

**UAMS Dental Hygiene Program Application and Information Packet
2024 Applications**

**University of Arkansas for Medical Sciences
College of Health Professions
Department of Dental Hygiene**

Revised August 2023

THE DENTAL HYGIENE PROGRAM

The dental hygiene program is in the Department of Dental Hygiene, which is part of the College of Health Professions (CHP) at the University of Arkansas for Medical Sciences.

CURRICULUM & DEGREE OPTION

The UAMS Department of Dental Hygiene offers a Bachelor of Science degree. Graduates are qualified to apply for state, regional, and national examinations required for licensure.

PREREQUISITE COURSES

When selecting courses to fulfill the prerequisite course requirements please be advised that the final determination of the suitability of prerequisite course work lies with the dental hygiene program. Prerequisite course selection guides for many Arkansas institutions can be found on the webpage www.healthprofessions.uams.edu/dentalhygiene . If there is any question about a course being accepted as a program prerequisite, please call the CHP Admissions Officer at (501) 686-5730 for verification.

Prerequisites and Degree Requirements

The following 51 credits are required for admission. All listed courses are required from a regionally accredited post-secondary academic institution and must fulfill all College requirements regarding acceptance of transfer credit. If the applicant is in doubt of the suitability of the following prerequisite courses, please contact the CHP Office of Admissions.

Area/Typical Course Title	Minimum Credits
English/Communication	
English Composition	
Two-semester sequence of English Composition	6
Speech Communication	
Fundamentals of Speech or Speech Communication*	3
Mathematics	
College Algebra (or higher level Mathematics)	3
Sciences	
Chemistry	
Principles of chemistry course with laboratory	4
Anatomy & Physiology	
Anatomy & Physiology I & II (no labs required)	6

Biology Principles of biology course with laboratory (A zoology course is also acceptable.)	4
Microbiology Microbiology with laboratory	4
Fine Arts/Humanities Fine Arts Music, Art, Theater	3
Humanities Philosophy, Political Science, Literature, or Humanities	3
Social Sciences History History of the United States or National Government	3
Psychology General Psychology	3
Sociology Introduction to Sociology	3
Lower Level Electives	<u>6</u>
TOTAL	51

- Applicants may select the lower level electives.
- The program does not accept CLEP credit for science courses.
- A course grade of “C” or higher is required to complete all prerequisite course work listed above.

PROGRAM CURRICULUM

The following 69 credits are required:

<i>Course</i>	<i>Credits</i>
<u>Year 1</u>	
Fall	
Introduction to Dental Hygiene Theory	3

Oral Anatomy	2
Dental Radiography I	2
Head and Neck Anatomy	3
Dental Hygiene Pre-clinic	4
Oral Embryology and Histology	1
Periodontal Instrumentation	<u>1</u>
	16

Spring

Periodontology I	1
Dental Hygiene Seminar I	1
Dental Radiography II	2
Dental Hygiene Theory I	3
Dental Hygiene Clinic I	2
Management of Patients with Special Needs	3
Pathology	<u>4</u>
	16

Summer

Dental Hygiene Clinic—Summer	2
Local Anesthesia	<u>2</u>
	4

Year 2

Fall

Dental Materials	3
Dental Hygiene Theory II	2
Dental Hygiene Clinic II	3
Pharmacology	3
Periodontology II	3
Community Dentistry I	<u>3</u>
	17

Spring

Dental Hygiene Seminar II	1
Dental Hygiene Theory III	2

Management of Patients with Special Needs	3
NBDHE Review Course	3
Community Dentistry II	2
Nutrition	3
Dental Hygiene Clinic III	<u>3</u>
	16
TOTAL	69

Technical Standard for Participation in the Dental Hygiene Program

The technical standards outlined below are the physical, cognitive and behavioral abilities required for students to successfully complete the Dental Hygiene Program. These requirements must be met by all students, with or without reasonable accommodations, entering the program.

Students have the responsibility to self-identify as a person with a disability with a need for accommodation(s). Students who have or believe they may have a disability requiring accommodation(s) should contact the UAMS ADA Coordinator at DisabilityServices@uams.edu or (501)526-5641.

Communication:

- Effectively communicate with faculty, classmates, patients, and other health care personnel in a professional, positive, and tactful manner.
- Follow verbal and written instructions in English in order to correctly and independently perform dental hygiene services.
- Demonstrate adequate communication skills to succinctly describe patient conditions, document findings in a patient record and implement oral health teachings.

Sensory and Motor:

- Possess visual acuity with corrective lenses to identify oral tissue changes and evaluate treatment effectiveness.
- Possess hearing ability with auditory aids to understand the normal speaking voice without viewing the speaker's face and take/hear blood pressure with a stethoscope.
- Possess physical ability to sit for prolonged periods of time, perform repetitive wrist motion for instrumentation for extended periods of time, and move from room to room or maneuver in limited spaces.
- Exhibit bi-manual dexterity to use a variety of instruments in the small, confined space of the oral cavity.
- Utilize foot-controlled equipment such as a rheostat pedal.

Intellectual:

- Read and comprehend technical and professional materials (i.e. textbooks, journal articles, handbooks, and instruction manuals).
- Independently prepare papers, prepare case study reports, and take paper, computer-based, and practical examinations.
- Possess computer skills to use a variety of software programs and the Internet for research and course projects.

Behavioral and Social:

- Professional attitudes and behaviors must be demonstrated at all times.
- Students must perform in an ethical manner while interacting with others.
- Personal integrity and adherence to standards that reflect the values and ethics of the dental hygiene profession are required.
- Function safely under stressful conditions with the ability to adapt to an ever-changing environment inherent in clinic situations involving patient care.
- Exhibit constructive time management skills to effectively and efficiently sequence treatment needs.

The most qualified applicants will be invited for an interview. Interviews are held in March and April. A class of approximately 36 students is typically selected. Applicants selected for enrollment will receive notification by the end of June. Selected applicants are required to complete a criminal background check and drug test. Licensure in Arkansas also requires a state and federal criminal background check.

TYPICAL PROGRAM SCHEDULE

The UAMS dental hygiene program is a full-time, weekday commitment. Classes, laboratory sessions, and clinical sessions are scheduled Monday through Friday during the hours of 8am to 5pm. The Department does not offer evening classes. The program ascribes to a very strict attendance policy, and attendance is taken at every course/clinic session.

PROGRESSION & GRADUATION

A grade of “C” or better in all pre-clinical and clinical courses is required for continuation in the program. Students must achieve and maintain a minimum program GPA of 2.00. If a student achieves less than a 2.00 program GPA in the first semester of the dental hygiene program, the student must raise the program GPA to/above a 2.00 by the completion of the second semester to continue in the program. If a student’s program GPA drops below a 2.00 after the 2nd semester in the program, the student will not be allowed to continue in or graduate from the program. Students who are dismissed from the program for academic reasons or withdraw by their own decision and wish to be considered for readmission for a subsequent semester must reapply as new applicants, adhering to all policies and requirements in effect at the time of their reapplication.

LICENSURE

To apply for licensure as a dental hygienist in the state of Arkansas, one must be a graduate of a dental hygiene program accredited by the American Dental Association, Commission on Dental Accreditation (UAMS is accredited). In the last semester of the program, students will take the CDCA-WREB-CITA clinical board examination, the National Board Dental Hygiene Examination, and the Arkansas dental jurisprudence examination (dental laws of the state). Upon successful completion of the dental hygiene program, the three examinations listed above, and proof of CPR certification, the graduate may apply to the Arkansas State Board of Dental Examiners for licensure as a dental hygienist in the state of Arkansas. Licensure requirements for other states may vary. Please check the Arkansas State Board of Dental Examiners website at www.asbde.org for details on the requirements for dental hygiene licensure in the state.

MINIMUM QUALIFICATIONS FOR APPLICATION

The mission of the Department of Dental Hygiene is to provide high quality educational opportunities for qualified students to prepare them as graduates to assume and maintain the role of ethical, competent, and progressive professional practitioners; therefore, admission to the UAMS Dental Hygiene Program is selective. To qualify for consideration for admission the applicant must have met or exceeded the following minimum qualifications. Meeting the minimal criteria for application does not guarantee admission to the program.

- Minimum 2.75 cumulative grade point average
- Minimum 2.75 prerequisite grade point average
- Minimum 2.75 math/science grade point average
- ACT Composite Score: 20 is preferred
- 20 hours of dental office observation

Applicants who are not United States citizens or permanent resident aliens or for whom English is not their native language must meet additional admission requirements. Please contact the CHP Admissions Officer at (501) 686-5730 for more information.

In select cases, applicants may apply for academic forgiveness. Applicants are strongly advised to consult the Admission/Academic Information section of the College's handbook which can be found at on the UAMS website.

APPLICATION PROCESS

All requirements must be completed and all application materials should be received by **April 1**. Late applications may not be reviewed after this date. Send all requested material to the CHP Office of Admissions. Applicants must provide:

1. **UAMS Online Admissions Application (OAA):** An online application to the college is required and is available on the website. A non-refundable application fee of \$40.00 is required and must accompany the application.
2. **Official Transcripts:** Arrange for each college or university you have attended to forward an official transcript of your course work. A minimum cumulative and prerequisite GPA of 2.75 is required for admission. Applicants must have completed college algebra and three out of the five science prerequisite courses with at least a "C" prior to the application deadline.
3. **Official ACT Scores:** Official ACT scores documented on official high school transcripts are acceptable. A composite score of 20 is preferred.
4. **Professional Observation Form:** A professional observation form signed by a dentist or a dental hygienist that documents at least 20 observation hours in a dental office. The form must be mailed, faxed, or scanned and emailed to chpadmissions@uams.edu **by the dental office** before the application deadline. The professional observation form is available on the program [website](#).
5. **Personal Statement:** All applicants must submit a personal statement no longer than 500 words that addresses the following questions: Why do you want to enter the dental

hygiene profession?; What are some experiences that have helped to prepare you for your career?; What are your short-term goals?; What are your long-term goals?; What are your strengths?; What are your weaknesses or areas needing improvement?

6. **Letters of Recommendation:** Two letters of recommendation are required. These can be uploaded to your application or emailed to chpadmissions@uams.edu. Letters of recommendation must be from the following: one from a college professor/instructor and one from a supervisor at work or a second college professor/instructor
7. **Interview:** The most qualified applicants will be contacted after the admissions deadline to arrange an interview. During the interview process, candidates will perform a writing prompt.
8. **TOEFL scores** as applicable. See International Applicants in the Admissions/Academic Information section of this catalog.

Transcripts must be sent directly from the institution and may not be forwarded or delivered by the applicant.

Request official transcripts be sent to: UAMS College of Health Professions
4301 W. Markham Street #619
Little Rock, Arkansas 72205

NOTE: It is very important that the mail slot # (619) is on all correspondences sent to the CHP Welcome Center. The entire campus has the same address (4301 W. Markham Street). The mail slot number is required to assist the correspondence in arriving at the right place. You are also encouraged to call the CHP admissions officer at (501) 686-5730 to confirm receipt of application materials.

An estimated expense sheet is attached and is also available on the department's Web page. Applicants requiring financial assistance are encouraged to apply for Federal Financial Aid in early spring by completing the "Free Application for Federal Student Aid" (FAFSA) at www.fafsa.ed.gov. UAMS Student Financial Services can assist students with the challenges of paying for college. They can be reached at (501) 686-5451 or at:
www.studentfinancialservices.uams.edu.

Program Goals and Objectives

Goal 1 Education

Through appropriate evidenced-based education, graduates will be equipped with the knowledge, skills, and attitudes to be competent and qualified dental professionals that value life-long learning.

Dental hygiene students will:

1. Complete a curriculum that is aligned with CODA Standards and the ADEA Compendium Guidelines.
2. Advance the science of dental hygiene practice through participation in scholarly and research activities to include completion of Seminar I and II that focus on evidenced-based practice and review of scientific literature.
3. Complete a theory course that incorporates the importance of life-long learning.

Goal 1 outcome measures: course grades, course evaluations, NBDHE pass rates, graduation rates, portfolio, evidence-based decision-making assignment, self-directed learning project

Goal 2 Clinical Patient-centered Care

Dental hygiene graduates will possess the clinical skills and knowledge fundamental to providing high quality patient-centered care to all populations in an ethical and professional manner.

Dental hygiene students will:

1. Utilize and complete a non-graded clinical competency-based program incorporating the dental hygiene process of care to demonstrate competence.
2. Employ ethical and professional attributes as well as patient-centered care throughout the clinical program.

Goal 2 outcome measures: clinic competencies, clinic course grades (pass rates), student self-assessments, mock boards, alumni surveys, employer alumni surveys

Goal 3 Professional Service

Dental hygiene graduates will promote oral health as an integral part of the health and welfare of the community through involvement in oral health care programs and activities for diverse populations.

Dental hygiene students will:

1. Participate in professional organizations and community dentistry projects to advance the profession through leadership and service activities.

Goal 3 Outcome Measures: student professional organization membership and participation, community dentistry lesson plan, community dentistry team project, community dentistry lab portfolio, and management of patients with special needs in-service presentation

Goal 4 Interprofessional Collaboration

Dental hygiene graduates will possess skills to engage in interprofessional collaboration.

Dental hygiene students will:

1. Participate in the interprofessional collaboration at the university.

Goal 4 outcome measures: UAMS IPE Milestones, clinical hours at the 12th Street Health and Wellness Center

Program Competencies

The program has 13 competencies that are linked to all courses in the curriculum.

1. Use critical thinking skills and comprehensive problem-solving to identify oral health care strategies that promote patient health and wellness.
2. Continuously perform self-assessment for lifelong learning and professional growth.
3. Systematically collect, analyze, and record diagnostic data on the general, oral, and psychosocial health status of a variety of patients using methods consistent with medicolegal principles.
4. Recognize the relationships among systemic disease, medications, and oral health that impact overall patient care and treatment outcomes.
5. Use patient assessment data, diagnostic technologies, and critical decision-making skills to determine a dental hygiene diagnosis to reach conclusions about the patient's dental hygiene care needs.
6. Collaborate with the patient and other health professionals as indicated to formulate a scientific evidence and professional judgment.
7. Provide specialized treatment that includes educational, preventive, therapeutic services designed to achieve and maintain oral health.
8. Determine outcomes of dental hygiene interventions using indices, instruments, examination techniques, and patient self-reports as specified in patient goals.
9. Record accurate, consistent, and complete documentation of oral health services provided.
10. Assess the oral health needs and services of the community to determine action plans and availability of resources to meet the health care needs.
11. Provide community oral health services in a variety of settings.
12. Apply a professional code of ethics in all endeavors.
13. Evaluate and integrate best research outcomes with clinical expertise and patient values for evidence-based practice.

Communicable Disease Policy

Hepatitis B Vaccination

All health care providers should be immunized against the hepatitis B virus as well as childhood diseases. Hepatitis is an inflammation of the liver. There are several types but the greatest risk to health care workers is Hepatitis B (HBV). Available since 1982, the Hepatitis B vaccine is considered safe and effective and is recommended for the prevention of HBV infection by the Centers for Disease Control and Prevention (CDC). Additionally, the UAMS Dental Hygiene Clinic strictly adheres to and routinely practices the "Standard Precautions" against bloodborne pathogens enforced by OSHA (Occupational Safety and Health Administration) and recommended by the CDC.

Communicable Disease – Student Admission

Dental hygiene applicants are considered without regards to race, color, creed, age, marital status, national origin, disability, or gender. Otherwise qualified applicants with an active communicable disease, including sero-positivity for Hepatitis B (HBeAg) and/or HIV, receive equal consideration. Applicants should note, however, that the Arkansas State Board of Dental Examiners' Rule and Regulations mandate that a dental hygienist who is HBeAg seropositive or HIV seropositive must report this fact to the Board who may limit the type of procedures that the student may be able to perform. This potential restriction may preclude the dental hygiene

student with an infectious disease from performing tasks/procedures essential to the completion of the requirements for graduation from the dental hygiene program.

Communicable Disease – Patient Treatment

Students in the dental hygiene program will provide treatment to patients after competency has been demonstrated. Faculty will provide direct supervision and consultation to oversee student and patient safety. To fully develop clinical skills, students must treat all scheduled patients. Treatment will be provided to all patients regardless of their race, color, sex, religion, national origin, handicap, or other human condition. If a student has a concern about treating a patient, the student should discuss this situation with the clinical supervisor. Refusal to treat patient may be cause for dismissal from the program.

DENTAL HYGIENE INFORMATION SESSIONS

Applicants are highly encouraged to attend an *Information Session for Prospective Students*. The department conducts these sessions on the second Friday in October, November, December, and January from 12:30p.m. - 2:00p.m. Please call 501-686-5734 to inquire on the specific date for each information session and to obtain directions. While attendance is not required for admission to the program, the session will provide you the opportunity to learn more about the profession, prerequisite and program course work, application process, employment opportunities in the field, and other relevant information. Applicants may sign up for these sessions on the website.

For more information applicants may call Ms. Gloria Johnson at (501) 686-5734 or e-mail JohnsonGloriaA@uams.edu for more information.

Registered Dental Hygienist

Dental hygienists are licensed oral health professionals who focus on preventing and treating oral diseases—to protect teeth and gums as well as protect the patients' total health.

The "RDH" Designation

"RDH" means "Registered Dental Hygienist." The RDH credential identifies a dental hygienist as a licensed oral health professional. State licensure requirements typically require that a dental hygienist must graduate from a nationally-accredited dental hygiene education program, successfully pass a national written examination and a state or regional clinical examination.

Education

Dental hygienists are graduates of accredited dental hygiene education programs in colleges and universities, and must take written and clinical examinations before they are allowed to practice. In addition to treating patients directly, dental hygienists also work as educators, researchers, and administrators. At UAMS, dental hygiene graduates have one degree option, Bachelor of Science in Dental Hygiene.

Scope of Practice

Each state has its own specific regulations, and the range of services performed by dental hygienists varies from one state to another. As part of dental hygiene services, dental hygienists may:

- Perform oral health care assessments that include reviewing patients' health history, dental charting, oral cancer screening, and taking and recording blood pressure;
- Expose, process, and interpret dental X-rays;
- Remove plaque and calculus, soft and hard deposits from above and below the gum line;
- Apply cavity-preventive agents, such as fluorides and sealants, to the teeth;
- Teach patients proper oral hygiene techniques to maintain healthy teeth and gums;
- Counsel patients about plaque control and developing individualized at-home oral hygiene programs; and counsel patients on the importance of good nutrition for maintaining optimal oral health;
- In Arkansas, hygienists can also administer & monitor nitrous oxide/oxygen conscious sedation and administer local anesthesia with a permit.

Employment Opportunities

Dental hygienists can work as clinicians, educators, researchers, administrators, managers, preventive program developers, consumer advocates, sales and marketing managers, editors, and consultants. Clinical dental hygienists may work in a variety of health care settings such as private dental offices, schools, public health clinics, hospitals, managed care organizations, correctional institutions, and nursing homes.

Job Outlook

Employment of dental hygienists is expected to grow much faster than average for all occupations through 2028, ranking among the fastest growing occupations, in response to increasing demand for dental care and the greater utilization of hygienists to perform services previously performed by dentists. Job prospects are expected to remain excellent. Population growth and greater retention of natural teeth will stimulate demand for dental hygienists. Older dentists, who have been less likely to employ dental hygienists, are leaving the occupation and will be replaced by recent graduates, who are more likely to employ one or even two hygienists. In addition, as dentists' workloads increase, they are expected to hire more hygienists to perform preventive dental care.

Earnings

The national median hourly earnings of dental hygienists are approximately \$28.00 - \$33.00. Earnings vary greatly by geographic location, employment setting, and years of experience. Dental hygienists may be paid on an hourly, daily, salary, or commission basis. A four-day work week is very common in the dental profession. The average starting salary for a new graduate in Arkansas is approximately \$52,800-\$67,600 (4-day work week). Benefits vary by practice setting and may be contingent upon full-time employment. Dental hygienists who work for school systems, public health agencies, the Federal Government, or State agencies usually have substantial benefits.

How Can I Get More Information about RDHs?

Please contact the American Dental Hygienists' Association, the largest national organization representing the professional interests of the more than 185,000 licensed dental hygienists nationwide at www.adha.org.

ADDITIONAL INFORMATION

Additional information on the dental hygiene program including the mission statement, educational philosophy, and professional competencies can be found on the UAMS Dental Hygiene Program website.

You may obtain an information packet by visiting the website. For more information, please call the CHP Student Welcome Center at 501-686-5730.

Policies and Procedures Related to Infection and Hazardous Control

Infection Control Policies/Protocols

Importance of Infection Control in Dentistry

Both patients and dental healthcare personnel (DHCP) can be exposed to pathogens. DHCP in the UAMS Dental Hygiene Clinic include faculty (dentists and dental hygienists), dental hygiene students, and a dental assistant. Contact with blood, oral and respiratory secretions, and contaminated equipment occurs. Proper procedures can prevent transmission of infections among patients and DHCP.

Modes of Transmission of Infectious Materials at a Dental Office

- Direct contact with blood or body fluids
- Indirect contact with contaminated surface or instrument
- Contact of mucosa of the eyes, nose, or mouth with droplets or spatter
- Inhalation of airborne microorganisms (aerosol)

The occurrence of all of these events is considered the chain of infection. An effective infection control strategy disrupts one or more links in this chain.

Aerosol and Splatter in Dentistry

Many dental procedures produce aerosols and droplets that are contaminated with bacteria and blood. Aerosols are defined as particles less than 50 μm in diameter. Splatter is airborne particles larger than 50 μm in diameter. Most all dental procedures that incorporate dental hand pieces, ultrasonic scalers, air polishers, and combined use of water and air produce aerosols. The smaller particles of an aerosol have the potential to penetrate and lodge in the smaller passages of the lungs and are thought to carry the greatest potential for transmitting infections.

Methods Used to Eliminate Aerosols

Patients use an antiseptic pre-procedural rinse (Peroxyl) when seated in the dental chair. A high-volume evacuator (HVE) is used during all aerosolizing procedures. A HVE is known to eliminate 90 percent of the contamination. All DHCP use the appropriate protective personal equipment. A new ventilation system was incorporated into the UAMS Dental Hygiene Clinic.

Standard Precautions

The UAMS Dental Hygiene Clinic adheres to standard precautions, which are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where oral health care is delivered. These practices are designed to both protect faculty/students and prevent faculty/students from spreading infections among patients.

Standard Precautions include:

- Hand hygiene
- Use of personal protective equipment (e.g., gloves, masks, eyewear, gowns)
- Respiratory hygiene/cough etiquette
- Sharps safety (engineering and work practice controls)
- Safe injection practices (i.e., aseptic technique for parenteral medications)
- Sterilization and Disinfection of Patient Care Items
- Clean and disinfected environmental surfaces

Hand Hygiene

Hand hygiene is the most important measure to prevent the spread of infections among patients and faculty/students. The Clinic follows CDC handwashing guidelines, which are provided on the CDC website.

Hands are washed:

- at the beginning of the day
- prior to setting up dental unit
- before gloves are place
- after gloves are removed
- after all PPE is removed
- when hands are visibly soiled (dirt, blood, body fluids)

PPE

Personal protective equipment (PPE) refers to wearable equipment that is designed to protect faculty/students from exposure to or contact with infectious agents. PPE is used during patient treatment, cleaning and disinfecting, and throughout the sterilization process. PPE worn in the clinic is donned in the following order: isolation gowns, masks (N95 respirators), protective eyewear (loupes/face shields), and gloves. Gloves are not worn outside the operatory. Hand hygiene is performed directly prior to donning gloves and is always the final step after removing and disposing of PPE.

Respiratory Hygiene/Cough Etiquette

Respiratory hygiene/cough etiquette infection prevention measures are designed to limit the transmission of respiratory pathogens spread by droplet or airborne routes. The strategies target primarily patients and individuals accompanying patients to the dental setting who might have undiagnosed transmissible respiratory infections, but also apply to anyone (including DHCP) with signs of illness including cough, congestion, runny nose, or increased production of respiratory secretions. DHCP are educated on preventing the spread of respiratory pathogens when in contact with symptomatic persons. In order to prevent the spread of infection after coughing/sneezing, tissue and hand sanitizer is provided to DHCP and patients in the waiting room and in all operatories.

Sharps Safety & Safe Injection Practices

Most percutaneous injuries (e.g., needlestick, cut with a sharp object) among DHCP involve burs, needles, and other sharp instruments. Implementation of the OSHA Bloodborne Pathogens Standard has helped to protect DHCP from blood exposure and sharps injuries. However, sharps injuries continue to occur and pose the risk of bloodborne pathogen transmission to DHCP and patients. Most exposures in dentistry are preventable; therefore, each dental practice should have

policies and procedures available addressing sharps safety. DHCP in the Clinic are made aware of the risk of injury whenever sharps are exposed. When using or working around sharp devices, DHCP take precautions while using sharps, during cleanup, and during disposal. Engineering controls and work practice controls are used to prevent or minimize exposure to bloodborne pathogens. Safety equipment used in the clinic includes a needle-recapping device and sharps disposal containers. All DHCP are required to wear appropriate PPE, including gowns, masks, eyewear, and heavy-duty gloves when removing the needle and the carpule from the syringe. All sharp items are placed in the appropriate puncture-resistant container (sharps container) located in each operatory. UAMS Occupational Health and Safety dispose of sharps containers prior to getting full.

Sterilization and Disinfection of patient Care Items

Sterilization means the use of a physical or chemical procedure to destroy all microbial life, including highly resistant bacterial endospores. The major sterilizing agents used are moist heat by steam autoclaving, ethylene oxide gas, and dry heat. However, there are a variety of chemical germicides (sterilants) that have been used for purposes of processing reusable heat-sensitive medical devices and appear to be effective when used appropriately, i.e., according to the manufacturer's instructions. These chemicals are rarely used for sterilization but appear to be effective for high-level disinfection of medical devices that come into contact with mucous membrane during use.

Patient care items are categorized as critical, semi-critical, and non-critical items depending on the potential risk of infections associated with the intended use. Critical items used to penetrate soft tissue or bone have the greatest risk of transmitting infection. Examples of critical items used in the Clinic are instruments (scalars, curets, explorers, probes, and mechanical scaler tips). Semi-critical items touch mucous membranes or nonintact skin and have a lower risk of transmission. Examples of semi-critical items used in the clinic include dental mouth mirrors, dental handpieces, syringes, and x-ray holding devices. All critical and semi-critical items are sterilized by heat. Non-critical items pose the least risk of transmission of infection, contacting only intact skin. Examples of non-critical items in the Clinic include x-ray machines, safety eyewear, and blood pressure cuffs. The majority of these items, cleaning, or if visibly soiled, cleaning followed by disinfection with an EPA-registered hospital disinfectant (Sani-wipes) is performed in the Clinic. When cleaning or disinfection of certain noncritical patient-care items are difficult or will damage the surfaces, barriers are utilized to protect these surfaces (i.e. x-ray head).

General Sterilization Procedures

- PPE is required during the sterilization and disinfection of patient care items including, a gown, mask, protective eyewear, and heavy-duty gloves that are puncture proof.
- All instruments are placed in a cassette and transported to the sterilization room in a covered puncture-proof container.
- Critical and semi-critical items are cleaned in an ultrasonic for ten minutes to remove debris in order to improve cleaning effectiveness and decrease exposure to blood. If instruments are visibly soiled, an enzymatic spray is used prior to ultrasonic cleaning.
- The Clinic uses an FDA-cleared autoclave to sterilize critical and semi-critical items.

Instrument Processing Area

- The sterilization room is divided into areas. Those areas include: receiving, cleaning, and decontamination. There is a “clean” area and a “dirty” area.
- The items received are brought into the instrument processing area in a covered puncture-proof container.
- All items that have visible blood on them are cleaned with an enzymatic spray.
- An automated cleaning device (ultrasonic cleaner) is used to remove debris in order to improve the cleaning effectiveness and decrease worker exposure to blood.
- Instruments are not manually cleaned unless it is necessary. If so, the dental assistant utilizes a long-handled brush and heavy-duty gloves.
- A mechanical indicator is used in the ultrasonic to ensure the ultrasonic is working properly.

Preparation and Packaging

- Following ultrasonic cleaning, items are rinsed and dried prior to packaging.
- Chemical indicators are used to ensure proper sterilization occurred. An internal chemical indicator is placed in each package. The students check the internal integrator to ensure proper sterilization before using instruments. An external chemical indicator is placed on the outside of each package. All packaging used has received FDA clearance.
- Packages are inspected for proper wrapping and packing prior to sterilization.

Sterilization

- If items placed in the autoclave were not properly sterilized, the items will be re-sterilized.
- Sterilization bags are faced down on autoclave rack.
- Items placed in autoclave are not stacked on top of each other.
- All items are dried prior to removal from autoclave.

Sterilization Monitoring

- Mechanical, chemical, and biological monitors are used according to the manufacturer's instructions to ensure the effectiveness of the sterilization process.
- A biological indicator with a matching control (i.e., biological indicator and control from the same lot number) is used on a weekly basis in the autoclave.
- Biological monitoring/spore testing is performed with an in-house, 10-hour monitoring system.
- If there is a positive spore test, the sterilizer is not used and the sterilization procedures are reviewed to determine if an operator error could be responsible. The sterilizer is retested by using a biological, mechanical, and chemical indicators after correcting any identified procedural problems. If repeat spore test is negative, and mechanical and chemical indicators are within normal limits, the sterilizer can be utilized again.
- If the repeat spore test is positive, the sterilizer is sent to be repaired or to determine the exact reason for the positive test. The sterilizer has to pass the spore test and the mechanical and chemical indicators have to be within normal limits prior to resuming utilization.

- Sterilization records (mechanical, chemical, and biological) are maintained in compliance with state and local regulations.
- A sterilization process checklist is completed weekly to ensure the process is meeting OSHA standards.

Storage for Sterilized Items and Clean Dental Supplies

- Sterilized wrapped instruments are placed in cubbies. All other sterilized items are in closed containers throughout the clinic.
- Even for event-related packaging, the date of sterilization and the specific sterilizer used is written on the autoclave tape on the outside of each package to facilitate the retrieval of processed items in the event of a sterilization failure.
- Wrapped packages are examined before opening them to ensure the barrier wrap/package has not been compromised during storage.

Water lines

Municipal water contains microorganisms that may be considered safe for drinking water, but could potentially cause patient infections when used during dental procedures. Dental unit waterlines, including those connected to municipal water sources or closed-bottle systems, typically cannot be sterilized; however, they should be routinely cleaned and disinfected. Without proper cleaning and disinfection, waterborne microorganisms can collect in the dental unit waterline and form a biofilm, a layer of microorganisms or bacteria adhered to the surface of the dental unit waterline, that can become dislodged and enter the water stream. Contaminated dental unit waterlines pose a risk of infection to the patient, particularly during surgical procedures by direct exposure of waterborne pathogens and to dental professionals due to inhalation of aerosols.

All dental units should use systems that treat water to meet drinking water standards (i.e., ≤ 500 CFU/mL of heterotrophic water bacteria). Independent reservoirs—or water-bottle systems—alone are not sufficient. Commercial products and devices are available that can improve the quality of water used in dental treatment. Consult with the dental unit manufacturer for appropriate water maintenance methods and recommendations for monitoring dental water quality. During surgical procedures, use only sterile solutions as a coolant /irrigant using an appropriate delivery device, such as a sterile bulb syringe, sterile tubing that bypasses dental unit waterlines, or sterile single-use devices.

A reservoir (bottle) is attached to the dental unit water line. Water is added manually along with an ICX water treatment tablet each time the bottle is filled with water. After each patient, the water lines are flushed for 20 seconds. Water lines are shocked quarterly with Liquid Ultra waterline shock treatment. Water lines are monitored quarterly utilizing a quick pass water test. If there is a positive test, the water lines are shocked to ensure that the water lines are clean and then retested.

Waterlines will be monitored for water quality to see that they are staying under the 500 CFU/ml. Our waterlines are monitored with an in-house. The person testing will be trained how to collect samples by proper infection control technique. All dental unit water lines will be flushed in the morning before the first patient 2 minutes and between patients for 20 seconds.

The Clinic keeps records to ensure waterline procedures are followed as well as waterline tests.

Environmental Infection Prevention and Control

In order to ensure proper infection control, the following procedures are performed prior to treatment and following treatment. Students are required to watch a video on donning and doffing PPE. This process is practiced in Pre-clinic.

Pre-treatment (beginning of day)

- Perform handwashing
- Don PPE (gown, mask, eyewear); N95 respirators are worn and rotated every 72 hours
- Place level three mask over N95
- Perform handwashing
- Don gloves
- Clean and disinfect (wipe/discard/wipe) using a hospital level disinfectant
- Remove gloves
- Perform handwashing
- Place barriers

Post-treatment

- Don heavy duty gloves
- Place instruments in covered puncture-proof container to transport to sterilization
- Complete sterilization process
- Remove barriers
- Clean and disinfect (wipe/discard/wipe) using a hospital level disinfectant on surfaces
- Remove gloves
- Perform handwashing
- Clean and disinfect patient and operator eyewear
- Doff PPE
- Gowns are used daily. Gowns are replaced when visibly soiled.
- At the end of the day, gowns are placed in a biohazard container.
- Perform handwashing

Infection Prevention and Education Training

Faculty, staff, and students are trained on infection control. An annual update on infection control policies is performed based on CDC guidelines.

Hazard Communication Plan

Note: This Hazard Communication Plan is based on the requirements of the OSHA Hazard Communications Standard, 29 CFR 1910.1200.



To ensure that information about the dangers of all hazardous chemicals used by UAMS Dental Hygiene Clinic is known by all affected employee/students, the following hazardous information plan has been established. Under this plan, employees/students will be informed of the contents of the OSHA Hazard Communications standard including the new Globally Harmonized System of Classification and Labelling of Chemicals (GHS), the hazardous properties of chemicals with which you work, safe handling procedures and measures to take to protect yourself from these chemicals.

This plan applies to all work operations in our clinic where you may be exposed to hazardous chemicals under normal working conditions or during an emergency situation. All employees will participate in the Hazard Communication Plan. A copy of the Hazard Communication Plan is available in the work room for review by any interested employee. The clinic coordinator and the dental assistant are responsible for the plan, including reviewing and updating this plan as necessary.

Container Labeling

The dental assistant and/or the clinic coordinator will verify that all containers received for use will be clearly labeled as to the contents, with the appropriate hazard warning, and list the manufacturer's name and address. The dental assistant will ensure that all secondary containers are labeled with either an extra copy of the original manufacturer's label or with labels marked with the identity and the appropriate hazard warning. On the following individual stationary process containers, an OSHA compliance label is placed on the containers. The dental assistant will review the labeling procedures every six months and will update labels as required.

GHS Safety Data Sheets

The dental assistant is responsible for establishing and monitoring the Clinic's SDS program. The dental assistant will ensure that procedures are developed to obtain the necessary SDSs and will review incoming SDSs for new or significant health and safety information. The dental assistant will see that any new information is communicated to affected employees and students. When an SDS is not received at the time of initial shipment, the dental assistant contacts the company for the specific SDS.

Copies of SDSs for all hazardous chemicals to which employees are exposed or are potentially exposed will be kept in the work room. SDSs will be readily available to employees in each work area in a binder labeled "Safety Data Sheets". We utilized the GHS system of labeling and SDSs which include pictograms.



Employee/Student Training

Everyone who works with or is potentially exposed to hazardous chemicals will receive initial training on the hazard communication standard and this plan before starting work. Each new employee will attend a health and safety orientation that includes the following information and training:

- An overview of the OSHA hazard communication standard
- GHS Labeling and Safety Data Sheets
- The hazardous chemicals present in the Clinic.
- The physical and health risks of the hazardous chemicals
- Symptoms of overexposure
- How to determine the presence or release of hazardous chemicals in the work area
- How to reduce or prevent exposure to hazardous chemicals through use of control procedures, work practices and personal protective equipment
- Steps the company has taken to reduce or prevent exposure to hazardous chemicals
- Procedures to follow if employees are overexposed to hazardous chemicals
- How to read labels and SDSs to obtain hazard information

- Location of the SDS file and written Hazard Communication plan

Prior to introducing a new chemical hazard into any area of the clinic, each employee/student in that section will be given information and training as outlined above for the new chemical hazard.

Policies and Procedures Related to Bloodborne and Infectious Disease(s)

The Department of Dental Hygiene is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard *29 CFR 1910.1030*, Occupational Exposure to Bloodborne Pathogens.

Program Administration

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this Exposure Control Plan (ECP).

The program director, clinic coordinator, and the dental assistant are responsible for implementation of the ECP.

The clinic coordinator and the dental assistant maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

The program director and the dental assistant provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard.

UAMS Department of Dental Hygiene ensures that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

Student and Employee Health Services (SEHS) are responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained. SEHS services contact information is provided below:

4301 West Markham

Little Rock, Arkansas 72205

501-686-6565

Training and Updates

Employees and employees covered by the bloodborne pathogens standard (i.e. have occupational exposure to bloodborne pathogens) receive training by UAMS via MyCompass, an online training system, on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. Training occurs at initial employment/student orientation as well as annual updates.

UAMS provides bloodborne pathogens training via MyCompass. The clinic coordinator is responsible for collecting the documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

Training materials for this facility are available at online via MyCompass. Training records are completed for each employee upon completion of training. These documents will be kept for at least three years in the UAMS Dental Hygiene Clinic.

All employees, students and potential applicants can review this plan at any time via the Department of Dental Hygiene's website and in Department of Dental Hygiene's Clinical Manual via Blackboard.

Maintenance of Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 *CFR* 1910.1020, "Access to Employee Exposure and Medical Records."

UAMS SEHS is responsible for maintenance and confidentiality of the required medical records. SEHS keep the documentation in their files for at least the duration of employment plus 30 years. SEHS medical records are provided upon request of the employee or to anyone having written consent of the employee. Such requests should be sent to SEHS.

Hepatitis B Vaccination

Prior to employment, SEHS ensures that all new employees have their Hepatitis B Vaccination. Vaccination is required unless:

1. documentation exists that the employee/employment has previously received the series;
2. antibody testing reveals that the employee is immune; or
3. medical evaluation shows that vaccination is contraindicated
4. religious beliefs

Vaccination will be provided by SEHS. However, if an employee declines the vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. UAMS SEHS keep documentation of refusal of the vaccination in their records.

Prior to enrollment, students submit a pre-enrollment form that includes an immunization history check that includes Hepatitis B vaccine and a positive titer.

Sharps Injury Log

If applicable, in addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are reported to SEHS or the Preventive Occupational Medical Clinic. In the event of an exposure, the employee/student complete the UAMS Injury and Incident report found on the UAMS website.

The Injury and Incident Report includes the following:

- employee/Student name and ID number
- the department or work area where the incident occurred
- type of injury/incidence
- the type and brand of the device involved
- an explanation of when and how the incident occurred.

Exposure Incident Response

After reporting an incident to the program director, the employee/student follow the UAMS Needlestick/Sharps injuries and Blood/fluid exposure policy (Number: HR.4.01). The information below is directly from the policy:

Needle stick/Sharps Injuries and Blood/Body Fluid Expo), all employees, non-employees and students who are exposed to blood and body fluids during the performance of their

job duties or while fulfilling their educational responsibilities are required to report the exposure. All employees, non-employees and students who have a blood/body fluid exposure will be offered a medical evaluation regardless of the type of exposure or risk status of the source patient. UAMS will offer chemoprophylaxis to employees, non-employees and students who have -- +`sustained a blood or body fluid exposure from either a high risk or HIV positive patient.

Chemoprophylaxis will be offered in accordance with current CDC recommendations and the UAMS Post-Exposure Prophylaxis protocol which involves counseling and informed consent. The decision to treat will rest with the exposed individual and the evaluating provider.

The employee, non-employee or student will call the Preventive Occupational Medicine (POEM) clinic at 501-686-6565 during normal business hours to arrange for a medical evaluation. Additional follow up is not required. The employee, non-employee or student is responsible for completion of all information relevant to the Incident & Injury form online. Employees only are responsible for calling the Company Nurse Injury Hotline if treatment is sought (855) 339-1893. If the source patient lab results are non-reactive the exposed employee will be directed to report to the POEM clinic the next business day. The exposed individual will be offered Hepatitis B vaccine or other prophylaxis as determined by the treating provider. Baseline labs according to CDC Guidelines will be drawn on the exposed individual at the time of the initial visit. Additional follow up lab tests will be conducted according to current CDC guidelines.

If chemoprophylaxis is recommended, preferably it should be given within two hours of exposure for best results. If the source patient has AIDS or is sero-positive for HIV, the employees, nonemployees or students will be:

- 1. prophylaxed*
- 2. counseled to report back to POEM for any febrile illness that occurs within 12 weeks of exposure and that may be indicative of recent HIV infection (such as illness characterized by fever, rash, or lymphadenopathy)*
- 3. If prophylaxis is received in the ED after hours, on a weekend or holiday in the employee will be directed to follow-up with the POEM clinic immediately the next business day.*

If prophylaxis is received in the ED after hours, on a weekend or holiday in the employee will be directed to follow-up with the POEM clinic immediately the next business day. If the source patient is sero-negative for HIV, the exposed individual will be tested for HIV according to the CDC Guidelines.

Any exposed individual tested for HIV following an injury or exposure and is found to be sero-positive will be informed of the test results by a provider and will be counseled regarding the need for further confirmatory testing.

Reporting of positive tests results will be done in accordance with the UAMS Administrative Guide Use and Disclosure of PHI and Medical Records Policy and UAMS Administrative Guide Employee/Student Incident/Injury Reporting Source Patient Is Diagnosed or Suspected Of Having a Blood-Borne Infection: A. The nursing supervisor or designee will notify the evaluating provider if the source patient has any of the following diagnosed or suspected blood-borne infections including Arthropod-borne viral fevers, Babesiosis, Creutzfeldt-Jacob Disease, Hepatitis B, Hepatitis C, Leptospirosis,

Malaria, Rat-bite fever, Relapsing fever, Syphilis, primary and secondary, and/ or HIV. Prophylactic treatment will be based on current CDC guidelines. An infectious disease specialist should be consulted for known exposure to any disease listed above and when additional guidance is needed.

Employees who suffer an exposure on the job will be covered by Workers' Compensation. A claim for such shall be initiated when the employee calls the Company Nurse Injury Hotline (855) 339-1893 and complete the I&I form. Claims for UAMS students who suffer an exposure during a course of study at UAMS will be made to the student's insurance and/or the appropriate college. Non-employees and visiting students who have a blood/body fluid exposure must also complete an I&I form. The individual's insurance or the vendor's worker's compensation insurance will be billed for the cost of evaluation and any recommended prophylaxis.

University of Arkansas for Medical Sciences
Department of Dental Hygiene
DENTAL OFFICE OBSERVATION FORM
Observation hours must be current, completed within the last two years.

Dental Hygiene Applicant: _____
Reference Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____

Capacity in which you have known the applicant (e.g.: dentist or dental hygienist, etc.) *We ask that the applicant does not observe in the dental office of a family member.*

Professional Reference: How many hours did this applicant observe/work? _____
Dates: From _____ to _____

Please rate the applicant's performance in terms of the following qualities -√all that apply.

	Superior	Good	Average	Fair	Poor
Sense of responsibility					
Punctuality					
Dependability					
Personal appearance					
Ability to work without supervision					
Interpersonal relations with fellow workers					
Interpersonal relations with patients/clients					

Briefly, describe your impression of the seriousness of purpose and professional attitude of the applicant in their choice of career as a dental hygienist. Please use the back of this form if needed. **Complete observation form must be mailed or fax by the dental offices to ensure confidentiality.**

Signature of Reference

Date

Contact Information : UAMS College of Health Professions,
4301 West Markham Street, **Slot 619,**
Little Rock, AR 72205
Fax: 501-686-6855