input type="checkbox"/>
Chest pain upon exertion	<input type="checkbox"/>	<input type="checkbox"/>	Sinus trouble	<input type="checkbox"/>	<input type="checkbox"/>
Chronic pain	<input type="checkbox"/>	<input type="checkbox"/>	Sleep disorder	<input type="checkbox"/>	<input type="checkbox"/>
Disease, drug or radiation-induced immunosuppression	<input type="checkbox"/>	<input type="checkbox"/>	Systemic lupus erythematosus	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes. If yes, specify below:	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis*	<input type="checkbox"/>	<input type="checkbox"/>
___ Type I (Insulin dependent)			Thyroid problems	<input type="checkbox"/>	<input type="checkbox"/>
___ Type II <b>Most Recent HbA1c Value:</b> _____			Ulcers	<input type="checkbox"/>	<input type="checkbox"/>
Eating disorder. If yes, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	Excessive urination	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy *	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any disease, condition or problem not listed above that you think we should know about?	<input type="checkbox"/>	<input type="checkbox"/>
Fainting spells or seizures	<input type="checkbox"/>	<input type="checkbox"/>			
Gastrointestinal disease	<input type="checkbox"/>	<input type="checkbox"/>	<u>Please explain:</u> _____		
G.E. Reflux/persistent heartburn	<input type="checkbox"/>	<input type="checkbox"/>	_____		
Glaucoma	<input type="checkbox"/>	<input type="checkbox"/>	_____		

**\*Require faculty DDS consultation**

**DENTAL INFORMATION**

	Yes	No	
Do your gums bleed when you brush?	<input type="checkbox"/>	<input type="checkbox"/>	How would you describe your current dental health? _____
Do you have dry mouth?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you had orthodontic treatment (braces/alignments)?	<input type="checkbox"/>	<input type="checkbox"/>	Date of your last dental check-up: _____
Are your teeth sensitive to cold, hot, sweets or pressure?	<input type="checkbox"/>	<input type="checkbox"/>	What treatment was done at that time? _____
Do you have earaches or neck pains?	<input type="checkbox"/>	<input type="checkbox"/>	Date of your last oral hygiene services: _____
Do you have dental implants?	<input type="checkbox"/>	<input type="checkbox"/>	Date of last dental x-rays: _____ #of images? _____
Have you had any periodontal (gum) treatments?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any additional concerns? _____
Do you wear removable dental appliances?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you experience bad breath?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you had a serious/difficult problem associated with any previous dental treatment?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, explain _____			
_____			

I certify that I have read, understand and completed this medical history form. It is accurate to the best of my knowledge. I will not hold New York City College of Technology, the Dental Hygiene Department or its' students responsible for any action they take or do not take because of errors of omission that I may have made when completing this medical history form.

I have received the "Notice of Privacy Practice/Bloodborne Pathogen Policy" for the Dental Hygiene Department. I understand that this notice describes how medical/dental information about me may be used and disclosed and how I can get access to this information. I consent to having a dental hygiene examination.

PATIENT or LEGAL GUARDIAN SIGNATURE (sign in clinic) DATE

Significant findings from oral interview: ASA:

Student ( ) Instructor ( ) Date

NYCCT MEDICAL HISTORY UPDATE & IMPLIED CONSENT FOR RECARE PATIENT

Date: \_\_\_\_\_

Patient Name (last, first): \_\_\_\_\_ E-chart# \_\_\_\_\_

Primary Care MD/Facility: \_\_\_\_\_ Phone #: \_\_\_\_\_

Vitals: \_\_\_\_\_

Most recent medical exam (date): \_\_\_\_\_

Recent hospitalizations (date/s): \_\_\_\_\_

Reason/s for hospitalization (if applicable) \_\_\_\_\_

List any changes in general health (since your last visit):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Current Medications	Prescribed by	Reason	Dosage (Amt./Frequency)

I certify that I have read, understood and completed this medical history update form. It is accurate to the best of my knowledge. I will not hold New York City College of Technology, the Dental Hygiene Department or its students responsible for any action they take or do not take because of errors of omission that I may have made when completing this medical history update form.

By signing this form I have understood the above statements and I agree to have a dental hygiene examination.

PATIENT or LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Significant findings from oral interview: \_\_\_\_\_ ASA: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Dental Hygiene Student Name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Instructor Signature

\_\_\_\_\_  
 Date



NEW YORK CITY COLLEGE OF TECHNOLOGY  
The City University of New York  
Dental Hygiene Clinic  
285 Jay Street, Brooklyn, NY 11201  
718 260-5074

### Bloodborne Pathogen Policy

The Dental Hygiene Department of New York City College of Technology is dedicated to addressing the concerns and issues related to Bloodborne pathogens. These pathogens include but are not limited to Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and Hepatitis C Virus (HCV). This commitment focuses on the needs of the individual as well as the community at large. The purpose of this policy is to minimize the risk of transmission from an infected healthcare worker or student to a patient. New York State regulations mandate that the licensed healthcare facility is responsible for ensuring that health care providers and students do not have physical conditions resulting from infection with a bloodborne pathogen which could potentially interfere with clinical care or create a health risk for patients. The Dental Hygiene Department realizes that this knowledge is being updated and continues to change. The policy will be reviewed annually to maintain currency and changes will be made as appropriate.

Infection Control Procedures: All health care providers, staff, and students are required to follow "Standard Precautions". This is the practice and procedures set forth in the Centers for Disease Control and Prevention and reviewed [here](#).

HBV Immunization: Department policy states that all Faculty, staff and students are to be immunized for HBV. All CityTech Dental Hygiene faculty, staff, and students are encouraged to be immunized for HBV. Those faculty, staff or students who decline to be vaccinated are required to sign a declination form.

HIV Testing: Testing of faculty, staff and students for HIV is not required. It is recommended that all healthcare providers are tested voluntarily to know their HIV status.

Obligation to Report: A healthcare worker or student infected with HIV, HBV or HCV or other bloodborne pathogen is not required to inform patients.

Confidentiality: All information concerning the health status of a health care worker or student infected by a bloodborne pathogen shall be disclosed only in accordance with applicable federal, state and local laws and regulations, including [Article 27-f](#) of the New York State Public Health Law and its regulations concerning HIV and AIDS-related Information.

Enforcement of Practice Limitations or Modifications: Any CityTech Dental Hygiene faculty, staff, or student who engages in unsafe and/or careless clinical practices, which create risks to the health of patients, employees, or students, may be subject to disciplinary action.

Exposure to Bloodborne Pathogens: Faculty, staff or students who are exposed to a bloodborne pathogen in the course of their work The New York City College of Technology Department of Dental Hygiene are expected to follow the procedures set forth in the Bloodborne Pathogen Exposure Control Program. Patients who have been exposed to Bloodborne pathogens while being treated at the clinic shall be referred for counseling and testing. Results from such testing shall be disclosed only in accordance with applicable federal and state laws.

Please follow the [link](#) for more information.

Bloodborne Pathogen and Infection Control Training: CityTech Dental Hygiene program complies with all local, state, and federal Infection control policies. Written policies and instruction on infection protocols is provided in courses throughout the curriculum. Compliance with safety practices is also evaluated throughout the student's clinical experience to ensure a safe educational and work environment.



## Blood Pressure Categories and Clinical Actions Sheet

Exhibit 24

Blood Pressure Category	Systolic mm Hg		Diastolic mm Hg	Action
<b>Normal</b>	≤ 120	<b>AND</b>	≤ 79	No action required. Remeasure BP at next RECARE visit.
<b>Elevated</b>	120 - 129	<b>AND</b>	≤ 79	Inform patient. No re-measure required during visit. Re-measure and record BP at all subsequent revisit appointments. May continue with all assessments and planned treatment. Referral not required.
<b>Hypertension Stage 1</b>	130 - 139	<b>AND/OR</b>	80 - 89	Inform patient. No re-measure required during visit. Re-measure BP at all subsequent revisit appointments. May continue with all assessments and planned treatment. Provide <b>General Referral form</b> ( <i>also used for dental/periodontal and other conditions referral</i> )
<b>Hypertension Stage 2</b>	140 - 159	<b>AND/OR</b>	90 - 99	Inform patient. Re-measure BP <b>with Faculty supervision</b> within 5 min of first reading for accuracy, and at all subsequent REVISIT appointments. May continue with non-invasive assessments, re-measure BP after assessments (EO/IO, dental, radiographs) and continue with perio charting and treatment at the discretion of DDS. <b>Provide patient with Hypertension Stage 2 BP referral form.</b>
<b>Hypertension Stage 2</b>	160 - 179	<b>AND/OR</b>	100 - 119	Inform patient. Re-measure BP with Faculty supervision within 5 min of first reading for accuracy. If BP 2 <sup>nd</sup> reading falls below 160 and/or 100, may continue with non-invasive assessments – <i>see action above</i> . If BP remains 160 and or 100 or higher, dismiss patient. <b>Provide patient with Hypertension Stage 2 BP referral form. <u>REQUIRES MEDICAL CLEARANCE TO RETURN TO DH CLINIC.</u></b>
<b>Hypertensive Crisis</b>	≥ 180	<b>AND/OR</b>	≥ 120	Inform patient. Remeasure BP with Faculty supervision within 5 min of first reading for accuracy. <b>NO ASSESSMENTS OR TREATMENT. PROVIDE BP CRISIS FORM and FOLLOW PROCEDURES DELINEATED ON FORM. <u>REQUIRES MEDICAL CLEARANCE TO RETURN TO DH CLINIC.</u></b>

**Take BP 10-15 min after patient is seated in cubicle. Initial and subsequent BP measurements must be taken according to protocol. Patient seated with feet flat on floor, correct sized cuff placed accurately, and no speaking during BP intake.**

DEN1200

**Extra-Oral / Intra-Oral Assessment**

<p><b>Extra-Oral findings</b>  <input type="checkbox"/> WNL</p>	<p><u>Description of findings (for lesions use ABCD-T format):</u></p>
<p><b>Intra-Oral findings</b>  <input type="checkbox"/> WNL</p>	<p><u>Description of findings (for lesions use ABCD-T format):</u></p>

**Class of Occlusion:** Right:  I  II  III Left:  I  II  III  Skeletal

**Overjet (mm)** \_\_\_\_\_ **Overbite (%)** \_\_\_\_\_

Indicate Tooth/Teeth numbers:

- Abrasion: \_\_\_\_\_  Abfraction: \_\_\_\_\_  
 Attrition: \_\_\_\_\_  Erosion: \_\_\_\_\_

**Caries activity/risk (modified for DEN1200 from AAPD Caries Risk Assessment Tool)**

<input type="checkbox"/> Low caries activity/risk	<input type="checkbox"/> Moderate caries activity/risk	<input type="checkbox"/> High caries activity/risk
<ul style="list-style-type: none"> <li>• <u>no carious lesions</u> present clinically or radiographically</li> <li>• <u>no enamel demineralization</u> (enamel caries "white spot lesions")</li> </ul>	<ul style="list-style-type: none"> <li>• <u>history of caries</u> – presence of fillings, crowns, bridges, or missing teeth <b>but no active carious lesions</b> present</li> <li>• <u>enamel demineralization</u> present in 1-2 areas</li> </ul>	<ul style="list-style-type: none"> <li>• active caries lesions present clinically or radiographically</li> <li>• more than 2 areas of enamel demineralization</li> <li>• orthodontic appliances (bands/brackets, space maintainers, attached retainers such as bars, wires)</li> </ul>

NOTES:

**Dental Assessment:** cross out missing teeth, add caries, fractures, restorations (crowns, pontics, fillings – amalgam/composite) with surfaces M/D/O/F/L or a combination such as MO, DOL, etc). Faculty will check and then you will add this info to e-chart

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Lingual															
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

NOTES:

## Caries Risk Assessment Form (Age &gt;6)

Patient Name:

Birth Date:

Date:

Age:

Initials:

		Low Risk	Moderate Risk	High Risk
<b>Contributing Conditions</b>		<b>Check or Circle the conditions that apply</b>		
I.	<b>Fluoride Exposure</b> (through drinking water, supplements, professional applications, toothpaste)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
II.	<b>Sugary Foods or Drinks</b> (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	<b>Primarily at mealtimes</b> <input type="checkbox"/>		<b>Frequent or prolonged between meal exposures/day</b> <input type="checkbox"/>
III.	<b>Caries Experience of Mother, Caregiver and/or other Siblings</b> (for patients ages 6-14)	<b>No carious lesions in last 24 months</b> <input type="checkbox"/>	<b>Carious lesions in last 7-23 months</b> <input type="checkbox"/>	<b>Carious lesions in last 6 months</b> <input type="checkbox"/>
IV.	<b>Dental Home:</b> established patient of record, receiving regular dental care in a dental office	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>General Health Conditions</b>		<b>Check or Circle the conditions that apply</b>		
I.	<b>Special Health Care Needs</b> (developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers)	<input type="checkbox"/> No	<b>Yes (over age 14)</b> <input type="checkbox"/>	<b>Yes (ages 6-14)</b> <input type="checkbox"/>
II.	<b>Chemo/Radiation Therapy</b>	<input type="checkbox"/> No		<input type="checkbox"/> Yes
III.	<b>Eating Disorders</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
IV.	<b>Medications that Reduce Salivary Flow</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
V.	<b>Drug/Alcohol Abuse</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
<b>Clinical Conditions</b>		<b>Check or Circle the conditions that apply</b>		
I.	<b>Cavitated or Non-Cavitated</b> (incipient) <b>Carious Lesions or Restorations</b> (visually or radiographically evident)	<b>No new carious lesions or restorations in last 36 months</b> <input type="checkbox"/>	<b>1 or 2 new carious lesions or restorations in last 36 months</b> <input type="checkbox"/>	<b>3 or more carious lesions or restorations in last 36 months</b> <input type="checkbox"/>
II.	<b>Teeth Missing Due to Caries in past 36 months</b>	<input type="checkbox"/> No		<input type="checkbox"/> Yes
III.	<b>Visible Plaque</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
IV.	<b>Unusual Tooth Morphology</b> that compromises oral hygiene	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
V.	<b>Interproximal Restorations - 1 or more</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VI.	<b>Exposed Root Surfaces Present</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VII.	<b>Restorations with Overhangs and/or Open Margins; Open Contacts</b> with Food Impaction	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VIII.	<b>Dental/Orthodontic Appliances</b> (fixed or removable)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
IX.	<b>Severe Dry Mouth (Xerostomia)</b>	<input type="checkbox"/> No		<input type="checkbox"/> Yes

Overall assessment of dental caries risk:

 Low Moderate High

Patient Instructions:

## Caries Risk Assessment Form (Age >6)

Circle or check the boxes of the conditions that apply. Low Risk = only conditions in "Low Risk" column present; Moderate Risk = only conditions in "Low" and/or "Moderate Risk" columns present; High Risk = one or more conditions in the "High Risk" column present.

The clinical judgment of the dentist may justify a change of the patient's risk level (increased or decreased) based on review of this form and other pertinent information. For example, missing teeth may not be regarded as high risk for a follow up patient; or other risk factors not listed may be present.

The assessment cannot address every aspect of a patient's health, and should not be used as a replacement for the dentist's inquiry and judgment. Additional or more focused assessment may be appropriate for patients with specific health concerns. As with other forms, this assessment may be only a starting point for evaluating the patient's health status.

*This is a tool provided for the use of ADA members. It is based on the opinion of experts who utilized the most up-to-date scientific information available. The ADA plans to periodically update this tool based on: 1) member feedback regarding its usefulness, and; 2) advances in science. ADA member-users are encouraged to share their opinions regarding this tool with the Council on Dental Practice.*

### Signatures

Patient, Parent or Guardian

---

Student

---

Faculty Advisor

---

Patient: \_\_\_\_\_ DEN1200/2300/2400 PROPOSED TREATMENT PLAN - INFORMED CONSENT Student: \_\_\_\_\_

*Form to be completed, signed, and scanned into the patient's e-chart AFTER all assessments are completed, then shredded.*

<p><b>Visit 1 (post-assessment):</b> _____ (Date)</p> <p><b>Patient Education:</b> <input type="checkbox"/> Individualized OHI plan will be developed and introduced after PI</p> <p><b>Radiographs:</b> <input type="checkbox"/> FMS <input type="checkbox"/> BWS (V/H) <input type="checkbox"/> Pan</p> <p><b>Debridement:</b> <input type="checkbox"/> Hand <input type="checkbox"/> Ultrasonic <input type="checkbox"/> GBT (2300/2400) <input type="checkbox"/> Teeth # _____ <input type="checkbox"/> Quadrant(s) _____ <input type="checkbox"/> Whole Mouth</p> <p><b>Pain Management:</b> <input type="checkbox"/> Topical <input type="checkbox"/> Oraqix <input type="checkbox"/> Local Anesthesia</p> <p><input type="checkbox"/> Engine Polishing</p> <p><b>Preventive services:</b> <input type="checkbox"/> Topical Fluoride: _____ (method/type)</p> <p><input type="checkbox"/> CAMBRA (DEN2300/2400)</p> <p><b>Other services (DEN2300/2400):</b> <input type="checkbox"/> Impressions <input type="checkbox"/> Sealants _____</p> <p><b>Referrals:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If Yes, write in the reason:</b> <input type="checkbox"/> Caries <input type="checkbox"/> Periodontal disease <input type="checkbox"/> Other: _____</p>	<p><b>Visit 2:</b> _____ (Date, if unknown write TBD)</p> <p><b>Patient Education:</b> <input type="checkbox"/> PI <input type="checkbox"/> Follow individualized OHI plan</p> <p><b>Radiographs:</b> <input type="checkbox"/> FMS <input type="checkbox"/> BWS (V/H) <input type="checkbox"/> Pan</p> <p><b>Debridement:</b> <input type="checkbox"/> Hand <input type="checkbox"/> Ultrasonic <input type="checkbox"/> GBT (2300/2400) <input type="checkbox"/> Teeth # _____ <input type="checkbox"/> Quadrant(s) _____ <input type="checkbox"/> Whole Mouth</p> <p><b>Pain Management:</b> <input type="checkbox"/> Topical <input type="checkbox"/> Oraqix <input type="checkbox"/> Local Anesthesia</p> <p><input type="checkbox"/> Engine Polishing</p> <p><b>Preventive services:</b> <input type="checkbox"/> Topical Fluoride: _____ (method/type)</p> <p><input type="checkbox"/> CAMBRA (DEN2300/2400)</p> <p><b>Other services (DEN2300/2400):</b> <input type="checkbox"/> Impressions <input type="checkbox"/> Sealants _____</p> <p><b>Referrals:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If Yes, write in the reason:</b> <input type="checkbox"/> Caries <input type="checkbox"/> Periodontal disease <input type="checkbox"/> Other: _____</p>	<p><b>Visit 3:</b> _____ (Date, if unknown write TBD)</p> <p><b>Patient Education:</b> <input type="checkbox"/> PI <input type="checkbox"/> Follow individualized OHI plan</p> <p><b>Radiographs:</b> <input type="checkbox"/> FMS <input type="checkbox"/> BWS (V/H) <input type="checkbox"/> Pan</p> <p><b>Debridement:</b> <input type="checkbox"/> Hand <input type="checkbox"/> Ultrasonic <input type="checkbox"/> GBT (2300/2400) <input type="checkbox"/> Teeth # _____ <input type="checkbox"/> Quadrant(s) _____ <input type="checkbox"/> Whole Mouth</p> <p><b>Pain Management:</b> <input type="checkbox"/> Topical <input type="checkbox"/> Oraqix <input type="checkbox"/> Local Anesthesia</p> <p><input type="checkbox"/> Engine Polishing</p> <p><b>Preventive services:</b> <input type="checkbox"/> Topical Fluoride: _____ (method/type)</p> <p><input type="checkbox"/> CAMBRA (DEN2300/2400)</p> <p><b>Other services (DEN2300/2400):</b> <input type="checkbox"/> Impressions <input type="checkbox"/> Sealants _____</p> <p><b>Referrals:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If Yes, write in the reason:</b> <input type="checkbox"/> Caries <input type="checkbox"/> Periodontal disease <input type="checkbox"/> Other: _____</p>	<p><b>Visit 4:</b> _____ (Date, if unknown write TBD)</p> <p><b>Patient Education:</b> <input type="checkbox"/> PI <input type="checkbox"/> Follow individualized OHI plan</p> <p><b>Radiographs:</b> <input type="checkbox"/> FMS <input type="checkbox"/> BWS (V/H) <input type="checkbox"/> Pan</p> <p><b>Debridement:</b> <input type="checkbox"/> Hand <input type="checkbox"/> Ultrasonic <input type="checkbox"/> GBT (2300/2400) <input type="checkbox"/> Teeth # _____ <input type="checkbox"/> Quadrant(s) _____ <input type="checkbox"/> Whole Mouth</p> <p><b>Pain Management:</b> <input type="checkbox"/> Topical <input type="checkbox"/> Oraqix <input type="checkbox"/> Local Anesthesia</p> <p><input type="checkbox"/> Engine Polishing</p> <p><b>Preventive services:</b> <input type="checkbox"/> Topical Fluoride: _____ (method/type)</p> <p><input type="checkbox"/> CAMBRA (DEN2300/2400)</p> <p><b>Other services (DEN2300/2400):</b> <input type="checkbox"/> Impressions <input type="checkbox"/> Sealants _____</p> <p><b>Referrals:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If Yes, write in the reason:</b> <input type="checkbox"/> Caries <input type="checkbox"/> Periodontal disease <input type="checkbox"/> Other: _____</p>
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The findings of my assessments were explained to me. I authorize my dental hygiene student-clinician to perform the procedures delineated in the treatment recommendations above and I understand that modifications to care and photographs may be required based on my individual needs. The nature, purpose, timing, and cost of these procedures, available treatment alternatives, and the advantages and disadvantages of each, including no treatment, were discussed with my student-clinician and/or clinical faculty supervisor. I understand that additional treatment and/or referrals may be deemed appropriate in order to manage my oral condition. I understand that the dental hygiene clinic has the right to discontinue treatment and deny appointment scheduling after (2) missed appointments within the academic semester. In this event, I will be provided with a list of regional hospitals/clinics for continuation of care. I have read and understand the above statement and all my questions concerning my treatment have been satisfactorily answered.

\_\_\_\_\_  
Patient/Guardian

\_\_\_\_\_  
Student (PRINT NAME)

\_\_\_\_\_  
Attending Faculty

\_\_\_\_\_  
Date



**NYCCT Dental Hygiene Patient Care Clinic  
Pediatric Medical and Dental History Form**  
285 Jay Street, Brooklyn, NY, 11201 - 7th Floor  
(718) 260-5074

***Patient Information and Medical/Dental History to be completed by Parent or Guardian***

Patient Name: _____		Date of Birth: _____	Age: _____
Last	First		
Address: _____			
Street	City	State	Zip code
Parent/Guardian Name: _____		Tel.#: _____	
Last	First		
Parent/Guardian Email: _____		School: _____	
		(If applicable)	

Is your child being treated by a physician at this time? YES/NO      If yes, explain \_\_\_\_\_

Is your child currently taking any medication? YES/NO      If yes, please list medication(s): \_\_\_\_\_

Is your child allergic to any food or medicine? YES/NO      List all allergies and severity: \_\_\_\_\_

Does your child require an EpiPen for allergic reactions? YES/NO      If yes, when was the last time it was used: \_\_\_\_\_

Is your child up to date on all immunizations? YES/NO

**Has your child ever had any of the following conditions. Please check all that apply.**

<input type="checkbox"/> Asthma	<input type="checkbox"/> Sinus Problems
<input type="checkbox"/> Cancer	<input type="checkbox"/> Seizures
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Gastrointestinal issues	<input type="checkbox"/> Sensory issues (vision/hearing)
<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Neuro-behavioral issues (ADHD, Anxiety, Autism, OCD)
<input type="checkbox"/> Other, please specify: _____	

**Consent for Dental Care and Release**

I give consent for my child (name) \_\_\_\_\_ to have an oral examination, dental cleaning, application of topical fluoride, and/or sealants in the Dental Hygiene Clinic of New York City College of Technology. I understand these services will be performed by a dental hygiene student under the supervision of a licensed dental hygienist or dentist, and I release New York City College of Technology any responsibility in connection with any of these rendered services. In addition, the information I have given in this medical history is accurate.

Parent/Guardian Signature

Print Name

Date



**NYCCT Dental Hygiene Patient Care Clinic**  
**Pediatric Medical and Dental History Form**  
 285 Jay Street, Brooklyn, NY, 11201 - 7th Floor  
 (718) 260-5074

*This section to be completed during dental hygiene visit*

Oral Inspection	WNL	Significant Findings	Oral Inspection	WNL	Significant Findings
Head			Hard Palate		
Face			Tonsil Area		
Neck			Tongue		
Lips			Sublingual Area		
TMJ			Floor of the Mouth		
Labial & Buccal Mucosa			Gingiva		
Mucobuccal folds			Teeth		
Retromolar Areas			Occlusion		
Frena			Plaque	L/M/H	
Soft Palate			Calculus supra/sub	L/M/H	

Circle all permanent and primary teeth present in the mouth Indicate existing restorations in <b>BLUE</b> Indicate carious lesions in <b>RED</b>	Dental hygiene care provided
	<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Scaling <input type="checkbox"/> Fluoride (type/time of application) <hr/> <input type="checkbox"/> Sealant(s) (specify) <hr/> <input type="checkbox"/> OHI (specify) <hr/>

Continued care recommended: YES/NO

Referral provided: YES/NO    If yes, specify: \_\_\_\_\_

Dental Hygiene Recare:

- 3 months
- 6 months

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

Print Name

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

Print Name





**Dental Hygiene Blood Pressure Guidelines for Clinical Sessions:**  
**Patient with Hypertension STAGE 2** (original to the patient and scan a copy in the e-chart)

Patient: \_\_\_\_\_ E-chart#: \_\_\_\_\_

As part of the patient assessment for Dental Hygiene services, blood pressure screening is performed. For many people, the early stages of hypertension occur without any clinical symptoms, but the chronic elevation of the blood pressure maybe causing damage to important organs in your body. This is why blood pressure screening is so important.

The most current American Heart Association blood pressure guidelines 2017 are:

# Blood Pressure Categories



BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 – 129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130 – 139	or	80 – 89
<b>HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2</b>	<b>140 OR HIGHER</b>	or	<b>90 OR HIGHER</b>
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120



During the blood pressure screening today, your 1<sup>st</sup> reading was: \_\_\_\_\_ using the left arm (Time: \_\_\_\_\_)

The 2<sup>nd</sup> reading was: \_\_\_\_\_ using the left arm (Time: \_\_\_\_\_)

**This form is advising you your blood pressure is high today and requires a medical evaluation by a physician.** Please see your physician or go to an Urgent care to be evaluated for hypertension.

DH Faculty \_\_\_\_\_ Date: \_\_\_\_\_

**Patient's acknowledgement:** \_\_\_\_\_

*Info below is to be completed only if HBP readings warrant medical clearance:*

Since your B/P was 160 or higher systolic **and/or** 100 or higher diastolic, **MEDICAL CLEARANCE** is required before you return for Dental Hygiene Treatment. You may return to the CityTech DH clinic for Dental Hygiene care **after** you have been evaluated for hypertension and bring a note of medical clearance from your medical provider.

Medical clearance request provided. **Patient's acknowledgement:** \_\_\_\_\_

DH Faculty \_\_\_\_\_ Date: \_\_\_\_\_



Hypertensive Crisis (original to the patient/scan a copy in the e-chart)

Patient: \_\_\_\_\_ E-chart#: \_\_\_\_\_

As part of the patient assessment for Dental Hygiene services, blood pressure screening is performed. For many people, the early stages of hypertension occur without any clinical symptoms, but the chronic elevation of the blood pressure maybe causing damage to important organs in your body. This is why blood pressure screening is so important. The most current American Heart Association blood pressure guidelines 2017 are:

Blood Pressure Categories



BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 – 129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130 – 139	or	80 – 89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
<b>HYPERTENSIVE CRISIS (consult your doctor immediately)</b>	<b>HIGHER THAN 180</b>	<b>and/or</b>	<b>HIGHER THAN 120</b>



During the blood pressure screening today \_\_\_\_\_ (date), your 1<sup>st</sup> reading was: \_\_\_\_\_ using the left arm (Time: \_\_\_\_\_).

The 2<sup>nd</sup> reading was: \_\_\_\_\_ using the left arm (Time: \_\_\_\_\_).

Your above readings are classified as **Hypertensive Crisis**. **Hypertensive Crisis requires immediate evaluation by your physician or an Urgent medical care**. To support you being evaluated immediately, the CityTech faculty can take the following action, with your consent:

- Call your physician’s office to inform them of your B/P reading and suggested guidance
- Call an ambulance to take you to a hospital emergency room
- Call a car service to take you to 

Brooklyn Heights Urgent Care (646) 847-2335  
135 Montague Street, Brooklyn, NY 11201
- I am refusing all of the above options and will leave on my own accord

**MEDICAL CLEARANCE is required** before you return for your Dental Hygiene care. You may return to the CityTech DH clinic for Dental Hygiene care **after** you have been evaluated for hypertension and bring a note of medical clearance from your medical provider.

The urgency of my blood pressure has been explained to me: \_\_\_\_\_

Patient signature

Supervising CityTech Faculty: \_\_\_\_\_ (signature and print name)

Date: \_\_\_\_\_



**New York City College of Technology**

285 Jay Street, Brooklyn, NY 11201-1909

Department of Dental Hygiene

Tel: 718.260.5074 • Fax: 718.260.5069

Email: [dentalhygiene@citytech.cuny.edu](mailto:dentalhygiene@citytech.cuny.edu)

**Medical Clearance Form**

Date: \_\_\_\_\_

Patient's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**Our mutual patient, as noted above, was recently seen in our CityTech Dental Hygiene clinic with the following findings:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The treatment plan for this patient may include the following (check all that apply):**

- Cleaning (prophylaxis or scaling/root planing)
- Radiographs (x-rays)
- Other: \_\_\_\_\_  
\_\_\_\_\_
- Topical Anesthetic (20% benzocaine or Oraqix: 2.5% lidocaine and 2.5% prilocaine)
- Local Anesthetic with epinephrine, (example: 2% lidocaine with 1:100,000 epinephrine)
- Local Anesthetic without epinephrine, (example: 3% carbocaine/mepivacaine)

**Dentist Comments:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Dentist Name (Please Print)**

\_\_\_\_\_  
**Dentist Signature**

\_\_\_\_\_  
**Date**

**Physicians: Please complete the section below.**

**Evaluate this patient's medical history and advise us of any special considerations that should be made.**

Is the patient healthy enough for routine dental hygiene care?  Yes  No If not, when can they return? \_\_\_\_\_

What is the patient blood pressure: \_\_\_\_\_ / \_\_\_\_\_ Are they currently being treated for hypertension?  Yes  No

Does the patient require antibiotic prophylaxis?  Yes  No **Note: The physician is responsible for prescribing any antibiotics**

Reason for prophylaxis: \_\_\_\_\_

Type of antibiotic that you will prescribe for patient: \_\_\_\_\_

Type of pain medication that is allowed/recommended for patient: \_\_\_\_\_

Are there any restrictions using topical or local anesthetic for this patient?  Yes  No Restrict epinephrine?  Yes  No

**Additional comments (if needed):**

\_\_\_\_\_  
**Physician's Address:**

\_\_\_\_\_  
**Phone Number:**

\_\_\_\_\_  
**Physician Name / License #**

(Please Print or Stamp) – **required**

\_\_\_\_\_  
**Physician Signature**

\_\_\_\_\_  
**Date**

New York City College of Technology  
The City University of New York  
*Department of Dental Hygiene*  
285 Jay Street, Brooklyn, NY 11201-1909  
Tel: 718.260.5074 • Fax: 718.260.5069  
Email: [dentalhygiene@citytech.cuny.edu](mailto:dentalhygiene@citytech.cuny.edu)

## Radiographs/Images Request by Patients

**Patients can request a copy of their radiographs/images in one of 3 ways:**

1. **By email** to [dentalhygiene@citytech.cuny.edu](mailto:dentalhygiene@citytech.cuny.edu):
  - a. In their request, patients must include:
    - i. their FULL NAME and DOB
    - ii. the date of their last visit with us (or approximate month/year)
  - b. An encrypted, confidential email will be sent to the patient. The email will include the confidentiality statement and a delivery receipt.
  - c. A note will be made by the designated DH clinic staff member in the patient's e-chart.
2. **In person**, copied on a flashdrive:
  - a. Patient must sign an x-ray request form which is then scanned into their e-chart.
  - b. A note is made by the student-clinician in the patient's e-chart.
3. **By postal mail** on a flashdrive:
  - a. A designated clinic staff member will prepare the flashdrive for mailing.
  - b. Clinic receptionist will include a note of records release and mail to the patient's address on record.
  - c. Clinic receptionist will make a note in the patient's e-chart.

# Management of Medical Emergencies

A guide prepared by Stanley Malamed, DDS

Exhibit 33

In this guide, Dr. Stanley Malamed summarizes a list of medical emergencies that may occur in the dental office, their signs and symptoms, and notes on managing each condition. Dr. Malamed is a Diplomate of the American Dental Board of Anesthesiology as well as a continuing education lecturer on anesthesia, sedation, and emergency medicine. He has authored more than 170 scientific papers and three textbooks that are used around the world.

Medical Emergency	Signs & Symptoms (S&S)	Management
<b>ALLERGY MILD</b> (delayed onset: > 1 hour after exposure to allergen)	Delayed onset of S&S following administration of drug(s) or ingestion of food: urticaria (itching, hives, rash), either localized or systemic	Position comfortably Monitor & record vital signs (BP, O <sub>2</sub> saturation, respiratory rate) <b>Diphenhydramine</b> 50 mg (>66 lb), 25 mg (up to 66 lb) IM (vastus lateralis) or PO Observe patient for 1 hour before discharge Rx diphenhydramine 50 mg (>66 lb), 25 mg (up to 66 lb) Q6h PO for 3 days
<b>ALLERGY ANAPHYLAXIS</b> (sudden onset: seconds to minutes after exposure to allergen)	<b>Sudden onset &amp; rapid progression</b> following drug administration: Urticaria, runny nose, watery eyes, flushing Abdominal cramping Angioedema (swelling of lips, common) Lightheadedness Respiratory distress: wheezing, hoarseness, difficulty speaking Hypotension (low blood pressure), tachycardia (rapid heart rate) Possible <b>loss of consciousness</b>	<b>Conscious</b> Position comfortably <b>Unconscious</b> Position supine, feet elevated slightly <b>ACTIVATE EMS</b> CAB, as needed <b>Epinephrine auto-injector</b> 0.3 mg IM (1:1000 >66 lb) vastus lateralis; 0.15 mg IM (1:1000 up to 66 lb) Repeat epinephrine Q5 min, until recovery or arrival of EMS Alternate left & right vastus lateralis Oxygen (15 liters/minute flow)
<b>ALTERED CONSCIOUSNESS CEREBROVASCULAR ACCIDENT</b>	<b>FAST:</b> Facial droop (ask patient to smile) Arm weakness Speech problems (slurred speech) Time to call 911 Headache (mild to severe), dizziness, vertigo Possible <b>loss of consciousness</b>	Position - Semi-Fowler position <b>ACTIVATE EMS</b> Oxygen (15 liters/minute flow) Nothing by mouth Monitor & record vital signs (BP, O <sub>2</sub> saturation, respiratory rate)
<b>ALTERED CONSCIOUSNESS HYPOGLYCEMIA</b>	<b>Conscious</b> 'Cold, sweating, shaking' Mental confusion (possible aggressive behavior) Slurred speech Pallor, blurred vision Tachycardia (rapid heart rate) Possible <b>loss of consciousness</b>	<b>Conscious</b> Position comfortably Administer oral carbohydrate: <b>InstaGlucose</b> , orange juice Permit recovery <b>Unconscious</b> Position supine, feet elevated slightly <b>ACTIVATE EMS</b> Oxygen (15 liters/minute flow) <b>Do not</b> put anything into unconscious victim's mouth Monitor & record vital signs (BP, O <sub>2</sub> saturation, respiratory rate)
<b>CHEST "PAIN" ANGINA</b>	<b>Conscious</b> *Preexisting history of angina* *Patient will make diagnosis of angina* Tightness in chest 'Usual' radiation pattern (commonly left arm, neck & mandible)  <b>1st time chest 'pain' always assume AMI</b>	Position comfortably - upright usually preferred Administer <b>nitroglycerin sublingual tablet(s)</b> or translingual spray Repeat nitroglycerin Q5 min for maximum of 3 doses, as needed Oxygen (15 liters/minute flow) Monitor & record vital signs (BP, O <sub>2</sub> saturation, respiratory rate) Allow patient to rest; determine cause of acute episode  <b>1st time chest 'pain' proceed to AMI protocol</b>
<b>CHEST "PAIN" ACUTE MYOCARDIAL INFARCTION (AMI)</b>	Conscious Tightness in chest Commonly radiates to left arm, neck, and mandible 'Crushing' pain ('elephant standing on chest') Anginal patient 'knows' it's not angina Possible <b>loss of consciousness</b>  <b>1st time chest 'pain' always assume AMI</b>	Position comfortably - upright usually preferred <b>ACTIVATE EMS</b> Oxygen (15 liters/minute flow) If N <sub>2</sub> O-O <sub>2</sub> available - administer 50% N <sub>2</sub> O - 50% O <sub>2</sub> <b>Aspirin</b> 325 mg (powdered with water or chewable), unless allergic Monitor & record vital signs (BP, O <sub>2</sub> saturation, respiratory rate) If <b>loss of consciousness</b> , proceed to <b>CARDIAC ARREST</b> protocol
<b>UNCONSCIOUSNESS CARDIAC ARREST</b>	<b>Unconscious</b> No breathing No pulse	Position supine with feet elevated - patient may remain in dental chair <b>ACTIVATE EMS</b> CAB (cycles of 30 compressions, 2 ventilations) AED retrieved, placed on victim, and activated as quickly as possible Continue CAB and AED until ROSC or EMS arrive
<b>RESPIRATORY DISTRESS BRONCHOSPASM</b>	<b>Conscious</b> Shortness of breath (dyspnea) Audible wheezing (not always present) Patient will assume upright position Possible cyanosis of mucous membranes	Position comfortably - upright usually preferred Administer <b>albuterol</b> (bronchodilator) with metered dose inhaler (1 - 2 puffs, repeated PRN), with spacer if available If <b>patient is asthmatic</b> : permit to medicate themselves; activate EMS if requested by patient If no relief: <b>ACTIVATE EMS</b> <b>Epinephrine auto-injector</b> 0.3 mg IM (1:1000 >66 lb) vastus lateralis; 0.15 mg IM (1:1000 up to 66 lb); repeat epinephrine Q5 min, until recovery or arrival of EMS Alternate left & right vastus lateralis <b>No history of asthma: ACTIVATE EMS</b> immediately Oxygen (15 liters/minute flow) Monitor & record vital signs (BP, O <sub>2</sub> saturation, respiratory rate)

# Management of Medical Emergencies

A guide prepared by Stanley Malamed, DDS

Medical Emergency	Signs & Symptoms (S&S)	Management
RESPIRATORY DISTRESS FOREIGN BODY AIRWAY OBSTRUCTION	<p><b>If complete obstruction:</b> Initially conscious Unable to speak - no sound Chest movement, but no air exchange Universal sign for choking (victim clutches neck) Panic Cyanosis of mucous membranes <b>Loss of consciousness</b></p> <p><b>If partial obstruction:</b> Conscious Cough - forceful or weak Sound - wheezing or high-pitched crowing sound Absent or altered voice sounds</p>	<p><b>If complete obstruction:</b> Initially conscious Identify obstruction: "Are you choking?" or universal sign for choking Apply abdominal thrusts until foreign body expelled or consciousness is lost <b>Loss of consciousness</b> Lower victim to ground in supine position, head in neutral position <b>ACTIVATE EMS</b> Begin BLS with 30 chest compressions (do not check for pulse) Before starting ventilation, open victim's mouth and look for presence of foreign object If object is seen, remove with Magill intubation forceps, suction, or fingers Continue BLS until effective or EMS arrive and take over management EMS evaluate patient post-relief</p> <p><b>If partial obstruction:</b> If forceful cough &amp; good air exchange, allow victim to continue coughing without physical intervention by rescuers If weak cough &amp; poor air exchange, apply abdominal thrusts until foreign body expelled or consciousness is lost With loss of consciousness, follow complete obstruction steps (above)</p>
RESPIRATORY DISTRESS HYPERVENTILATION	<p><b>Conscious</b> Anxiousness Rapid respiratory rate, shortness of breath Rapid heart rate, palpitations Tingling or coldness of fingertips, toes &amp; circumoral region Muscle pain and stiffness Carpopedal tetany</p>	<p>Position comfortably - upright usually preferred Attempt - verbally - to calm patient Have patient cup their hands over mouth &amp; nose and rebreath exhaled air Monitor &amp; record vital signs (BP, O<sub>2</sub> saturation, respiratory rate) When episode terminates, determine cause of hyperventilation If longer than 10 minutes, <b>ACTIVATE EMS</b></p> <p>Oxygen is <b>NOT</b> indicated in management of hyperventilation</p>
SEIZURES EPILEPSY (Generalized tonic-clonic seizure [GTCS, "Grand Mal"] - most common)	<p>GTCS <b>Conscious</b> - epileptic aura (e.g. smell, sound, vision) heralds onset of convulsions <b>Loss of consciousness</b> Muscle rigidity, possible cyanosis of mucous membranes Jerking movements of limbs Noisy breathing Frothing at mouth (may be pink/red if tongue bitten)</p> <p>Incontinence may occur when convulsions end</p>	<p>Position supine with feet elevated Protect victim from injury (gently hold arms &amp; legs - do not restrain) during seizure <b>Do not</b> put anything into victim's mouth If <b>no history</b> of seizures, <b>ACTIVATE EMS</b> If <b>history of epilepsy:</b> Consult victim's escort, guardian or parent and consider EMS When convulsions cease, place victim in recovery position (turn onto right side, if possible) Assess CAB, <b>Airway</b> (head tilt - chin lift) if snoring Oxygen (15 liters/minute flow) Monitor &amp; record vital signs (BP, O<sub>2</sub> saturation, respiratory rate) If seizure is prolonged (&gt;5 minutes) or repeats, <b>ACTIVATE EMS</b></p>
SEIZURES LOCAL ANESTHETIC OVERDOSE (LAST - Local Anesthetic Systemic Toxicity)	<p>GTCS <b>Loss of consciousness</b> Muscle rigidity, possible cyanosis of mucous membranes Jerking movements of limbs Noisy breathing Frothing at mouth (may be pink/red if tongue bitten)</p>	<p>Position supine with feet elevated Protect victim from injury (gently hold arms &amp; legs - do not restrain) during seizure <b>Do not</b> put anything into victim's mouth <b>ACTIVATE EMS</b> When convulsions cease (~1 minute), place victim in recovery position (turn onto right side, if possible) Oxygen (15 liters/minute flow) Assess CAB, <b>Airway</b> (head tilt - chin lift) is critical Monitor &amp; record vital signs (BP, O<sub>2</sub> saturation, respiratory rate)</p>
UNCONSCIOUSNESS CNS-DEPRESSANT OVERDOSE - Benzodiazepine or other non-opioid	<p>Unintended <b>loss of consciousness</b> following CNS-depressant administration (e.g. benzodiazepine) Airway obstruction (tongue) common Inability to maintain a patent airway Snoring</p>	<p>Position supine with feet elevated CAB as needed, <b>Airway</b> (head tilt - chin lift) essential Oxygen (15 liters/minute flow) Monitor &amp; record vital signs (BP, O<sub>2</sub> saturation, respiratory rate) If benzodiazepine, and if IV route available, <b>flumazenil</b> (0.2 mg IV, repeated Q1 minute) to a maximum of 1 mg over 5 minutes) Following <b>flumazenil</b>, monitor patient 2 hours (following IV BZD), 4 hours (following PO BZD) post recovery, before discharge, to ensure re-sedation does not occur <b>Consider EMS</b></p>
UNCONSCIOUSNESS CNS-DEPRESSANT OVERDOSE - Opioid	<p>Unintended <b>loss of consciousness</b> following opioid (narcotic) administration Respiratory depression common (decreased rate of breathing) Inability to maintain a patent airway Snoring</p>	<p>Position supine with feet elevated CAB as needed, <b>Airway</b> (head tilt - chin lift) and <b>Breathing</b> (assisted or controlled) are essential Oxygen (15 liters/minute flow) Monitor &amp; record vital signs (BP, O<sub>2</sub> saturation, respiratory rate) If IV route available, <b>naloxone</b> (0.4 mg IV, every 2 to 3 minutes PRN to a total dose of 10 mg) If no IV available - IN <b>naloxone</b> (1 spray IN [4 mg], repeat every 2 to 3 minutes in alternating nostrils PRN) <b>Consider EMS</b></p>
UNCONSCIOUSNESS POSTURAL HYPOTENSION	<p>Immediate <b>loss of consciousness</b> when standing rapidly or when rapidly repositioned upright No prodromal signs &amp; symptoms</p>	<p>Normally, rapid return of consciousness when positioned supine with feet elevated CAB as needed Oxygen (15 liters/minute flow) Monitor &amp; record vital signs (BP, O<sub>2</sub> saturation, respiratory rate)</p>
UNCONSCIOUSNESS SYNCOPE	<p>Presyncope - feels faint, dizzy, lightheaded, profuse sweating (diaphoresis), pallor <b>Loss of consciousness</b> Bradycardia (slow heart rate), hypotension (low blood pressure) Possible nausea, vomiting on recovery</p>	<p>Position supine with feet elevated Normally, rapid return of consciousness with positioning CAB, as needed Monitor &amp; record vital signs (BP, O<sub>2</sub> saturation, respiratory rate) On recovery - administer sugar (e.g. <b>InstaGlucose</b> or orange juice) orally Oxygen (15 liters/minute flow) Cold compress to forehead Determine cause of faint If recovery delayed - <b>ACTIVATE EMS</b></p>

EMS - emergency medical services (911)  
CAB - Circulation, Airway, Breathing  
Semi-Fowler position - 30° upright  
AMI - acute myocardial infarction

N<sub>2</sub>O-O<sub>2</sub> - nitrous oxide - oxygen  
AED - automated external defibrillator  
ROSC - return of spontaneous circulation  
BLS - basic life support

PRN - taken as needed  
PO - oral administration  
IN - intranasal  
BZD - benzodiazepine



New York City College of Technology  
Exposure Report

**CONFIDENTIAL**

Name of the exposed person: \_\_\_\_\_ EMPLID: \_\_\_\_\_  
Phone # \_\_\_\_\_ Email: \_\_\_\_\_  
Course: \_\_\_\_\_ Date and time of exposure: \_\_\_\_\_  
Exact location (room number and cubicle, if applicable) \_\_\_\_\_

Details of the Procedure Being Performed:	
When and how the exposure occurred; if related to a sharp device, indicate the type and brand of the device, and how and when in the course of handling the device the exposure occurred.	
Details of the exposure:	
Type and amount of fluid and material and the severity of the exposure (e.g., for a percutaneous exposure, depths of injury and whether the fluid was injected; for skin or mucous membrane exposure, the estimated volume of material and condition of the skin (chapped, abraded, intact).	
Details about the exposure source and patient e-chart #: _____	
Whether the source material contained HBV, HCV, or HIV; if the source is HIV infected, the stage of the disease, history of the antiretroviral therapy, viral load, and antiretroviral resistance information, if known.	
Details about the exposed person:	
e.g., Hepatitis B vaccination and vaccine response status	
Details about counseling, post-exposure management, and follow-up:	

Student Signature \_\_\_\_\_  
Instructor Signature \_\_\_\_\_

Date \_\_\_\_\_  
Date \_\_\_\_\_

\*File the original report with the DH Department chairperson



# New York City College of Technology

## Post-Exposure Protocol for Mucocutaneous Exposure

- ✓ **Immediately stop patient treatment.** Clean the wound with soap and water. Do not squeeze and bleed the wound out. Cover the wound.
- ✓ **Immediately** report the incident to the supervising clinic faculty and obtain an Exposure Report form. The form should be filled out as soon as possible after the exposure.
- ✓ Another student will be assigned by the faculty to stay with the patient (exposure host) as necessary.
- ✓ Call security at **5555** and in case of a life-threatening emergency call **911**.
- ✓ The exposure host should be informed of the exposure and their medical history should be re-evaluated and reported if relevant. Recommendation for evaluation and blood testing procedures and appropriate referrals should be provided.
- ✓ Another student will be assigned by the faculty to break down the treatment area according to infection control protocol.
- ✓ Exposure recipient should **seek immediate care** for possible medication treatment and infectious disease testing. Care should be received as soon as possible (but not later than 24 hours from the time of the incident) by **one of the following** resources:
  - CityMD Brooklyn Heights Urgent Care - Brooklyn  
Urgent care center  
135 Montague St · (646) 346-7918  
Accepting Medicaid  
<https://www.citymd.com/urgent-care-locations/ny/brooklyn-heights>
  - Mount Sinai Doctors-Urgent Care, Brooklyn Heights  
Urgent care center  
300 Cadman Plaza W 18th Floor · In One Pierrepont Plaza  
(929) 210-6300  
<https://www.mountsinai.org/locations/msd-brooklyn-heights/services/urgent-care>
  - Go to the nearest hospital or the hospital near your home.
  - Use an in-home medical treatment service (such as [ZiphyCare](#)) that provides blood and other testing at home.  
*Please note that City Tech does not recommend any particular service.*
- ✓ If Post Exposure Prophylaxis is indicated, it must be started no later than 72 hours from the incident.
- ✓ The City Tech Dental Hygiene Department is **not responsible** for the cost of testing and necessary treatments for either the host or the recipient.



# NYCCT Dental Hygiene Incident Report

Reported by: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Date Reported: \_\_\_\_\_

Location: \_\_\_\_\_ Supervising Faculty: \_\_\_\_\_ Supervising Dentist: \_\_\_\_\_

Student Name: \_\_\_\_\_ Patient e-Chart # (if applicable): \_\_\_\_\_

Type of Incident: \_\_\_\_\_

Witnessed: Yes \_\_\_\_\_ No \_\_\_\_\_ By: \_\_\_\_\_

CLASSIFICATION: Verbal Abuse: \_\_\_\_\_ Physical Abuse: \_\_\_\_\_ Patient Management Problem: \_\_\_\_\_  
Broken Instrument: \_\_\_\_\_ Broken Restoration: \_\_\_\_\_ Syncope: \_\_\_\_\_  
Needle/Sharps Injury\*: \_\_\_\_\_ Injury: \_\_\_\_\_  
Other (specify) \_\_\_\_\_

\*For needle/sharps injury, please fill out a Post-Exposure Protocol for Mucocutaneous Exposure and a Post-Exposure Incident Report

Was the dentist on the floor notified: Yes \_\_\_\_\_ No \_\_\_\_\_

Did the dentist examine the patient post-incident: Yes \_\_\_\_\_ No \_\_\_\_\_

Describe briefly what happened (attach additional sheets as required):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Injury: \_\_\_\_\_

\_\_\_\_\_

Suggested Management: \_\_\_\_\_

\_\_\_\_\_

Other Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Signature of Person Reporting Incident)

\_\_\_\_\_

(Signature of Department Chair)



New York City College of Technology  
 The City University of New York  
 Department of Dental Hygiene  
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 Tel: 718.260.5074 • Fax: 718.260.5069  
 Email: [dentalhygiene@citytech.cuny.edu](mailto:dentalhygiene@citytech.cuny.edu)

## City Tech Dental Hygiene Clinic: Addressing Patients' Complaints

*CityTech Dental Hygiene clinic's patients who believe their care was not up to the standards stated in the Bill of Rights, may express their concerns/complaints by:*

1. **Communicating verbally** with the supervising faculty/dentist/clinic coordinator or DH clinic receptionist in person during or after their appointment;
2. **Calling the Dental Hygiene clinic** at 718-260-5074 and communicating with the clinic receptionist or leaving a voicemail;
3. **Emailing the DH department** at [dentalhygiene@citytech.cuny.edu](mailto:dentalhygiene@citytech.cuny.edu) or the DH chairperson directly (currently: [amatthews@citytech.cuny.edu](mailto:amatthews@citytech.cuny.edu) )

Patients' concerns will be forwarded to the DH Chairperson, along with the appointment information (*type, date/time, assigned student*) and any additional details reported.

DH department Chairperson will:

- 1) Review the patient's complaint;
- 2) Review the appointment information;
- 3) Review the patient's e-chart and all assessment findings/treatment notes;
- 4) Obtain any additional information from:
  - a. Clinic receptionist
  - b. Assigned student-clinician
  - c. Supervising faculty
  - d. Supervising dentist
  - e. Clinic coordinator
- 5) Determine what action needs to be taken to resolve the complaint in a manner that takes into account the interests of the patient and the dental hygiene clinic;
- 6) Communicate the decision/outcome of their concern/complaint to the patient and the DH department;
- 7) In consultation with appropriate members of the Dental Hygiene Department/NYCCT, determine any department policies or practices that need to be revised as a result of the issues raised by the patient.