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I. Dental Hygiene Program Information

A. Program Director and Faculty

**Full Time Dental Hygiene Faculty**

Mitchell, Shannon  
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Clinical Associate Professor  
Shannon_mitchell@unc.edu

Brame, Jennifer  
RDH, MS, Director, Master’s Dental Hygiene Education  
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Chen, Li  
RDH, MS, Clinical Assistant Professor  
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Harmon, Jennifer  
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Clinical Assistant Professor  
Jennifer_Harmon@unc.edu

Hunt, Lynne  
RDH, MS, Clinical Assistant Professor  
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Kornegay, Beth  
CDA, RDH, MS, Second-Year Clinic Director  
Clinical Assistant Professor  
Elizabeth_Kornegay@unc.edu

Mauriello, Sally  
RDH, EdD, Professor  
Sally_mauriello@unc.edu

Sams, Lattice  
RDH, MS, Clinical Assistant Professor  
samsl@unc.edu

**Staff**

Schenck, Jane  
Students Services Manager  
Jane_Schenck@unc.edu

Mackenzie, Mary  
PRU Patient Care Coordinator  
Mary_Mackenzie@unc.edu
B. Student Communication

1) E-mail:

The School of Dentistry requires that students use the email address that is in the official university directory. Communication with faculty and staff should only be conducted using the unc.edu email address.

Students are responsible for making sure they receive university mail and regularly check their mail to ensure receipt of all course, School of Dentistry, and University communications.

2) Mailboxes:

Each student is assigned a mailbox located adjacent to 3180 First Dental Building. Students are required to check their mailbox throughout the day for communication.

3) Bulletin Board:

First and second year dental hygiene students have designated areas on a common bulletin board next to the student mailboxes where various announcements may be posted.

4) Mobile/Cell Phone Use:

Mobile phones should not be used in clinical areas unless the student needs to call his/her patient. Cell phones should be turned off or placed on vibrate during lecture and laboratory courses.

II. Professionalism

A. Personal Appearance/Dress Code

1. UNC Chapel Hill School of Dentistry Dress Code

As a part of the Code of Professional Conduct, the dress code represents an important outward expression of one’s inward commitment to professionalism. The dress code also helps to fulfill the school’s commitment to the maintenance of a professional image as well as infection control and safety standards. The dress code applies to the School of Dentistry during class, clinic, and patient care hours, Monday through Friday 8 a.m. until 5 p.m., unless otherwise notified. Infection control as it pertains to labs is required at all times, including after hours. The guidelines will be enforced within the school during class and patient care hours. This dress code also serves as a guide of how to dress when engaged in dental school activities outside the school (i.e. external rotations). Note that specific requirements are placed on community service attire.

All faculty, staff, and students are responsible for maintaining clean, neat, and well-fitting clothing. Faculty, staff, or students not engaged in direct patient care but
presenting in clinic, for whatever reason, must maintain infection control and safety standards and present themselves in a professional manner.

Student Dress Code While Engaged in Patient Care, Class, or Laboratory Activities

I. Personal Hygiene and Hair
   - Hair should be clean and well groomed.
   - Beards and mustaches must be clean, neatly trimmed, and well groomed.
   - Hair must be kept out of the field of operation so that it does not require handling during treatment procedures.
   - Personal cleanliness and good oral hygiene must be maintained.
   - Body hygiene is required so that offensive body odor is avoided.
   - Strong perfumes, colognes, or after-shave lotions must be avoided.
   - Hands and fingernails must be kept clean. Students may not wear nail polish while treating patients.
   - Fingernails must be kept trimmed and well-manicured.

II. Jewelry
   - All jewelry should be kept to a minimum and out of the field of operation.
   - Jewelry should not impact one’s ability to wear gloves, masks, or gowns.
     o Only plain bands can be worn in clinic while treating patients, as stones and other ornaments on jewelry may compromise the integrity of the gloves.
     o No necklaces are to be worn while treating patients in clinic.
     o A maximum of two (2) studs may be worn on each ear. The total number of studs a student may have while treating patients in clinic should not exceed four.
     o No ear cuffs or dangling earrings may be worn while treating patients in clinic.

III. Attire
   - Professional attire* or scrubs** shall be worn in all classes and laboratories.
   - Scrubs are required in clinic.
   - In lab, students must also wear lab coats or disposable smocks.
   - In clinic and in lab, students must ensure that their attire meets infection control regulations as outlined in the Infection Control Manual.

*Professional Attire (examples)
   - Khakis
   - Dress shits (e.g. oxford cloth)
   - Dress pants/slacks
   - Blouses
   - Knit or polo shirts with collars
   - Shirts with straps >2in
   - Skirts and dresses must be at knee level when standing
   - Closed-toed shoes (required for clinic and lab only)

**Scrubs specifications
   - Scrub colors are limited to Carolina Blue, surgical green, black, or navy blue.
• All scrubs must be a UNC-sanctioned brand/style.
• Scrubs should be neat and clean with a scrub top and bottom.
• Scrubs top and bottom must be a solid color, with no pattern.
• Scrub top and bottom must be a matched set.
• Scrubs must be worn with socks and closed-toe shoes.
• If worn, athletic shoes must be clean.
• A clean, plain T-shirt may be worn under scrubs.
• On days designated by the administration, a T-shirt may be worn in place of the scrub top. T-shirts must be Carolina Dentistry related, and be professional in appearance (e.g., “Carolina Dentistry”; “Mexico Project”).

IV. Community Service Attire
• When representing the UNC School of Dentistry at community service events, students must wear their UNC School of Dentistry scrubs, UNC Dental Hygiene polo shirt, or professional attire along with their nametag. Students must abide by all infection control and safety standards with regards to dress.

V. Unacceptable Attire in class, clinic, or laboratory settings:
• Shorts
• Sweats and gym attire
• Bare feet
• Halter tops, tube tops/strapless shirts, tank tops with straps <2 in.
• Viewable undergarments when sitting or standing
• Non-religious or non-surgical head wear
• Head gear (excluding headbands and ties to hold back hair)
• Clothing displaying abdominal region or “stomach”
• See-through clothing
• Jeans
• Low-cut tops

VI. General Considerations
• Each student is expected to be on their best environmental behavior in keeping locker areas, clinical facilities, and preclinical labs in order and depositing all used gowns and trash in their respective receptacles.
• Students will be notified to any updates or changes to the School of Dentistry Code of Professional Dress.

VII. Violations of Dress Code
• Violations of the dress code by students will result in disciplinary actions as designated by the respective Academic Performance Committee and individual course director.
B. Clinical Attendance

It is the responsibility of the student to attend all preclinical and clinical sessions. Absences due to extreme illness or emergency will require proper documentation. An illness will require a note from physician or Campus Health. Students who become ill during clinic will be sent to Campus Health for evaluation.

C. Clinic Maintenance

I. Housekeeping and Infection Control of Operatory

Each student is responsible for proper pre-treatment set up and post-treatment disinfection of the dental operatory. In addition, students should be responsible for performing any light housekeeping duties in their assigned operatory (wiping up spills, dusting of counters, wiping dental light, etc.). General housekeeping is maintained by the housekeeping staff.

II. Dental Unit Water Line Decontamination (DUWL)

This is performed by the dental assisting staff. Information on DUWL protocol can be found at:

https://www.dentistry.unc.edu/experience/policies/waterline/

III. Supplies

Routine supplies (i.e. toothbrushes, floss, fluoride, pumice, prophylaxis paste, anesthetic armamentarium, etc.) are found on the supply table located on the floor clinic. Other clinical supplies (i.e. instruments, hand pieces, Fluoride Varnish, Control Rx, oral physiotherapy aids.) can be obtained from the dispensary. Supplies such as safety glasses and side shields can be purchased from the dental storeroom, 025 Brauer.

IV. Reporting Equipment Failure

Equipment failure must be relayed to a dental assisting staff member or supervisor in writing indicating the unit number and equipment problem. It is their responsibility to coordinate the repair order and completion of necessary repairs. Please communicate equipment failures immediately as it may require operatory reassignment.

D. Assignment of Patients and Patient Check-In

1) Patients are obtained for the Dental Hygiene Program through the following mechanisms:
   a. Patients of record of the UNC School of Dentistry placed in the recall pool.
   b. Limited Care
      i. Referred from dental school admitting clinic
      ii. Recruited by dental hygiene students for a one time prophylaxis
      iii. Referred by community practitioners
c. Referral patients from predoctoral dental students and graduate program clinics.

2) Patients belonging to the UNC recall pool may call the School of Dentistry to schedule a preventive recall appointment. The front desk staff will schedule the patient with the first available dental hygiene student.

3) Limited Care and Referral Patients are assigned directly to specific dental hygiene students according to their needs, as determined by the clinical course directors and PRU patient care coordinator.

4) Each limited care patient receives the UNC School of Dentistry Bill of Rights through the PRU patient care coordinator. All limited care patients must sign appropriate consents prior to receiving treatment at his/her initial dental hygiene appointment. At the completion of the patient’s dental hygiene treatment, students must provide the patient with an exit letter (see appendix VIII) explaining the completion of dental hygiene treatment in addition to options for receiving continued and comprehensive dental services.

5) Dental hygiene students are assigned both block and patient care assignments in Preventive Recall Service. The block appointments are reserved for recall or referral patients who are scheduled by the front desk staff. The patient care slots are reserved for Limited Care patients or for patients currently under the care of a dental hygiene student, who need additional appointments to complete dental hygiene care. Students are advised to schedule all subsequent appointments at the time the initial reappointment is made to ensure complete patient care.

All empty patient care slots will convert to block appointments within 2 weeks of the original patient care slot. As noted above, all block appointments will be filled promptly by the front desk staff.

6) All students have access to their patient’s electronic records and are required to review the electronic record. Students should only view charts for their scheduled patients.

7) Patients are notified to report to the central reception desk upon arrival to the School of Dentistry. Students may check EPR to determine if a patient has arrived or has cancelled. In the event of a cancellation or no-show, students are to enter an administrative note in EPR. All late arrivals within 30 minutes of the original scheduled time should be honored and documented in the progress notes. Late arrivals beyond 30 minutes of the assigned time should be considered on a case by case basis. Students should consult with their attending faculty to determine if treatment should commence that day or if the patient should be rescheduled. Students and faculty should take into consideration extenuating circumstances such as handicapped individuals, pre-medicated patients, and the elderly when determining delivery of care.
E. Professional Behavior Around Patients

Confidentiality and compassion are at the cornerstone of patient care. Students are not to discuss private information regarding their patients with classmates. However, confidential patient information may be discussed with the supervising faculty and/or attending dentist. All patients should be treated with the utmost professional respect. Any inappropriate behavior demonstrated by patients should be immediately brought to the supervising faculty’s attention.

Students must be professional and courteous at all times with patients, fellow students, staff, and faculty. As a matter of courtesy, patients should be addressed by their last name. Students must be professional in their choice of language around patients. Personal conversations with classmates and dental students must be kept to a minimum. If a student is unsure about a procedure, he or she should excuse themselves and seek faculty assistance.

F. American Dental Hygienists’ Association-Student Chapter

Each student is required to become a member of the American Dental Hygiene Association-Student Chapter. Meetings are held on a regular basis during each semester. The web site for the professional association http://www.adha.org/ or http://www.adha.org/students-type

G. UNC-CH Honor Code

All students enrolled in the University must abide by the Honor Code. https://studentconduct.unc.edu/

III. Standard Operating Procedures

A. Clinic Operating Schedule

Preventive Recall clinic is in operation Monday through Friday 10:00-1:00 and 2:00-5:00. University and School of Dentistry Academic Calendars for specific days of operation can be found at the websites, www.unc.edu and www.dentistry.unc.edu/

B. Responsibilities of Supervising Dentist

1) Provide examination, diagnostic, consultant, and referral services
2) Prescribe radiographs
3) Prescribe chemotherapeutic agents
4) Write prescriptions
5) Administer local anesthesia
6) May evaluate student performance
7) Radiographic interpretation and diagnosis
C. Responsibilities of Dental Hygiene Faculty

Clinical faculty are responsible for teaching and facilitating the dental hygiene process of care in addition to maintaining the dental hygiene standard of care. At the beginning of each semester both part-time and full-time faculty members are invited to attend an in-service calibration session focusing on clinical protocols, EPR training/updates, and student evaluation. In addition, the faculty members review the Dental Hygiene Clinic Manual including clinic requirements. Clinical issues are also addressed in weekly full-time faculty meetings. Minutes are then distributed to all full-time faculty members.

D. Responsibilities of Clinical Staff

Clinical staff include:

1) Dispensary staff:
   a. Distribute instruments, supplies, and armamentarium
   b. Receive instruments to be sterilized after clinic use

2) Dental assistants:
   a. Stock clinic
   b. Dental unit water line decontamination
      The School of Dentistry also follows a dental unit water line disinfection protocol. This protocol is as follows: Every 2 weeks, Sterlix solution is vacuumed into the lines overnight but never over a weekend. Water lines are then flushed. In addition, there are dental unit water line samples taken on 20 random dental units each quarter in various clinical areas. Sampling is scheduled in April, July, October and December. Results are then reported on a quarterly basis.
   c. Maintain dental unit
   d. General assisting when needed
   e. Liaison to clinic maintenance staff

3) Front desk clerks:
   a. Appoint patients
   b. Receive payments
   c. Reschedule patients
   d. Request charts
   e. Notify students of patient arrival
   f. Call for consultations

4) PRU patient care coordinator:
   a. Develop and maintain systems to record data of student progress.
   b. Meet with students to advise clinical progress.
   c. Audit patient records and review findings with students.
   d. Monitor patient care in PRU.
   e. Identify sources of appropriate patients for students and allocate to students as needed.
E. UNC School of Dentistry Policies and Procedures for Treating Patients

1) Exposure Control Plan for Blood borne Pathogens

2) Blood Pressure Monitoring Guidelines

3) Patient Protective Eyewear
   https://www.dentistry.unc.edu/experience/policies/eyewear/

4) Protocol for Swallowed objects
   https://www.dentistry.unc.edu/experience/policies/swallowingforeignobjects/

5) HIPAA
   https://www.dentistry.unc.edu/experience/policies/hipaa/

6) Diabetic Patients
   a. The UNC School of Dentistry’s policy for the management of uncontrolled diabetic patients is to evaluate each patient on an individual basis, taking into consideration the patient’s history and dental needs. Students should ask sufficient questions to determine the type of diabetes, how it is managed, level of control, and history.
   b. Glucometers are available at the 3rd and 4th floor dispensary, if needed.
   c. Emergency glucose tablets are available at the 3rd and 4th floor dispensaries.
   d. Symptoms of hypoglycemia include: weakness, headache, sweating, anxiety, dizziness, shaking or trembling, increased heart rate or palpitations, and intense hunger. Please note that these symptoms may vary from patient to patient.
   e. Treatment of hypoglycemia includes the administration of oral/IV glucose and oxygen. Providers should monitor the patient’s vitals closely and repeat blood glucose levels until the patient is at an acceptable level and without symptoms.

7) Patients Receiving Warfarin (Coumadin) Anticoagulant Therapy (Must Obtain INR for patients on Warfarin therapy prior to treatment).
   a. An INR level ≤ 3.0 demonstrates a safe level for dental scaling and root planing procedures.

8) Please see the following website (and Appendix V) for information related to the additional UNC clinical policies.
   https://www.dentistry.unc.edu/experience/policies/

   - ADA CDT 2017
   - Blood Pressure Monitoring Guidelines
   - Basic Life Support (CPR) Policy and Procedures
   - Chemical hazard communication program manual
   - Culturally and Linguistically Appropriate Services Policy
   - Dental Unit Waterline Cleaning Policy
   - DFP Policy Manual
F. Patient Treatment Provided by Dental Hygiene Student

The following dental hygiene services are taught to clinic competence and are provided in the Preventive Recall Clinics:

1) Clinic infection control and exposure precautions
2) Dental hygiene process of care for all patients treated (e.g. child, adolescent, adult, geriatric, and special needs)

a. Dental hygiene assessment
   i. Chief complaint
   ii. Medical and dental history
   iii. Vital signs
   iv. Intraoral and Extraoral examination
   v. Periodontal and hard tissue examination
   vi. Exposing radiographs
   vii. Impressions for study casts
   viii. Indices (plaque index and bleeding index)
   ix. Risk assessments for periodontal disease, dental caries, and systemic disease

b. Diagnose
   i. Problem identification
   ii. Justify treatment proposed
   iii. Interpret data
      1. Compare findings with standings or norms
      2. Recognize deviations or abnormalities
      3. Direct interaction with the patient
c. Planning
   i. Dental hygiene treatment plan/patient consent
   ii. Selection of interventions
   iii. Present and document plan with faculty and patient
   iv. Explain treatment rationale, risks, and benefits

d. Implementation (activating the plan)
   i. Infection control
   ii. Periodontal debridement, hand instrumentation, and ultrasonic instrumentation
   iii. Recall prophylaxis
   iv. Pain management
      1. Topical
      2. Local anesthesia (administered by dentist)
   v. Application of chemotherapeutic agent
   vi. Application of desensitizing agent
   vii. Fluoride therapy
   viii. Application of pit and fissure sealants
   ix. Stain removal
      1. Rubber cup/bristle brush polishing
      2. Air polishing
   x. Care of oral prostheses
   xi. Health education and preventive counseling
   xii. Nutritional counseling
   xiii. Tobacco cessation counseling

e. Evaluation
   i. Indices
   ii. Re-evaluation of oral and periodontal health status
   iii. Continuing care
   iv. Referral
   v. Patient satisfaction
   vi. Post-operative instructions

f. Medical emergency care and basic life support (CPR)

The following services are taught to laboratory competence and are not rendered by the dental hygiene student in the Preventive Recall Clinic:
   1) Fabrication of night guards and vital bleaching trays
   2) Suture removal
   3) Placement and removal of rubber dams
   4) Placement of matrices and wedges
   5) Fabrication of temporary crown with the removal of excess cement
G. Active Treatment Patients (patients of record)

Active treatment patients are those who are currently being treated by a predoctoral dental student. These patients may be seen in the Preventive Recall Unit for dental hygiene services. The dental hygiene students are required to communicate with the dental students regarding completion of dental hygiene services as well as any future treatment needs via the UNC SOD email system. Any treatment needs identified including consults, placement of Arestin, radiographs, etc. must be communicated to and managed through the assigned dental student through the UNC SOD email system. These patients do not receive periodic oral evaluations during PRU treatment.

H. Recall/Maintenance (patients of record)

Patients that are not currently under the active care of a dental student are defined as either recall or periodontal maintenance patients. These patients have received treatment from a dental student and were assigned to PRU following the Post Treatment Assessment (PTA). Because these patients are not currently under the care (either because their treatment has been completed or because the dental student has graduated) of a DDS student, they should receive a periodic oral evaluation at least once per year. The attending DDS should examine the patient and forward the exam note to Clinical Affairs if dental needs are identified, by checking the appropriate box when creating an exam note in EPR. This will inform the Clinical Affairs department that the patient needs to be matched to a dental student.

Recall/Maintenance patients may receive a consult (e.g. perio. or endo.) during the PRU appointment, if indicated. Finally, the recall interval for these patients should be determined by the dental hygiene student and supervising faculty.

I. Limited Care Patients

Limited Care Patients are assigned directly to specific dental hygiene students according to student requirement needs as determined by the clinical directors and/or PRU patient care coordinator. There are two categories of Limited Care Patients.

1) Limited Care Only: appropriate only for dental hygiene services, no further treatment can be provided.

Limited care and referral patients are assigned to students directly by the clinical directors and/or the PRU patient care coordinator, based on student requirement needs. Each limited care patient must receive the UNC School of Dentistry Bill of Rights at their initial dental hygiene appointment. Additionally, all limited care patients must sign a limited care consent form, HIPAA consent, and a limited care treatment plan prior to receiving treatment. At the completion of the patient’s dental hygiene treatment, students must provide the patient with an exit letter (see appendix VIII) explaining the completion of dental hygiene treatment in addition to options for receiving continued and comprehensive dental services. Patients receive a dental evaluation by the attending dentist.
2) Limited Care Prior to Comprehensive Treatment: dental hygiene services are provided prior to assignment to dental student for comprehensive care

These types of limited care patients are assigned to dental hygiene students directly by the clinical director and/or PRU patient care coordinator based on student requirement needs. At the completion of dental hygiene services, the patient is assigned to a dental student for diagnosis and treatment planning by the office of Clinical Affairs.

These patients do not receive a periodic oral evaluation, etc. due to their limited care status. Any patient needs that are identified during the provision of services in PRU should be documented in the patient record for appropriate follow up during diagnosis and treatment planning by the assigned dental student.

3) Limited Care Patients recruited by dental hygiene students:

Students striving to meet program requirements may recruit individuals for a one time prophylaxis. The potential patient must have a valid SS # or tax ID and complete a green Patient Admissions Application form. Forms may be obtained from the PRU patient care coordinator.

Students should submit the green application forms to the PRU patient care coordinator. Once the patient is registered in EPR, the student will receive an electronic patient chart number. The student is responsible for scheduling the patient.

Services provided to LCDH patients include bitewing radiographs, prophylaxis (1110), fluoride treatment, and oral hygiene instructions. Consults with the attending dentist may be obtained if a patient presents with an acute dental problem. The patient may also be enrolled in the free Arestin placement program, when ordered in writing by the attending dentist. At the completion of treatment, the patient is to receive an exit letter (see Appendix VIII). The LCDH patient is responsible for the cost of the bitewing radiographs, prophylaxis, and fluoride treatment.

J. Referral Patients

1) Graduate Referrals: Residents in the graduate dental programs can refer patients to the Preventive Recall Unit while the patient is under active treatment. This referral patient is assigned to a dental hygiene student directly from the PRU patient care coordinator based on student requirement needs. Once dental hygiene services are completed, the student communicates with both the resident and the PRU patient care coordinator to indicate the completion of dental hygiene treatment. The patient is then referred back to the resident.

Any treatment needs identified including consults, placement of Arestin, radiographs, etc. must be communicated to and managed through the referring graduate resident. These patients do not receive periodic oral examinations during PRU treatment.

2) Undergraduate Referrals: Junior and Senior dental students may refer their family members to the Preventive Recall Unit for dental hygiene services. The patient is
assigned to a dental hygiene student directly by the PRU patient care coordinator or by the appointment clerk based on student requirement needs. Once dental hygiene services are completed the student communicates with both the undergraduate dental student and the PRU patient care coordinator to indicate the completion of dental hygiene treatment. The patient is then referred back to the dental student. Any treatment needs identified including consults, placement of Arestin, radiographs, etc. must be communicated to and managed through the assigned dental students. These patients do not receive periodic oral evaluations during PRU treatment. The dental hygiene students are required to communicate with the dental students regarding completion of dental hygiene services as well as any future treatment needs via the UNC SOD email system.

K. Dental Unit Assignments

For each clinic session, students are randomly assigned a dental unit. Unit assignments are posted on the bulletin board adjacent the service elevators (next to the dispensary).

L. Clinical Evaluation Criteria/Grading System

**Proficiency Statement:** Accurately assesses patient by recognizing existing conditions and the implications for further use of information. Thoroughly reviews patient's chart and identifies all pertinent information. Correctly identifies patient's needs and discusses treatment plan with patient. Treatment plan includes appropriate therapeutic services, appropriate referrals and consultations, patient education, and prevention. Effectively debrides all surfaces. Utilizes patient's oral condition to motivate and educate patient in daily care. Is sensitive to the patient and alters appointment if indicated. Communicates effectively with patient and others involved in treatment. Utilizes proper infection control techniques throughout the appointment. Is organized and efficient. Demonstrates respect and concern for patient, faculty, staff, and other students through conversation, behavior, appearance, and attitude. Evaluates finished product. Sets appropriate reevaluation appointment or recall interval. Performs all procedures within a time frame typical of a proficient practitioner. Obtains appropriate signatures and approvals during appointment.

5  Accomplishes most of the tasks described above. May be **up to one minor error** in any area of patient care. **No major errors** are allowed.

4  Accomplishes most of the tasks described in the proficiency statement. May be **up to four minor errors** in patient assessment, treatment planning, deposit removal, infection control or clinical judgment. **No major errors.**

3  Lack of skill or judgment in patient care. May be **up to six minor errors** OR **1 major error** in patient assessment, treatment planning, deposit removal, infection control or clinical judgment.

2  May be up to **eight minor errors** OR **2 major error**. Remediation may be indicated.

1  Represents extreme lack of skill or judgment. **Errors exceed 2 major errors or 8 minor errors** OR Extreme lack of skill or judgment causing potential harm to the patient or clinician. Remediation may be required.
Grading Examples:
2 minor errors equate to a grade of 4
4 minor errors equates to a grade of 4
1 major error equates to a grade of 3
1 major error and 1 minor error equates to a grade of 2
2 major errors equates to a grade of 2
2 major errors and 1 minor error equates to a grade of 1
10 minor errors equates to a grade of 1
3 major errors equates to a grade of 1

EXCEPTIONS
A = Assessment
T = Treatment Planning
S = Supragingival Scaling
U = Subgingival Scaling
P = Plaque/Stain Removal
I = Infection Control
C = Clinical Judgment
O = Oral Hygiene Diagnosis
E = Ethical
F = Professional

Major and Minor Errors

PATIENT ASSESSMENT

MAJOR ERRORS

Medical History
Is not familiar with medical status of patient
Fails to look up unfamiliar medications in Drug Reference book, UNC Hospital Pharmacy, or through the computer drug references
Fails to follow-up and make documentation on all "yes" responses
Does not determine the need for pre-medication
Does not receive patient (or parent) and/or faculty signature prior to beginning procedure
Does not determine patient compliance of medications

Vital Signs
Begins treatment without determining vital signs
Fails to follow clinical protocol when vitals are too high to treat patient

Extraoral and Intraoral Examination
Does not perform
Fails to follow-up on previously reported pathology
Does not determine the need for a consult
Discloses oral cavity prior to faculty evaluation
Fails to detect obvious findings

Teeth/Occlusion
Fails to perform an occlusal assessment
Does not detect apparent caries or faulty restorations
Fails to integrate current radiographs during caries assessment
Fails to evaluate restorative or prosthetic materials (including removable appliances) for appropriate care and maintenance

Gingival Description
Does not perform
Fails to determine disease state
Does not determine the need for consult
Periodontal Status
Does not probe
Causes tissue trauma during periodontal probing
Incorrectly measures four or more probing/recession depths by greater than 1 mm
Fails to identify an area of obvious deep periodontal pocketing
Fails to display radiographs on monitor
Fails to perform and/or calculate a bleeding index
Does not identify furcation involvement of Class 2, 3 or 4
Does not identify tooth mobility
Amount and Type of Deposits
Causes tissue trauma during exploring
Fails to detect gross supragingival and/or subgingival deposits
Does not explore to determine type and amount of deposits
Risk Assessment
Fails to identify patient health care risks that can be improved through the delivery of dental hygiene care.
Reassessment (includes all criteria for Assessment)
Does not perform

PATIENT ASSESSMENT

MINOR ERRORS
Medical History
Does not record amount, type, etc. of medication taken
Does not update demographic section
Does not take a new medical history when indicated
Does not determine if prescriptions are expired/outdated (e.g. premed)
Vital Signs
Fails to record vitals on medical history update
Does not use correct technique
Is unaware of patient’s past history of vital signs
Extraoral and Intraoral Examination
Fails to document findings correctly (e.g. size, shape, proper terminology)
Does not utilize correct technique
Does not explain technique to patient prior to beginning procedure
Fails to detect minor abnormalities
Teeth/Occlusion
Does not correctly identify occlusion
Does not document findings correctly
Does not use proper technique for caries assessment (e.g. air, transillumination, instrument selection)
Fails to detect conditions of teeth (e.g. attrition, fluorosis)
Inaccurately identifies restorative or prosthetic materials.
Gingival Description
Does not document findings correctly
Gingival assessment incorrect
Does not use correct technique
Periodontal Status
Does not use correct technique
Makes inappropriate decision regarding probing
Incorrectly measures up to three probing/recession depths by greater than 1 mm
Does not identify Class I furcation involvement
Incorrectly identifies furcation involvement
Does not identify correct class of mobility

**Amount and Type of Deposits**
Utilizes incorrect instrument and/or technique
Does not document type and amount of deposit correctly
Fails to detect fine deposits

**Risk Assessment**
Does not accurately assess the patient's risk for oral health and systemic disease
Fails to identify all patient health care risks that can be improved through delivery of dental hygiene care

**ORAL HYGIENE DIAGNOSIS**

**MAJOR ERRORS**
Fails to analyze and evaluate all assessment findings
Fails to formulate an appropriate oral hygiene diagnosis based on assessment findings

**MINOR ERRORS**
Some assessment findings not analyzed and evaluated to formulate the Oral Hygiene Diagnosis needs revision based on assessment findings

**TREATMENT PLANNING**

**MAJOR ERRORS**
Does not generate a written comprehensive treatment plan
Does not include oral hygiene instructions in treatment plan
Treatment plan does not reflect the patient’s oral hygiene diagnosis
Does not discuss treatment plan with patient or does not obtain patient's consent to treatment
Does not follow through on need for consultations or referrals during treatment
Continuing care recommendations not identified (e.g. recall interval)
Fails to determine the appropriate agents to be utilized in the care and maintenance of restorative and prosthetic materials (e.g. selection of appropriate polishing agent, fluoride)
Fails to treatment plan for pain management

**MINOR ERRORS**
Oral hygiene instructions do not fully meet special needs of patient
Treatment plan requires slight revision
Number of appointments inappropriate for patient's needs or student's skill level
Treatment sequencing may be inappropriate
Inaccurately determines appropriate care and maintenance of restorative and prosthetic materials
Selects the inappropriate pain management agents or techniques based on patient need

**PERIODONTAL DEBRIDEIMENT**

**MAJOR ERRORS**
Hard and/or soft tissue trauma evident as a result of removal of hard and soft deposits
Supra-gingival hard deposits remain after instrumentation
Any number of accessible sub-gingival hard deposits remaining after instrumentation
Three or more areas of plaque/stain remaining after instrumentation
Inappropriate use of detection skills (e.g. air syringe, explorer, disclosing, indirect vision)
Inappropriate or incorrect deposit removal techniques (e.g. instrument technique, instrument selection, instrument sharpness incorrect or unassessed, use of incorrect sharpening technique, instrument selection, handpiece technique)
Does not re-assess following instrumentation

PERIODONTAL DEBRIDEMENT

MINOR ERRORS
One difficult to access hard subgingival deposit remains after instrumentation. Each additional area constitutes additional minors in periodontal debridement.

One soft deposit/stain remains. Each additional area (up to two errors) constitutes additional minors in periodontal debridement.

CLINICAL JUDGEMENT

MAJOR ERRORS
Fails to review patient chart prior to appointment
Fails to correctly reflect treatment rendered in progress notes
Fails to review protocol for clinical procedures and anticipated treatment (e.g. cleaning dentures, caries activity testing)
Fails to provide patient with treatment planned, individualized oral hygiene instructions
Fails to demonstrate respectful attitude to faculty, patients, peers, health professionals, and supportive staff (e.g. confrontational, displays negative personal feelings or behaviors)
Fails to demonstrate professional behavior to staff, faculty, patients, peers or health professionals
Fails to effectively communicate with faculty, staff, patients or peers
Inappropriately discloses confidential information
Incorrectly administers fluoride treatment
Use of inordinate amount of time during any phase of treatment; Gross mismanagement of time in any aspect of treatment.
Failure to arrive on time to clinic or stay until the end of the clinic session
Compromises the integrity of restorative or prosthetic materials through improper treatment (e.g. use of abrasive agent on gold restoration, use of APF on tooth colored restorations)

CLINICAL JUDGEMENT

MINOR ERRORS
Minor-moderate mismanagement of time in any aspect of treatment
Fails to review previous treatment
Fails to obtain appropriate signatures
Fails to make appropriate entries in patient records (e.g. match form, recall interval, referral)
Fails to obtain or set up appropriate equipment and supplies for anticipated procedures (e.g. anesthesia, ultrasonic instrumentation, homecare supplies, etc.)
Fails to utilize organizational skills to manage case
Fails to utilize "down time" effectively and efficiently (e.g. waiting for anesthesia, waiting for faculty evaluation)
Frequently leaves patient or interrupts appointment
Fails to apply management techniques to non-cooperative patient
Fails to solicit assistance for non-cooperative patient if own efforts are unsuccessful in obtaining control (e.g. sexual harassment, talkative patient, "jumpy" patient, non-responsive patient)
Fails to alter existing treatment plan in a timely manner according to patient needs or in response to treatment
Fails to keep patient/faculty informed of aspects or changes in treatment or appointments (e.g. need for anesthesia, need for biopsy, need for radiographs, or multiple appointments/changes)
Fails to provide consulting faculty with appropriate information regarding patient treatment (e.g. perio. consultation, referral to oral surgery)
Fails to be discrete in making comments relating to patients, peers, faculty, health care professionals or supportive staff
Fails to adhere to clinic dress code (e.g. hair, nails, clothing, or personal hygiene)

INFECTION CONTROL

MAJOR ERRORS
Fails to follow Universal Health Care Precaution Procedures
Fails to properly prepare clinical unit
Fails to follow clinical protocol for handling of "sharps"
Fails to follow post treatment clinical disinfection protocol
Fails to follow clinical protocol for post-exposure evaluation and treatment when an exposure incident occurs

NOTE: The above list is intended as a guide and is not to be considered all inclusive. Faculty will use their discretion when determining major/minor errors.
**DH Clinic Conversion Scale:**

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<th>DHYG 367</th>
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</table>

DEVELOPED BY DENTAL HYGIENE FACULTY 1994
M. Radiology

Refer to the Radiology Program Manual for UNC Dental Hygiene

N. Prescriptions

1) Fluoride

In consultation with supervising dentist, fluorides may be prescribed to dental hygiene patients for desensitization and caries control. Prescription fluoride and prescription toothpaste is available at the dispensary at the discretion of the attending dentist. Fees are manually added to the printed walkout statement. The supervising dentist determines the need for antibiotics, antimicrobials, antifungals and analgesics.

2) Antibiotics, antimicrobials, antifungals, and analgesics.

O. Premedication

UNC School of Dentistry follows the current American Heart Association guidelines for the prevention of infective endocarditis. Comprehensive guidelines can be found at:

http://www.ada.org/en/member-center/oral-health-topics/infective-endocarditis

Students are to contact PRU Patient Care Coordinator (Mary_Mackenzie@unc.edu) forty-eight (48) hours prior to patient’s appointment if premedication is required. The PRU Patient Care Coordinator will then contact the patient and remind them to take his or her premedication. If a patient forgets to take the necessary premedication, the attending dentist may dispense the antibiotics which are available at the clinic dispensary; however, the patient must comply with the recommended wait time in accordance with the AHA prior to the commencement of any invasive treatment. Students may perform noninvasive procedures during the wait time. Patients at high risk for endocarditis must receive a copy of the Endocarditis letter to be completed by their physician or specialist.

P. Recall System

Upon completion of dental hygiene treatment, the student in consultation with the faculty determines the recall interval for a patient. The patient is then informed of the month they should return to the clinic for continuing care. They are advised to call for an appointment one month in advance of their recall month.

Q. Preventive Recall Clinic Radiology Protocol

Prior to each clinic session, the PRU Patient Care Coordinator (Mary Mackenzie) will review the record of each scheduled patient and note which patients are not under active treatment. A patient is not under active treatment if assigned to a dental student and has received a Post-Treatment Assessment, or is not assigned to a dental student. If the patient is under active treatment, no DDS exam or images will be requested.
For patients who are not under active treatment, he/she will note:

1. The date and type of images last captured.
2. Whether images were since ordered that were not captured.

The list will be presented to the attending dentist as the clinic session begins.

Patients not under active treatment for whom images have been ordered but not captured shall be required to obtain those images before beginning treatment. The dentist will review these orders (the dentist may also elect to perform a cursory examination of the patient) and update them if necessary. For example, bitewings might have been ordered two years ago but a full mouth series might now be appropriate. These patients will have images taken on either the clinic floor or the first floor by the student for whom the patient was appointed. When these patients return to the Preventive Recall Clinic, preventive services and the DDS exam will be provided.

Patients not under active treatment who do not have images ordered will have preventive services initiated. The attending dentist will examine each of these patients and order appropriate images. Treatment shall not be interrupted for these patients to obtain images. If possible, images will be taken the same day. If that does not occur, the patient should be given a Radiology appointment to obtain the images. The patient should be warned that if an appointment is made in Preventive Recall without obtaining those images, the next appointment will be interrupted to obtain those images.

When a patient schedules an appointment in the Preventive Recall Clinic, the staff will check EPR for unfilled radiology orders. If the patient needs images captured, the patient will be given a choice of making a trip to the school before scheduling in Preventive Recall, or scheduling the images and preventive visit on the same day.

1) Patient of record not assigned to a DDS student, but with an obvious dental need
   a. Request a DDS exam.

   b. The Exam by Dentist Note (rather than Progress Note or Administrative Note) should be entered in EPR by the examining dentist.

   c. The examining DDS must sign the Exam by Dentist Note and check the option to “forward note to Clinical Affairs for follow-up” before saving the note. This will inform Clinical Affairs that the patient needs to be assigned to a dental student.

2) Patient of record not assigned to a DDS student, but with an obvious dental need requiring radiographs.
   a. Complete the Radiology Request Form in EPR using the radiology management module. Select the “order radiology exam” button.

   b. Escort patient to radiology to schedule an appointment. Exception: students may take limited radiographs (i.e. PA or BWX) using the PSP sensors located in the radiology room adjacent to the 3rd or 4th floor clinic. There is not a CCD sensor in
this operatory, they use the PSP sensors as used in the radiology clinic on patients seen in PRU having immediate radiographic needs.

c. Please note: If you cannot schedule an appointment for the patient due to late dismissal of the patient at the end of clinic, you are expected to follow up with the patient to schedule him/her an appointment in the Radiology Clinic for the prescribed radiographs. It is essential to facilitate the exposure and interpretation of the prescribed radiographs to determine the patient’s oral health needs.

d. Document the radiology request in the progress notes module of the patient’s EPR.

IV. Dental Hygiene Process of Care

A. Overview: Assessment, Diagnose, Plan, Implementation and Evaluation

1. Assessment
   - Health history
   - Vitals
   - Nutritional analysis
   - Extraoral and intraoral examination
   - Periodontal and hard tissue examination
   - Radiographs
   - Indices (plaque index and bleeding index)
   - Risk assessment (tobacco, systemic, caries)

2. Diagnose
   - Problem identification
   - Justify treatment proposed
   - Interpret data

3. Plan
   - Dental hygiene diagnosis
   - Dental hygiene treatment plan
   - Informed consent/treatment plan (student, faculty, and patient signatures)
   - Dental hygiene case presentation

4. Implementation
   - Infection control
   - Periodontal debridement and scaling
   - Recall prophylaxis
   - Pain management
     o Topical (gel or Oraqix)
     o Local (dentist administered)
   - Application of chemotherapeutic agent
   - Application of desensitizing agent
   - Ultrasonic scaling
   - Fluoride therapy
   - Pit and fissure sealants
   - Stain removal
   - Care of dental prostheses
   - Health education and preventive counseling
   - Nutritional counseling
   - Tobacco cessation counseling
• Oral hygiene instructions
• Medical emergency care when necessary (CPR)

5. Evaluation
• Indices (plaque and bleeding)
• Reevaluation of oral and periodontal health
• Subsequent treatment needs
• Recall appointment interval
• Referral
• Patient satisfaction

B. Appointment Sequencing
1. Single Appointment Guidelines
   1) Infection control procedures
   2) Chief Complaint
      a. Interview and discuss reasons for dental hygiene visit
      b. Note any concerns, complaints or findings and relay to faculty
   3) Assessment
      a. Review health history (update the Health History Module if any changes occurred in the patient’s health history or if it has been 6 months since last update of the Health History Module)
      b. Vitals (blood pressure and pulse, respiration rate on patients w/ pulmonary conditions)
      c. Follow up on patient responses by interviewing patient, consulting with faculty, consulting with supervising dentist, using drug referencing texts and/or database, and/or consult with physician
      d. Recognize conditions that may contraindicate treatment
      e. Risk assessment (medical conditions, medications, nutrition (diet), tobacco, alcohol, drugs, lifestyle, occupation, environmental exposure)
      f. Write a summary of the health history (EPR or Patient Worksheet depending on protocol for updating the EPR health history module)
      g. Review with DH faculty before obtaining signature of patient (if update in EPR)
      h. Electronic signatures if update in EPR
         1) Student
         2) Faculty Approval
         3) Patient
   4) Extraoral and intraoral examination
      a. Note gait, physical handicaps, hands, movement
      b. Inspect, palpate, and record deviations from normal
         • Skin of face, neck, lips
         • Lymph nodes
         • TMJ function
         • Thyroid
         • Labial and buccal mucosa
         • Floor of mouth
         • Tongue
         • Hard and soft palate, oropharynx
• Retromolar pads, maxillary tuberosities
• Occlusal assessment (molar classification, canines if molars are absent, overbite, overjet, midline deviation, crowding, malposition)
• Condition of teeth (attrition, abrasion, abfraction, erosion)
• Restorative inspection/Caries assessment
• Gingival assessment (color, consistency, texture, contour, defects, recession: recession must be charted on periodontal charting in EPR)
• Periodontal Assessment
  o UNC 15 probe used to probe entire dentition
  o Record all periodontal measurements with bleeding noted
  o Furcation assessment
  o Tooth mobility
  o Bleeding index

5) Planning, Diagnosis and Treatment Plan
   a. Recognize all diseases and potential problems
   b. Identify patient needs related to dental hygiene care
   c. Properly classify patient’s periodontal status and diagnosis code
   d. Determine needs for consults
   e. Develop customized treatment plan
   f. Obtain signatures for treatment plan acceptance and presents appropriately to patient and faculty

6) Implementation (Treatment: education, counseling)
   a. Dietary analysis and nutritional counseling
   b. Caries risk assessment and counseling
   c. Tobacco cessation
   d. Periodontal assessment counseling
   e. Use disclosing solution to determine plaque index, discuss score with patient and faculty, determine appropriate oral physiotherapy aids and techniques for plaque control
   f. Compare previous plaque scores (if available)

7) Pain management
   a. Determine need
   b. Determine type
   c. Discuss needs assessment with patient and faculty
   d. Obtain local anesthesia from dentist (have armamentarium ready with areas needing anesthesia noted)

8) Instrumentation
   a. Properly uses explorers (assess calculus, caries, defective restoration margins, furcations)
   b. Properly uses UNC 15 probe (probing depths, recession, measuring lesions, mobility assessment)
   c. Gracey curettes (used for lighter deposits)
   d. Universal curettes (used for moderate-heavy deposits)
   e. Anterior and posterior sickle (supragingival calculus)
   f. Ultrasonic (periodontal debridement with ultrasonic insert selection based on type and location of deposits).

9) Stain and plaque removal
a. Rubber cup polishing: use the least abrasive agent possible (toothpaste, fine, medium, coarse) should avoid any agent on restorative materials
b. Air polishing: can be used in any situation where a rubber cup is used. Not to be used on ceramic, gold, porcelain or composite. Some medical contraindications (Sodium restricted diet, respiratory problems, swallowing difficulty).

c. Flossing always follows polishing.
d. Disclose for self-evaluation.

10) Fluoride

a. Topical fluoride should always follow polishing and may be indicated in the absence of polishing (exception: patients on regular home fluoride or Prevident, allergies, nausea, etc.).
b. Fluoride recommendations are also based on caries risk assessment.
c. CavityShield is available from the dispensary and is an excellent choice for high risk individuals, elderly patients, xerostomia patients, and patients experiencing tooth sensitivity. It is applied to preferably dry teeth. Directions for care after treatment include: “do not remove CavityShield by brushing or flossing for at least 4-6 hours. If possible, wait until tomorrow to resume normal oral hygiene. Eat a soft food diet during the treatment period. Avoid hot drinks and products containing alcohol during the treatment period.”
d. Tray Fluoride:
   a. Neutral sodium fluoride is indicated for individuals with composites, gold, porcelain, ceramic restorations, and sealants.
   b. APF is indicated for patients having a natural dentition in addition to all other types of restorations (i.e. amalgams) not listed above. APF is also contraindicated for patients suffering from xerostomia. Students should position patient in the upright position and proceed to drying the teeth with air or gauze.
   c. The mandibular tray should be seated first, followed by the maxillary tray. Both NaF and APF gels/foams require 4 minutes applications. Patient should not be left unattended during treatment. Finally, students should instruct their patient to refrain from eating, drinking, or rinsing for 30 minutes.

2. Multiple Appointment Guidelines

   1) Infection control procedures
   2) Chief Complaint
      a. Inquire about existing dental problem or clarify purpose of visit.
   3) Re-Assess
      a. Review medical history (update the Health History Module if any changes occurred in the patient’s health history or if it has been 6 months since last update of the Health History Module).
      b. Vitals (blood pressure and pulse, respiration rate on patients w/pulmonary conditions).
      c. Write a summary of the health history (EPR or Patient Worksheet depending on protocol for updating the EPR health history module).
      d. Review with DH faculty before obtaining signature of patient (if update in EPR)
e. Electronic patient signature if update in EPR.
f. Electronic student signature if update in EPR.
g. Faculty approval/electronic faculty signature if update in EPR.

4) Extraoral examination and intraoral examination
   a. Note only changes.
   b. Carefully re-evaluate gingival appearance in the areas (sextants, quadrants) treated at previous visit(s).

5) Treatment plan/Implementation
   a. Modify treatment plan as necessary (discuss with patient and faculty).
   b. Re-disclose to determine plaque index change.
   c. Reinforce oral hygiene instructions – modify if necessary.
   d. Follow treatment plan and make recommendations on future recall intervals.

C. Scaling and Debridement Guidelines
   1) Examination finding, diagnosis, and treatment plan should be reviewed and discussed with faculty on each appointment before scaling.
   2) Use local anesthesia if necessary.
   3) As a guideline, a quadrant should be scaled during each appointment. For heavier patients a sextant may be assigned.
   4) Select right or left side to scale (Quads 1 & 4, Quads 2, 3).
   5) Gross scaling should not be performed unless the deposits are so heavy that the assessment (probing) cannot be performed.
   6) Students are expected to scale quadrants and sextants from both the buccal and lingual aspects to completion. It is not acceptable to scale a quadrant from the buccal aspect only and not to address the lingual at all due to a lack of time. If this is likely, students should alter the treatment plan and scale only a sextant rather than not finish the area to completion.
   7) The area of the most involvement (discomfort associated with periodontal health, pockets, or deposits) should be addressed first.
   8) The patient’s gingival assessment should be reviewed at each visit. By carefully examining the tissue in the area scaled previously, observations are made regarding tissue response. If areas of inflammation persist, the student should suspect residual calculus, reassess and rescale as necessary.

D. Tissue Evaluation Guidelines/Last Appointment for the Multiple Appointment Patient (patients requiring extensive scaling)
   1) Services rendered during the final appointment for extensive scaling cases (e.g. 03 patients) include: gingival assessment, post treatment probing, oral hygiene instructions (plaque index), and plaque/stain removal.
   2) If necessary, consults are obtained.
   3) Difficult cases (e.g. 03/04 patients) and all cases involving Arestin placement should be assigned a three month recall interval.

E. Dental Hygiene Treatment Planning Guidelines
   Treatment planning prepares students for the eventual responsibility of planning appointments for patients in practice. By proposing a sequence of events for a particular patient, the student is able to project how many visits will be required and plan what will be accomplished at each of these visits. Treatment plans should be formulated by students
based on the patient’s chief complaint, general health considerations, dental considerations and periodontal involvement.

Treatment plans are discussed with both the patient and the faculty. Treatment plans are subject to modification. Treatment plans are customized, individualized plans for improving a patient’s health and are not to be taken lightly. This is also a written, legally binding agreement of projected needs and care.

F. **Patient Classification** (Reason for Treatment & Calculus Rating)

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<th>Calculus Rating</th>
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<td><strong>Type I = Gingivitis</strong></td>
<td><em>Aggressive Periodontitis: Type III = Moderate</em></td>
<td>01 = No Significant Subgingival Calculus</td>
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<td>Inflammation of the gingiva characterized clinically by changes in color, gingival form, position, surface appearance, and presence of bleeding and/or exudate.</td>
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<tr>
<td><strong>Type II = Slight Periodontitis</strong></td>
<td><em>Aggressive Periodontitis: Type IV = Severe</em></td>
<td>02 = Slight Subgingival Calculus</td>
</tr>
<tr>
<td>Progression of gingival inflammation into deeper periodontal structures and alveolar bone crest, with slight bone loss. There is usually a slight loss of connective tissue attachment and alveolar bone.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Type III = Moderate Periodontitis</strong></td>
<td>Chronic Periodontitis: Type II = Slight</td>
<td>03 = Moderate Subgingival Calculus</td>
</tr>
<tr>
<td>A more advanced stage of the preceding condition, with increased destruction of periodontal structures and noticeable loss of bone support, possibly accompanied by an increase in tooth mobility. There may be furcation involvement in multi-rooted teeth.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Type IV = Severe Periodontitis</strong></td>
<td>Chronic Periodontitis: Type III = Moderate</td>
<td>04 = Heavy Subgingival Calculus</td>
</tr>
<tr>
<td>Further progression of periodontitis with major loss of alveolar bone support usually accompanied by tooth mobility. Furcation involvement in multi-rooted teeth is likely.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Chronic Periodontitis: Type IV = Severe</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Periodontal Abscess</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Aggressive periodontitis includes early onset diseases-juvenile & prepubertal periodontitis, rapidly progressive periodontitis and refractory periodontitis. If an aggressive periodontal patient has not been previously diagnosed with aggressive periodontitis, please consult with the periodontal faculty for reclassification. A diagnosis code of Aggressive Periodontitis cannot be made by the dental hygiene student.
Types and Characteristics of Dental Calculus Deposits

**Spicule:** an isolated, small particle or speck of calculus. Commonly located at line angles, midline of a tooth, and under contacts areas in the col region.

**Nodule:** larger spicule-type with a crusty or spiny surface.

**Ledge:** a long ridge of calculus that runs parallel to the margin.

**Ring:** a ridge of calculus that runs parallel to the margin and encircles the tooth.

**Veneer (Sheet):** a thin, smooth coating of calculus with a “shield-like” shape

<table>
<thead>
<tr>
<th>Supra-gingival Calculus Deposits</th>
<th>Sub-gingival Calculus Deposits</th>
<th>Residual Calculus Deposits</th>
<th>Finger-Like Formation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calculus deposits located coronal to the gingival margin</td>
<td>Calculus deposits located apical to the gingival margin, within the sulcus</td>
<td>Small fragments of calculus remaining on the tooth surface</td>
<td>A long, narrow deposit running parallel or oblique to the long axis of the root</td>
</tr>
</tbody>
</table>

**Calcium Rating**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>No significant sub-gingival calculus deposits. A majority of the deposits are located supra-gingivally. May have spicules of calculus located at or slightly beneath the gingival margin, but are easily accessible.</td>
</tr>
<tr>
<td>02</td>
<td>Slight sub-gingival calculus deposits. Must present with a minimum of 6 areas of sub-gingival calculus deposits that are not extensions of supra-gingival calculus. Calculus deposits may be visible on radiographs. Deposits would most likely be in the form of spicules and nodules.</td>
</tr>
<tr>
<td>03</td>
<td>Moderate sub-gingival calculus deposits. Moderate, generalized sub-gingival calculus deposits. Calculus deposits may be visible on radiographs. Calculus may be more concentrated interproximally, but can also be located facially and lingually. Patient would likely present with ledges, rings, and veneers/sheets of calculus.</td>
</tr>
<tr>
<td>04</td>
<td>Heavy sub-gingival calculus deposits. Heavy, generalized sub-gingival calculus deposits detected on all aspects of the dentition with deposits visible on radiographs. Patient would likely present with ledges, rings, veneers/sheets, and finger-like formation of calculus.</td>
</tr>
</tbody>
</table>
G. Dental Emergencies

Management of Medical Emergencies in the UNC School of Dentistry
School of Dentistry Basic Life Support (CPR) Policy

All medical emergencies occurring in the School of Dentistry are phoned into Oral and Maxillofacial Surgery for first response. 7-3911. Give the floor, operatory number and description of the situation. Stay on the line until otherwise notified.

H. Consultations

1) Dental Specialties
   a. Consults (e.g. perio, endo, and pathology) are obtained by notifying the front desk clerks of the specialty that is needed and the operatory number in which the consult is needed.
   b. Consults can take several minutes or up to an hour and therefore should be obtained on the patient's last appointment, if the situation is not urgent. Students are encouraged to continue with patient care and to avoid disclosing the patient if a pathology consultation is indicated.
   c. Limited care patients may receive consults, when indicated. However, the patient must be informed that UNC is not obligated to provide treatment, unless the patient is accepted through the normal admissions process. Limited care patients may also receive Arestin if a dental faculty orders it in writing and the patient pays the full fee.

2) Medical
   If the patient needs a medical consultation, it is suggested they see their own physician or obtain a private physician if they do not have one.

I. Quality Assurance of Dental Hygiene Care

Mechanisms utilized for assuring quality of dental hygiene care to patients:

1) PRU Protocol for all clinic courses

Patient Confirmation
- To ensure personal safety, students are advised not to call to confirm patient appointments or provide personal contact information to patients. If a student needs to call a patient, they are advised to use a UNC phone or block their cell phone numbers so the patient does not have access to their phone number. All PRU appointments will be confirmed by UNC's HouseCalls system. The HouseCalls system electronically calls scheduled patients three days in advance.
- Students may request a personal phone confirmation by the PRU Patient Care Coordinator or one of the fourth floor front desk staff members. The request must be placed at least 48 hours in advance. Situations that may require a personal confirmation by one of the UNC’s staff members include: premedication reminders, reminders to patient to bring updated list of medications, to inform the
patient about parking accommodations and fees, in addition to any other important correspondences.

Attendance and Tardiness
- All students are required to report to clinic by 9:45 (AM clinic) or 1:45 (PM clinic).
- Clinical tardiness affecting the entire class (e.g. late dismissal from class) will be excused.
- Student tardiness or absenteeism from clinic will be noted on the daily evaluation sheet and addressed by the individual clinical course directors.
- Students are required to remain in clinic (and assist peers or perform clinic related activities) if originally scheduled in PRU and there is a no show or cancellation. Students are not permitted to leave clinic early and must stay until the end of clinic (1:00pm for am clinical sessions; 5:00 pm for afternoon clinical sessions).

Medical History
- Students must receive faculty approval prior to initiating patient treatment.
- All medications must be referenced from either the Mosby’s drug book, UNC Hospital Pharmacy, or one of the computer drug reference programs (i.e. Lexicomp). Students must be able to report to the faculty what drug(s) the patient is taking, the dosage, their indication(s), oral manifestations, and contraindications to dental treatment.
- All current medications must be listed in the current health history update/summary along with specific premedication regimen reported by the patient, etc. Vital signs should be recorded on the Patient Worksheet to be transferred to the EPR Progress Note Module section dedicated to vital sign information.

Assessment
- Students must thoroughly assess the patient’s extraoral and intraoral condition for atypical, abnormal, and pathologic findings.
  - All patients scheduled in the Preventive Recall Clinic should receive an up-to-date full mouth periodontal probing evaluation. All probing depths must be recorded along with any areas of bleeding.
- Reassessment
  - Students must reassess the patient’s medical and dental health status at each appointment.
  - Periodontal tissues must be evaluated for changes, if scaling was initiated during the previous appointment.
  - Students must reassess and document probing depths, bleeding upon probing, and recession scores, for patients in progress, if 28 days or 4 weeks has lapsed since the initiation of scaling. Only the areas that were scaled must be reassessed.
Treatment Plan
• An individualized treatment plan must be created for each patient.
• Patients should be involved in the risk assessment and dental hygiene treatment plan process.
• Plans must be reviewed carefully with the patient and students must obtain the patient’s informed consent in addition to faculty approval prior to initiating treatment.
• Patients must be informed of treatment cost prior to providing care.

Scaling/Debridement
• Students must debride all areas exhibiting deposits, heavy bleeding or inflammation.
• Instrument sharpening should occur prior to seating patient, and may be repeated during treatment.

Stain/Plaque Removal
• Initial attempt to remove extrinsic stain must involve the use of hand instrumentation or ultrasonic scaler.
• Residual stain should be removed using the least abrasive agent.
• Stain removal methods may include: coronal rubber cup polishing and air polishing.
• Regular polishing paste should be avoided on composite restorations, veneers, PFM crowns, and FGC crowns. These areas may be polished with approved agents.

Fluoride Therapy
• Students should educate patients on the benefits of a fluoride treatment and recommend the most beneficial type of fluoride based on the patients’ needs and caries risk assessment. See page 29 for details.

Conclusion of appointment
• Students should follow this sequence of events:
  o Enter procedure codes and print transmittal slip; reschedule patient for return appointment, if necessary.
  o Give patient oral hygiene aids in addition to any relevant clinic forms.
  o Escort patient to waiting area.
  o Return instruments and hand pieces to dispensary.
  o Document progress notes and periodontal charting.
  o Complete STAR Assessment.
  o Check pending signatures in EPR.
  o Disinfect operatory area and reapply barriers.
• Students MUST STOP ALL TREATMENT NO LATER THAN 12:30 (AM clinic) or 4:30 (PM clinic) and dismiss patients in addition to returning instruments to dispensary no later than 12:45 (AM clinic) or 4:45 (PM clinic).
2) **Recall**
At the conclusion of treatment, students should collaborate with their assigned faculty member to establish an appropriate recall interval for their patient. The patient must be informed of their recall interval and instructed to call the Preventive Recall clinic at least one month prior to the recall month in order to obtain an appointment.

3) **Monitoring Student Progress**
Students are responsible for documenting and maintaining their records of clinic progress. Student progress is monitored by the clinic directors during the midterm and final progress meetings and on an individual, as needed, basis.

4) **Monitoring Referral and Limited Care Patients**
Students are assigned referral and limited care patients on a requirement driven basis. Students assigned limited care or referral patients assume the responsibility for these patients until their completion of treatment in the PRU clinic. At the time of completion, the student communicates to the PRU Patient Care Coordinator (as well as the referring resident or dental student, if applicable) the oral health status of the patient and the date of completion.

5) **Monitoring Incomplete Patients**
Any patient that is incomplete at the end of the appointment must be recorded on the student’s Incomplete Patient Log. The log must be updated each time the patient returns through the completed date of treatment. Additionally, it must be signed by the attending clinic faculty. The log will be checked by the clinic coordinator or faculty mentor throughout the semester. All patients that are incomplete at the end of the semester must be justified to the clinic course director at the final clinical progress meeting. Justification for incomplete patients will be considered on an individual basis and may be reflected in the patient management portion of the student’s final grade.
APPENDIX I: PROGRAM PHILOSOPHY

The philosophy of the dental hygiene program is to empower students to grow into lifelong learners who are competent in providing patient care to a diverse population in traditional and non-traditional settings. Our aim is to inspire students to become critical thinkers who utilize evidence-based decision-making within the scope of dental hygiene practice. In addition, baccalaureate graduates complete educational requirements that provide a liberal arts foundation while also attaining expanded knowledge and skills in dental hygiene practice.
APPENDIX II: PROGRAM GOALS AND COMPETENCIES

The dental hygiene graduate will:

**Goal 1:** Possess the skills and knowledge needed to provide optimal dental hygiene patient care while valuing and adhering to the ethical beliefs as stated by the American Dental Hygienists' Association Code of Ethics.

**Competencies:**

1.1 Apply a professional code of ethics and values in all endeavors.

1.2 Adhere to the North Carolina Dental Hygiene Practice Act as well as other state and federal laws governing the practice of dental hygiene.

1.3 Promote optimal oral health for all patients through an evidence-based approach.

1.4 Continuously perform self-assessment for professional growth through lifelong learning.

1.5 Advance dental hygiene and the dental profession through service activities and affiliations with professional organizations.

1.6 Employ quality assurance healthcare mechanisms in order to ensure standard of care.

1.7 Provide care to all patients using an individualized approach that is humane, empathetic, and caring.

**Goal 2:** Promote the values of optimal oral health as related to general health and overall wellness to all patients.

**Competencies:** The dental hygiene graduate will be competent in the performance and delivery of oral health promotion and disease prevention services in public health, private practice, and/or alternative settings.

**For the Individual**

2.1 Provide educational methods using appropriate communication skills and educational strategies to promote optimal health.

2.2 Promote preventive health behaviors by personally striving to maintain oral and general health.

2.3 Identify the oral health needs of patients to promote healthy lifestyles and appropriate self-care regimens.

**For the Community**

2.4 Identify individual and population risk factors and develop strategies that promote health related quality of life.

2.5 Identify interventions that promote oral health while preventing oral disease.

2.6 Participate in the assessment, planning, implementation and evaluation phases of community-based oral health programs.

2.7 Recognize the importance of public policy processes in order to influence consumer groups, businesses, and government agencies to support health care issues.
2.8 Promote and maintain a collegial relationship between dental hygiene and the overall health care system.

**Goal 3:** Embrace an interdisciplinary role within the health care system and assess, plan, implement, and evaluate oral health care programs and activities for diverse population groups while facilitating access to care and services.

**Competencies:**
3.1 Assess, plan, implement and evaluate community based oral health programs.
3.2 Provide screening, referral and education services that facilitate public access to the health care system.
3.3 Provide community oral health services in a variety of settings.
3.4 Develop a knowledge base of the health care system (local, state, and national levels) and recognize their role within this interdisciplinary construct.
3.5 Develop a knowledge base to be able to influence community groups, businesses and government agencies to support health care issues.

**Goal 4:** Assess, plan, implement, and evaluate treatment in the promotion of oral and systemic health using an evidence based approach.

**Competencies:**
4.1 Systematically collect, analyze, and record data on the general, oral and psychosocial health status of a variety of patients using methods consistent with medico legal principles.
4.2 Use critical decision making skills to reach conclusions about the patient’s dental hygiene needs based on all available assessment data.
4.3 Collaborate with the patient and/or other health professionals to formulate a comprehensive dental hygiene care plan that is patient-centered and based on current scientific evidence.
4.4 Provide specialized treatment that includes preventive and therapeutic services designed to achieve and maintain oral health.
4.5 Evaluate the effectiveness of the implemented clinical, preventive, and educational services and modify as needed.

**Goal 5:** Value the dental hygiene profession through career growth and development and commitment to lifelong learning.

**Competencies:**
5.1 Illustrate commitment to the dental hygiene profession by active membership, leadership, and/or service in professional organizations.
5.2 Pursue continuing education courses and/or higher education that demonstrate a commitment to lifelong learning.
APPENDIX III: ADHA CODE OF ETHICS

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

2. Purpose
The purpose of a professional code of ethics is to achieve high levels of ethical consciousness, decision making, and practice by the members of the profession. Specific objectives of the Dental Hygiene Code of Ethics are:
- To increase our professional and ethical consciousness and sense of ethical responsibility.
- To lead us to recognize ethical issues and choices and to guide us in making more informed ethical decisions.
- To establish a standard for professional judgment and conduct.
- To provide a statement of the ethical behavior the public can expect from us.

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

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

4. Basic Beliefs
We recognize the importance of the following beliefs that guide our practice and provide context for our ethics:
- The services we provide contribute to the health and well being of society.
- Our education and licensure qualify us to serve the public by preventing and treating oral disease and helping individuals achieve and maintain optimal health.
- Individuals have intrinsic worth, are responsible for their own health, and are entitled to make choices regarding their health.
- Dental hygiene care is an essential component of overall 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.
5. 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.

6. 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 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.

7. Standards of Professional Responsibility

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

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

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

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

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

To Colleagues...
• Conduct professional activities and programs, and develop relationships in ways that are honest, responsible, and appropriately open and candid.
• Encourage a work environment that promotes individual professional growth and development.
• Collaborate with others to create a work environment that minimizes risk to the personal health and safety of our colleagues.
• Manage conflicts constructively.
• Support the efforts of other dental hygienists to communicate the dental hygiene philosophy and preventive oral care.
• Inform other health care professionals about the relationship between general and oral health.
• Promote human relationships that are mutually beneficial, including those with other health care professionals.

Patient Rights and Responsibilities

WELCOME

We are pleased that you have selected the UNC School of Dentistry for your dental care. The School is a research and teaching institution with a commitment to the education of health care professionals. Adults and children who receive care in our clinical programs are vitally important participants in this process. For that reason, we expect to make your experience a healthy and satisfying one.

We are committed to the highest quality of care. To do this, the patient, or parent of patients, and dental professionals must work together to develop the best relationships. A better understanding of your oral condition and your rights and responsibilities in the treatment of that condition will contribute to better care and greater satisfaction for all concerned. We realize that no set of guidelines can ever fully describe the special relationship that exists between you and your doctor. The purpose of this brochure is to enhance the mutual trust, cooperation and respect that surround this relationship.

YOUR RIGHTS AS A PATIENT

YOU AS A PERSON.....We are not only interested in providing you with the best dental care, but also in recognizing and respecting your dignity as a human being. You should expect to be treated with consideration and respect regardless of your race, creed, national origin, age, disability, sex, or source of payment.

SERVICES YOU NEED.....Within its capacity, the School will provide diagnostic and treatment services consistent with the urgency of your needs. We will inform you about what we can and cannot provide and help in making referrals for treatment elsewhere. When your relationship with the School ends, for whatever reason, we will tell you about your further treatment needs.

UNDERSTANDING YOUR PLAN OF CARE.....You are entitled to a clear explanation of your dental problems, what treatment is recommended, what the alternatives are as well as any risks involved, the estimated costs, who will provide your care and approximately how long it may take. Complications encountered during therapy that may alter your plan of care or affect the outcome of your treatment also will be explained to you.

CONSENT AND REFUSAL OF TREATMENT.....You have the right to participate in decisions about your dental treatment and to have any questions answered before making a decision. Any treatment you receive will meet appropriate standards of care. You may refuse treatment and expect to be informed of the possible consequences of your decision.

CONFIDENTIALITY.....Discussions about your care will be done with as much consideration for your privacy as possible. A copy of your treatment record will not be released without your written
permission, except as required through an insurance contract or by law. You have the right to read your dental record and to have the information explained as necessary.

YOUR RESPONSIBILITIES AS A PATIENT
As a patient or the parent of a patient in our programs, your responsibilities are:

- To be considerate and respectful of other patients, students, faculty and staff of the School.
- To share honestly and completely information about your medical and dental history, previous illnesses, hospitalizations, exposure to communicable diseases, medications you are taking, allergies, and your current medical care.
- To let us know when there are changes in your general health condition, and when you experience unusual discomfort or complications following a treatment procedure.
- To ask questions so that you can better understand the nature of your dental condition and the treatment provided.
- To follow the instructions you are given.
- To be available for services you need, keep your scheduled appointments, and arrive for appointments on time.
- To pay for all services when received unless other arrangements have been approved in our Patient Accounting Office.

YOU HAVE A REPRESENTATIVE ON OUR STAFF

Our Patient Care Coordinators are available from 8 AM to 5 PM Monday through Friday to assist with any questions, concerns or problems you have about your treatment. Contact them at (919) 537-3588
APPENDIX V: LINKS TO UNC SCHOOL OF DENTISTRY POLICIES

General Clinic Policies:  https://www.dentistry.unc.edu/experience/policies/

A. Infection Control

B. Latex Allergy Policy
   https://www.dentistry.unc.edu/experience/policies/latexallergy/

C. Exposure Control Plan for Bloodborne Pathogens
   https://www.dentistry.unc.edu/experience/policies/exposures/

D. HIPAA
   https://www.dentistry.unc.edu/experience/policies/hipaa/

E. Silver and Lead Recovery
   https://www.dentistry.unc.edu/experience/policies/silverleadrecovery/

F. Radiation Safety Program Manual

G. Exposures during Extramural Rotations
APPENDIX VI: CLINICAL REQUIREMENTS
DHYG 267L (DHYG 67L), DHYG 357 (DHYG 77), DHYG 367 (DHYG 87)

Each course syllabus lists the clinical requirements and site objectives for the respective course. This includes the number of completed patients, the number of competency patients, and the process evaluations required. Additionally, specific rotation objectives are listed for each on campus and off campus rotation, as applicable to each course.
APPENDIX VII: POST OPERATIVE INSTRUCTIONS FOR PRU PATIENTS

You have just completed treatment in the Preventive Recall Unit!
It has been a pleasure to treat you. To insure that you reach optimum dental health, we would like to review the following with you:

- It is normal to experience some tenderness of the gum tissues when scaling has been performed. If you experience intolerable pain or bleeding; or if the pain lasts longer that a few days, please contact the Urgent Care Clinic (919-537-3858) here at the UNC School of Dentistry.

- If you have received a fluoride treatment at the conclusion of your appointment, you should adhere to the following instructions;

  CavityShield™ Fluoride Varnish - After the application of CavityShield you will feel a coating and may notice a difference in color while the varnish remains on your teeth. To obtain the maximum benefit during the 4-6 hour treatment period, we ask that you take the following care after you leave our office.

  - Do not remove CavityShield by brushing or flossing for at least 4-6 hours.
  - If possible, wait until tomorrow morning to resume normal oral hygiene.
  - Eat a soft food diet during the treatment period.
  - Avoid hot drinks and products containing alcohol (i.e. beverages, oral rinses, etc.) during the treatment period.

  A thorough brushing and flossing will easily remove any remaining CavityShield. Your teeth will return to the same shine and brightness as before the treatment.

  Topical Fluoride Tray Application - No rinsing, eating, drinking or brushing for 30 minutes after the application.

A great deal of success in maintaining good oral health is your commitment to oral self-care. A healthy mouth requires a daily, lifetime commitment to good oral hygiene practices. We encourage you to comply with the oral hygiene plan that you and the student discussed as summarized below:

  BRUSHING:
  FLOSSING:
  MOUTH RINSES:
  ORAL HYGIENE AIDS:

  Your recall interval has been set at __________ months. Please call our clinic at least one month prior to your recall month in order to schedule your next recall appointment (919-537-3928).

  You have been added to my family of patients. I will be contacting you in ________ months to set up your next recall appointment. Please do not call the UNC School of Dentistry to schedule your next recall appointment as I look forward to continuing your hygiene treatment.

Thank you for giving us the opportunity to assist you in addressing your oral health needs.
APPENDIX VIII: EXIT LETTER FOR LIMITED CARE PATIENTS

Dear _________________________,

Thank you for the opportunity to provide you with limited dental hygiene services. Although your treatment is complete, please be aware that the services provided to you were limited and may not have met all of your dental needs. I recommend that you seek a dental provider, as soon as possible, for a comprehensive dental exam.

Further dental and dental hygiene care may be provided by a private dentist, community clinics, SHAC which is a student run free clinic, (http://www.med.unc.edu/shac/clinical-services/Dental-SHAC) or the school of dentistry at the University of North Carolina at Chapel Hill. You may request to have a copy of your records to be sent to the dentist of your choice by signing a written consent and paying a minimal duplication fee.

The following explains the process of becoming a patient of record at the UNC School of Dentistry.

1. **Admissions drawing:** potential patients must enter a monthly drawing. To enter the drawing, an application may be requested at: https://www.dentistry.unc.edu/patientcare/whichclinic/, and can also be obtained on the ground floor of Tarrson Hall. A monthly drawing will be held at the beginning of each month. If your application is selected, it will be reviewed to determine whether your needs satisfy the School’s educational objectives. If so, you will be placed on a waiting list for a screening appointment. If your application is not selected, it will remain active until the expiration date printed on the bottom of the application, such that you will automatically be entered into up to three consecutive monthly drawings. After the expiration date, you will need to complete a new application to be eligible for the monthly drawing. Please note that if you have unpaid balances or have been previously dismissed from the school, you will not be considered for the drawing.

2. **Application:** If you receive an application, you must return it within two weeks. On the application, please indicate your treatment needs (i.e. fillings). The application will be reviewed to determine whether your needs satisfy the school’s educational objectives. If so, you will be placed on a waiting list (0 to 6 months) for a screening appointment.

3. **Screening Visit:** During the screening visit, your basic oral health status and treatment needs will be assessed. Admission will be denied if the treatment needs are too simple or too complex for our students to manage. Admission may also be denied if the information you provided on the application varies greatly from what is observed during the screening visit. If you are admitted for treatment, necessary radiographs (x-rays) will be completed the same day; therefore, you should allow three hours for this visit.

4. **Non-Discrimination:** In accepting patients, the School does not discriminate on the basis of race, creed, gender, national origin, age, or medical or physical challenges.

   If you are seeking an application for a child under 12 years old, please call 919-537-3789.

   For more information, please see: http://www.dentistry.unc.edu/patient/

Sincerely,

Dental Hygiene Student
UNC School of Dentistry
APPENDIX IX: COMPLAINTS TO CODA

A complaint is defined by the Commission on Dental Accreditation as one alleging that a Commission-accredited educational program, or a program which has an application for initial accreditation pending, may not be in substantial compliance with Commission standards or required accreditation procedures.

REQUIRED NOTICE OF OPPORTUNITY AND PROCEDURE TO FILE COMPLAINTS WITH THE COMMISSION

Each program accredited by the Commission on Dental Accreditation must develop and implement a procedure to inform students of the mailing address and telephone number of the Commission on Dental Accreditation. The notice, to be distributed at regular intervals, but at least annually, must include but is not necessarily limited to the following language:

The Commission on Dental Accreditation will review complaints that relate to a program’s compliance with the accreditation standards. The Commission is interested in the sustained quality and continued improvement of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for treatment received by patients or individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students.
A copy of the appropriate accreditation standards and/or the Commission’s policy and procedure for submission of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago, IL 60611-2678 or by calling 1-800-621-8099 extension 4653.

The accredited program must retain in its files information to document compliance with this policy so that it is available for review during the Commission’s on-site reviews of the program.

REQUIRED RECORD OF COMPLAINTS: The program must maintain a record of student complaints related to the Commission’s accreditation standards and/or policy received since the Commission’s last comprehensive review of the program.

DUE PROCESS RELATED TO INVESTIGATION OF COMPLAINTS

The following procedures have been developed to handle the investigation of complaints about an accredited program, or a program which has a current application for initial accreditation pending, which may not be in substantial compliance with Commission standards or established accreditation policies.
APPENDIX X: Policy on Complaints Directed at CDA-Accredited Educational Programs

Students, faculty, constituent dental societies, state boards of dentistry, and other interested parties may submit an appropriate, signed complaint to the Commission on Dental Accreditation (CDA) regarding any CDA-accredited dental, allied dental or advanced dental education program, or a program which has an application for initial accreditation pending. The Commission is interested in the continued improvement and sustained quality of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for treatment received by patients or individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students.

In accord with its responsibilities to determine compliance with accreditation standards and required policies, the Commission does not intervene in complaints as a mediator but maintains, at all times, an investigative role. This investigative approach to complaints does not require that the complainant be identified to the program.

The Commission, upon request, will take every reasonable precaution to prevent the identity of the complainant from being revealed to the program; however, the Commission cannot guarantee the confidentiality of the complainant.

Only written, signed complaints will be considered by the Commission; oral and unsigned complaints will not be considered. The Commission strongly encourages attempts at informal or formal resolution through the program’s or sponsoring institution’s internal processes prior to initiating a formal complaint with the Commission. The following procedures have been established to manage complaints:

Inquiries:
When an inquiry about filing a complaint is received by the Commission office, the inquirer is provided a copy of the Commission’s Evaluation Policies and Procedures (EPP) manual (includes the Complaint Policy) and the appropriate Accreditation Standards document.

The initial screening is usually completed within thirty (30) days and is intended to ascertain that the potential complaint relates to a required accreditation procedure (i.e., one contained in Evaluation Policies and Procedures [EPP]) or to one or more accreditation standard(s) or portion of a standard which have been or can be specifically identified by the complainant.

Written correspondence clearly outlines the options available to the individual. It is noted that the burden rests on the complainant to keep his/her identity confidential. If the complainant does not wish to reveal his/her identity to the accredited program, he/she must develop the complaint in such a manner as to prevent the identity from being evident. The complaint must be based on the accreditation standards or required accreditation procedures. Submission of documentation which supports the non-compliance is strongly encouraged.

Written Complaints:
When a complainant submits a written, signed statement describing the programs non-compliance with specifically identified procedure(s) or standard(s), along with the appropriate documentation, the following procedure is followed:
1. The materials submitted are logged in and reviewed by staff.
2. Legal counsel, the chair of the appropriate review committee, and the applicable review
committee members may be consulted to assist in determining whether there is sufficient information to proceed.

a. If the complaint provides sufficient evidence of probable cause of non-compliance with the standards or required accreditation procedures, the complainant is so advised and the complaint is investigated using the procedures in the following section "formal complaints."
b. If the complaint does not provide sufficient evidence of probable cause of non-compliance with the standards or required accreditation procedures, the complainant is so advised. The complainant may elect: (1) to revise and submit sufficient information to pursue a formal complaint. (2) not to pursue the complaint. In that event, the decision will be so noted and no further action will be taken.
c. Initial investigation of a complaint may reveal that the Commission is already aware of the program’s non-compliance and is monitoring the program’s progress to demonstrate compliance. In this case, the complainant is notified that the Commission is currently addressing the non-compliance issues noted in the complaint. The complainant is informed of the program’s accreditation status and how long the program has been given to demonstrate compliance with the Accreditation Standards.

Formal Complaints:

Formal complaints (as defined above) are investigated as follows:

1. The complainant is informed in writing of the anticipated review schedule.
2. The Commission informs the chief administrative officer (CAO) of the institution sponsoring the accredited program that the Commission has received information indicating that the program’s compliance with specific required accreditation procedure(s) or designated standard(s) has been questioned.
3. Program officials are asked to report on the program’s compliance with the required procedure(s) or standard(s) in question by a specific date, usually within thirty (30) days.
   a. **For standard(s)-related complaints,** the Commission uses the questions contained in the appropriate sections of the self-study to provide guidance on the compliance issues to be addressed in the report and on any documentation required to demonstrate compliance.
   b. **For procedure(s)-related complaints,** the Commission provides the program with the appropriate policy or procedural statement from EPP. Additional guidance on how to best demonstrate compliance will be provided to the program. The chair of the appropriate review committee and/or legal counsel may assist in developing this guidance.
4. Receipt of the program’s written compliance report, including documentation, is acknowledged.
5. The appropriate committee(s) and the Commission will investigate the issue(s) raised in the complaint and review the program’s written compliance report at the next regularly scheduled meeting. In the event that waiting until the next meeting would preclude a timely review, the appropriate committee(s) will review the compliance report in a telephone conference call(s). The action recommended by the committee(s) will be forwarded to the Commission for mail ballot approval in this later case.
6. The Commission may act on the compliance question(s) raised by the complaint by:
   a. determining that the program **continues to comply** with the procedure(s) or standard(s) in question and that no further action is required.
   b. determining that the program **does not or may not continue to comply** with the procedure(s) or standard(s) in question and going on to determine whether the
corrective action the program would take to come into full compliance could be (i) Documented and reported to the Commission in writing or (ii) would require an on-site review.

   i. If by written report: The Commission will describe the scope and nature of the problem and set a compliance deadline and submission date for the report and documentation of corrective action taken by the program.

   ii. If by on-site review: The Commission will describe the scope and nature of the problem and determine, based on the number and seriousness of the identified problem(s), whether the matter can be reviewed at the next regularly scheduled on-site review or whether a special on-site review will be conducted.

c. If a special on-site review is required, the visit will be scheduled and conducted in accord with the Commission's usual procedures for such site visits.

7. Within two weeks of its action on the results of its investigation, the Commission will also:
   a. Notify the program of the results of the investigation.
   b. Notify the complainant of the results of the investigation.
   c. Record the action.

8. The compliance of programs applying for initial accreditation is assessed through a combination of written reports and on-site reviews.
   a. When the Commission receives a complaint regarding a program which has an application for initial accreditation pending, the Commission will satisfy itself about all issues of compliance addressed in the complaint as part of its process of granting initial accreditation to the applicant program.
   b. Complainants will be informed that the Commission does provide developing programs with a reasonable amount of time to come into full compliance with standards that are based on a certain amount of operational experience.

Policy and Procedures on Complaints Directed at the Commission on Dental Accreditation

Policy:
Interested parties may submit an appropriate, signed complaint to the Commission on Dental Accreditation regarding CDA policies or the implementation thereof. The CDA will determine whether the information submitted constitutes an appropriate complaint and will follow-up according to the established procedures.

Procedures:
1. Within two (2) weeks of receipt, the CDA will acknowledge the received information and provide the complainant with the policy and procedures.
2. The CDA will collect additional information internally, if necessary, and then conduct an initial screening to determine whether the complaint is appropriate. The initial screening is completed within thirty (30) days.
3. The CDA will inform the complainant of the results of the initial screening.
4. If the complaint is determined to be appropriate, the CDA (and appropriate committees) will consider the complaint at its next regularly scheduled meeting. The complaint will be considered in closed session if the discussion will involve specific programs or institutions; otherwise, consideration of the complaint will occur in open
5. In the event that waiting until the next meeting would preclude a timely review, the appropriate committee(s) will review the complaint in a telephone conference call(s). The action recommended by the committees will be forwarded to the Commission for mail ballot approval in this later case.

6. The CDA will consider changes in its policies and procedures, if indicated.

7. The CDA will inform the complainant of the results of consideration of the complaint within two (2) weeks following the meeting or mail balloting of the Commission.