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I. Dental Hygiene Program Information

A. Program Director and Faculty

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**Staff**

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Mary Mackenzie  
PRU Patient Care Coordinator  
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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 Old 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 phone use should not be used in clinical areas unless student needs to call his/her patient. Mobile phone should not be used during class sessions. The reception areas are not appropriate locations to utilize mobile phones. Cell phones should be turned off or placed on vibrate during lecture and laboratory courses.

II. Professionalism

A. Personal Appearance/Dress Code

   a. 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 proper. 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.
  - It is strongly recommended that only plain wedding bands be worn in clinic while treating patients as stones and other ornaments on jewelry may compromise the integrity of the gloves.
  - No necklaces are to be worn while treating patients in clinic.
  - 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 (4)
  - No ear cuffs or dangling earrings may be worn while treating patients in clinic.

III. Attire
- Professional attire* or scrubs** shall be worn at all times.
- In lab, students must also wear lab coats or disposable smocks.
- In clinic and in lab, students must ensure that their attire meets clinic infection control regulations.
- Assigned, clean, unwrinkled clinical scrubs worn at each clinic session

* Professional Attire (examples)
  • Khakis
  • Button up shirts (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 designated by professional program:
  - Dental Assisting: Green
  - Dental Hygiene: Navy
  - D.D.S.: Carolina Blue
- All scrubs must be a UNC-sanctioned brand/style
- Scrubs should be neat and clean with a scrub top and bottom.
- Scrubs must be worn with socks and closed-toe shoes. The closed-toe shoes must be made out of material that can be disinfected.
- If worn, tennis shoes must be clean and must be made out of solid material so surface of the tennis shoes can be disinfected.
At no time should the student's ankle be exposed; it must be covered by the socks or pant legs of the scrubs.
- A clean, plain t-shirt may be worn under scrubs. Any t-shirt with lettering and/or pictures are not allowed to be worn in clinic or under scrubs.

**Scrubs must be worn for all pre-clinical and clinical sessions**

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 white 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 (examples)
- 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 ecological 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.

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

1) 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 off counters, wiping dental light, etc). General housekeeping is maintained by the housekeeping staff.

2) 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/

3) 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, handpieces, 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

5) 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
      1. Referred from dental school admitting clinic
      2. Recruited by dental hygiene students for a one time prophylaxis
      3. 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 must receive the UNC School of Dentistry Bill of Rights at their initial dental hygiene appointment. Additionally, all limited care patients must sign appropriate consents 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.

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.

7. All students have access to their patient’s electronic records and are required to review the electronic record.

8. 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 Hygienist 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/](http://www.adha.org/) or [http://www.adha.org/students-type](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/](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](http://www.unc.edu) and [www.dentistry.unc.edu](http://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 of 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 Bloodborne Pathogens
   a. https://www.dentistry.unc.edu/experience/policies/

2) Blood Pressure Monitoring Guidelines
   a. https://www.dentistry.unc.edu/experience/policies/

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

4) Protocol for Swallowed objects
   a. https://www.dentistry.unc.edu/experience/policies/swallowingforeignobjects/
5) HIPAA
   a. [https://www.dentistry.unc.edu/experience/policies/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/](https://www.dentistry.unc.edu/experience/policies/)

- Amalgam Waste Policy and Procedures
- Blood Pressure Monitoring Guidelines
- Basic Life Support (CPR) Policy and Procedures
- Dental Unit Waterline Cleaning Policy
- Exposure Control Plan for Bloodborne Pathogens
- Eyewear/Eye Protection Policy
- HIPAA
- Institution Policy Regarding the Use of Ionizing Radiation
- Management of School of Dentistry Medical Emergencies Policy
- Latex Allergy Policy
- Culturally and Linguistically Appropriate Services Policy
- Patient Rights & Responsibilities
- Prevention of Artificial Joint Infection
- Prevention of Infective Endocarditis
- Evidence-based clinical practice guideline for dental practitioners
- Clinical Recommendation for Dental Patients with Prosthetic Joints
- Screening of Potential Subjects for Research
- Sedation Policy
- Silver and Lead Recovery Policy
- Standards of Care
- Swallowing Foreign Objects Policy
- Tuberculosis Control Plan

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

   b. Planning
      i. Dental hygiene treatment plan/patient consent
      ii. Oral Self Care Plan for Patients
      iii. Case presentation to patient and faculty

   c. Implementation
      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

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

   e. 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
6) Placement and removal of periodontal dressings
7) Checking orthodontic band fit

G. Active Treatment Patients (patients of record)

Active treatment patients are those who are currently being treated by undergraduate 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 evaluation 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 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 coordinators. 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 coordinators and the 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. These patients do not receive a periodic oral evaluation, etc. due to their limited care status.

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 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 bitewings 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:

1 minor error equates to a grade of 5
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
X => 5 or all
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/oultdated (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

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 patients 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

ORAL HYGIENE DIAGNOSIS

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

**TREATMENT PLANNING**

**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 DEBRIDEMENT**

**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: UPDATED BY DH FACULTY, 2007, 2009
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DEVELOPED BY DENTAL HYGIENE FACULTY 1994

**M. Radiology**


Please 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 Preventive 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 (see appendix X) 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, 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. Radiology will reserve two 11:30 AM appointments for such patients and these appointments will be filled by 3rd and 4th floor staff.

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 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, Planning, Implementation and Evaluation**

   **1. Assessment**

      a. Health history
      b. 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. Planning
• Dental hygiene diagnosis
• Dental hygiene treatment plan
• Informed consent/treatment plan (student, faculty and patient signatures)
• Dental hygiene case presentation

3. 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)

4. 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. 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

3. Chief Complaint
   a. interview and discuss reasons for dental hygiene visit
   b. note any concerns, complaints or findings and relay to faculty

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. determines needs for consults
   e. develops customized treatment plan
   f. obtains 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, chalk, 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. Recommend students disclose to self evaluate

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.”
    • Tray Fluoride: Neutral sodium fluoride is indicated for individuals with composites, gold, porcelain, ceramic restorations, and sealants. 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. 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.

* See Program Process Evaluations for specific criteria in performing indicated tasks.
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  

3. Chief Complaint  
   a. inquire about existing dental problem or clarify purpose of visit  

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. redisclose to determine plaque index change  
   c. reinforce oral hygiene instructions – modify if necessary  

6. 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)**

| Type N = Healthy | *Aggressive Periodontitis: Type II = Slight |  
| Type I = Gingivitis | *Aggressive Periodontitis: Type III = Moderate |  
| Type II = Slight Periodontitis | *Aggressive Periodontitis: Type IV = Severe |  
| Type III = Moderate Periodontitis | Chronic Periodontitis: Type II = Slight |  
| Type IV = Severe Periodontitis | Chronic Periodontitis: Type III = Moderate |  
| Periodontal Abscess | Chronic Periodontitis: Type IV = Severe |  

*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

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<th>Type</th>
<th>Description</th>
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<td><strong>Spicule</strong></td>
<td>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.</td>
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<td><strong>Nodule</strong></td>
<td>Larger spicule-type with a crusty or spiny surface.</td>
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<tr>
<td><strong>Ledge</strong></td>
<td>A long ridge of calculus that runs parallel to the margin.</td>
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<tr>
<td><strong>Ring</strong></td>
<td>A ridge of calculus that runs parallel to the margin and encircles the tooth.</td>
</tr>
<tr>
<td><strong>Veneer (Sheet)</strong></td>
<td>A thin, smooth coating of calculus with a “shield-like” shape</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Calculus 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,</td>
</tr>
</tbody>
</table>
but can also be located facially and lingually. Patient would likely present with ledges, rings, and veneers/sheets of calculus.

| 04    | 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. |

G. Dental Emergencies

Management of Medical Emergencies in the UNC School of Dentistry
https://www.dentistry.unc.edu/experience/policies/

Dental Hygiene CPR Certification:
https://www.dentistry.unc.edu/experience/policies/

All medical emergencies occurring in the School of Dentistry are phoned into Oral and Maxillofacial Surgery for first response. 6-3911. 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 Dental Hygiene 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. Students must be able to report to the faculty what drug(s) the patient is taking, their indication(s), oral manifestations, in addition to 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.
- During junior clinic, students should use intraoral fulcrums exclusively. During the senior year, students may employ advanced fulcruming techniques including: modified intraoral, cross arch, opposite arch, finger-on-finger, basic extraoral, and finger assist.
- Students may use the ultrasonic scaler in DHYG 267L after meeting laboratory competency. In DHYG 357 and DHYG 367 students are encouraged to make full use of the ultrasonic scaler during patient 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 chalk or any other approved agent.

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. Neutral sodium fluoride is indicated for individuals with composites, gold, porcelain, ceramic restorations, and sealants. 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 contraindicated for patients suffering from xerostomia. Students should position patient in the upright position and proceed to drying the teeth with air or gauze. 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. Post operative instructions ("Do not eat, drink, or rinse for 30 minutes") must be given to the patient and documented in the progress notes.

- For fluoride varnish use, students must dry the teeth prior to applying the varnish to all surfaces. Patients should evacuate the excess. Post operative instructions ("Avoid eating hard foods, brushing, flossing, and drinking alcohol or hot beverages for 4-6 hours. If possible, wait until tomorrow to resume normal oral hygiene") must be given to the patient and documented in the progress notes.

Conclusion of appointment
- Students should follow this sequence of events:
  1. enter procedure codes and print transmittal slip; reschedule patient for return appointment, if necessary
  2. give patient oral hygiene aids in addition to any relevant clinic forms
  3. escort patient to waiting area
  4. return instruments and hand pieces to dispensary
  5. document progress notes and periodontal charting
  6. check pending signatures in EPR
  7. 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).

UNC Standard of Care
The dental hygiene program complies with the UNC Standards of Care document found at:
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 coordinators 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 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 a confidence.

**Societal Trust**
We value client trust and understand that public trust in our profession is based on our actions and behavior.

**Non-maleficence**
We accept our fundamental obligation to provide services in a manner that protects all clients and minimizes harm to them and others involved in their treatment.

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

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

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

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.


APPENDIX IV: PATIENT BILL OF RIGHTS AND STANDARDS OF CARE


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) 966-2810.

Last modified: 01/03/2006 10:38:01

APPENDIX V: LINKS TO UNC SCHOOL OF DENTISTRY POLICIES

General Clinic Policies: http://www.dentistry.unc.edu/resources/policies/clinical/

A. Infection Control
   https://www.dentistry.unc.edu/experience/policies/

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/

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

F. Exposures during Extramural Rotations
   https://www.dentistry.unc.edu/experience/policies/

APPENDIX VI: CLINICAL REQUIREMENTS
DHYG 267L (DHYG 67L), DHYG 357 (DHYG 77), DHYG 367 (DHYG 87)

Each courses syllabus lists the clinical requirements and site objectives for the respective course. This includes the number of completed patients required, the number of competency patients required as well as 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:
MOUTHRINSES:
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.

Dental Hygiene Student
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 you 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.  
(01/94; Revised: 08/02)

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.

(07/96)

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 program's 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:

3. The complainant is informed in writing of the anticipated review schedule.

4. 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.

5. 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.

6. Receipt of the program's written compliance report, including documentation, is acknowledged.

7. 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.

8. 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.

(1) 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.

9. 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.
10. 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 session. 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.
5. The CDA will consider changes in its policies and procedures, if indicated.
6. 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.

(Adopted: 07/96)
(Revised: 01/98)