

2021-2022 Dental Assisting Program Training Contract Agreement

CHARACTER COUNTS

You have chosen one of the most trusted professions in the world. With this honor also comes an incredible responsibility to conduct yourself in a manner that is deserving of this trust. This responsibility does not begin at graduation; it begins upon admission into your program.

Trustworthiness:

Be honest.

Be reliable- do what you say you'll do.

Have the courage to do the right thing.

Build a good reputation. Be loyal—stand by your family, friends, school, and country.

Don't deceive, cheat or steal.

Respect:

Treat others with respect; follow the Golden Rule.

Be tolerant of differences. Use good manners.

Be considerate of the feelings of others.

Don't threaten, hit or hurt anyone, or use bad language.

Deal peacefully with anger, insults and disagreements.

Responsibility:

Do what you are supposed to do.

Persevere: keep on trying!

Always do your best.

Use self-control.

Be self-disciplined.

Think before you act—consider the consequences.

Be accountable for your choices.

Fairness:

Play by the rules.

Take turns and share.

Be open-minded; listen to others.

Don't take advantage of others.

Don't blame others.

Caring:

Be kind.

Be compassionate and show you care.

Express gratitude.

Forgive others.

Help people in need.

Citizenship:

Do your share to make your school and community better.

Cooperate.

Stay informed, vote.

Be a good neighbor.

Obey laws and rules.

Respect authority.

Protect the environment.

STUDENT LEARNING OUTCOMES

The student learning outcomes below provide the framework that directs and informs the dental curriculum at First Coast Technical College. The importance of each outcome is introduced, emphasized and reinforced in an organized and thoughtful manner.

1. COMPETENCE

The student will demonstrate competence through the delivery of safe dental assisting care that is based on sound judgment, current evidence, and the utilization of up-to-date technology.

2. COMPASSION

The student will show compassion through advocacy and respect for the values, needs, and preferences of individual clients and families.

3. CONFIDENCE

The student will develop confidence through inquiry, interdisciplinary collaboration, and clinical reasoning in simulated learning environments and varied dental care practice settings to ensure the provision of quality care.

4. CONSCIENCE

The student will apply legal and ethical principles based on professional dental standards while recognizing personal limitations, exhibiting integrity, and valuing the contributions of others.

5. COMMITMENT

The student will demonstrate commitment to excellence through professionalism, leadership, ownership of one's practice, and dedication to lifelong learning.

6. COMMUNICATION

The student will utilize effective forms of communication including networking strategies and informatics to continuously improve the quality and safety of dental care for clients, families and communities.

7. CULTURE

The student will integrate culturally sensitive and competent dental care through a holistic approach that is client-centered and practiced within the context of family and community.

PROFESSIONAL RESPONSIBILITY

The purpose of the Dental Assisting Program is to enable you to be a competent Dental Assistant.

I understand that as a dental assisting student, I am expected to conduct myself in a professional manner while in the classroom, lab and extern sites.

When a student's conduct seriously affects the College's operation or property in a negative way, the student will be disciplined according to FCTC regulations up to and including dismissal from the College and/or payment for damaged property.

INSURANCE

FCTC does not carry personal health insurance on students. Students are personally responsible for their own accident/health insurance. All students enrolled in the dental assisting program purchase medical liability (malpractice) insurance. This cost is included in the program fees.

DISCIPLINE

Student conduct and discipline is based on School Board rules, which adhere to Florida Law, Chapter 1006.07(2) F.S., Code of Student Conduct. Students are required to read and understand responsibilities as stated in the FCTC Student Handbook.

DECLARATION OF INTENT

First Coast Technical College's mission is to provide career, technical, & adult education to meet the changing needs of students, businesses and the workforce. We expect that our students will attain certification and/or licensure appropriate for their field. However, there are times when students enroll in our career courses for reasons other than certification and/or employment. In that case, students must declare his or her intent to enroll for personal reasons, waiving their commitment to attain certification and/or licensure.

DRUG SCREENING and BACKGROUND CHECKS

I understand before I can participate in clinical training, I must have a Level I background check by the Florida Department of Law Enforcement (FDLE). I understand that information received regarding a FDLE offense will be handled on an individual basis. I understand an offense of a serious nature could result in the following:

- unable to attend the required clinical training for the program
- not be permitted to take the RHS, ICE and AMP portions of the NELDA
- not be employed after completion of the program.

I understand that prior to clinical training, a urine drug screen will be required. I understand that I will be contacted by the medical review officer should the test results indicate a positive reading for illegal substances or prescription drugs. If the substance is illegal or a drug that I do not have a valid prescription for, I will be immediately dismissed from the Dental Assisting program.

SUBSTANCE ABUSE POLICY

For the purposes of this program, substance abuse is defined as: the abuse or illegal use of alcohol and/or drugs and being under the influence of such, while participating in any school sanctioned activity.

The Health Careers Department faculty actively opposes the ingestion of any substance that interferes with healthy development and function in the physical, psychological, social, occupational and spiritual areas.

First Coast Technical College policies and Florida State laws governing dental assistants both consider substance abuse to be a health and safety problem. Substance abuse has significant negative effects on safety and performance. Patients/clients are at risk for serious injury if a student is under the influence of a substance which inhibits performance. **THE SAFETY OF THE PATIENTS/CLIENTS IS OUR FIRST PRIORITY.**

Expectations

All student dental assistants shall abstain from alcohol and/or drug use within eight hours prior to their practicum and class periods. This includes the use of illegal drugs, the illegal use of prescription drugs and the abuse or illegal use of alcohol. Attending classes and/or practicum while under the influence of alcohol and/or drugs will be cause for dismissal from the program.

If a student takes a prescribed medication, he/she must inform his/her instructor. If the medication causes the student to be sleepy or slow in response, he/she may be sent home. An individual on medications that dull the senses is not considered a safe practitioner. THE SAFETY OF THE PATIENTS/CLIENTS IS OUR FIRST PRIORITY.

ALL/ANY REPORTS OF SUBSTANCE ABUSE IN ANY SCHOOL-SANCTIONED ACTIVITY WILL BE ACTED UPON IMMEDIATELY.

If a student dental assistant should be convicted of a drug-related felony, he/she will be dismissed from the dental program. Health care facilities will not allow students who have been convicted of a drug-related felony to practice in the clinical area.

Health Careers Department will assist and support any student who wishes to obtain help for drugrelated problems.

Reporting Suspected Substance Abuse

A staff member of the agency who suspects a student of being under the influence of alcohol and/or any other drug should immediately report this observation to the agency supervisor and the FCTC instructor

A student who suspects a peer of being under the influence of alcohol and/or any other drug should immediately report this observation to the FCTC instructor.

Procedure

An instructor who has received a report of suspected abuse or who suspects a student of being under the influence of alcohol and/or any other drug will immediately remove the student from direct patient care. The instructor will then confer with another instructor or agency staff member to assess and if possible confirm, the evidence of suspected alcohol or drug use.

Should two agree that there is observable evidence of substance abuse, the following will occur:

- The student will submit to urine and blood drug testing immediately. *Failure to submit to the testing will result in immediate dismissal from the program.* It will be the student's responsibility to arrange for transportation to the testing facility. Students suspected of substance abuse may not transport themselves.
- If the test results are positive or not immediately available, the student will not be allowed to drive and/or leave the testing facility alone. It is the student's responsibility to arrange for safe transportation home.
- The student will be suspended from all Program activities until the Health Career Specialist and/or Dental Assisting instructor receives a copy of the test results. If the results for alcohol and/or drugs are positive the student will be immediately dismissed from the program.
- All expenses incurred due to mandatory testing and/or required transportation shall be the responsibility of the student.

Readmission

Students dismissed for alcohol/drug problems must provide documentation of substance abuse treatment prior to readmission to the dental program. In addition, the student will be required to adhere to a plan, developed in conjunction with a counselor, for ongoing evaluation of compliance to the substance abuse policy.

CELL PHONES

Cell phones are not permitted on your person or in your possession in the extern/lab and/or classroom sites unless specifically instructed by instructor for educational purposes.

Inappropriate use will result in loss of points on student's employability grade. Emergency calls should be directed to the program office at (904) 547-3471.

STUDENT TRANSPORTATION

I agree to provide my own transportation to and from classroom, externship sites and other activities.

PROGRESS IN PROGRAM

I agree to make consistent progress as required toward meeting the objectives necessary to obtain my goal. I understand that failure to progress may lead to dismissal from the program.

I understand and agree that if, for any reason, an externship site refuses to allow me to gain clinical experience at the facility; I will be referred to the Health Career Specialist for administrative review and possible dismissal from the program.

GROUNDS FOR ADMINISTRATIVE REVIEW

- Refusal of externship placement or assignment
- Refusal of the agency, institution and or instructor to provide clinical/classroom experience or placement due to, but not limited to the following:
 - Poor, unsafe extern/clinical/lab performance
 - o Previous employment performance at specified clinical/extern site
 - o Disrespectful attitude/aggressive behavior towards institution, staff, instructors or patients
 - Non-compliance with policies, procedures or regulations of institution
 - Any breach of ethical or legal standards
 - Behavior or manner deemed unsafe to patient contact caused by the effects of any substance
 - Results of drug screen or criminal background check.

DRESS CODE - Clinic/Extern/Classroom

I agree to dress in accordance with accepted standards in the dental profession, including health and safety requirements as outlined below:

- Students must always wear the designated FCTC uniform and will keep the uniforms, clean and neat. All students must wear white leather/vinyl flat shoes with whitesocks which must be clean and may wear the designated lab coat. If a specific uniform is requested by an externship site, the student will be allowed to wear the specified uniform rather than the FCTC uniform. Uniforms should be washed daily and kept in good condition with underclothes not protruding from the uniform.
- Proper hygiene is required regarding bathing, using deodorant and maintaining oral hygiene.
- Tattoos must always be covered.
- False eyelashes of any kind are not permitted.
- Smoking odor of any kind is not permitted while in uniform.
- All piercings must be removed if visible.
- No perfumes, colognes or scented lotions are permitted.
- Make-up is worn modestly.
- Hair must be worn off the collar, neatly arranged, off the face, shoulders and out of the
 eyes. No extreme styles may be worn in the clinical area and color must be natural.
 Hair may not be higher than two inches above the scalp of the head, hair clips/ties
 should be modest along with the color of student's hair.
- Natural fingernails must be short and clean with no polish. No acrylic, artificial or SNS nails are permitted.

- The only jewelry permitted is a plain, flat wedding ring band and gold, silver or pearl pencil eraser size (1/2 mm) post or stud earrings. Ring stones will tear the gloves and the gloves will cause damage to the stoned rings.
- A wristwatch with a second hand must be worn.
- Current FCTC picture identification badge is always required.

I understand and agree I will not be permitted to participate in classroom, laboratory or externship activities unless wearing the designated uniform. This is an employability skill requirement and is essential to successfully complete the Dental Assisting program.

CONFIDENTIALITY POLICY

In accordance with HIPAA (Health Insurance Portability and Accountability Act) guidelines - the faculty of the FCTC School of Dental Assisting has adopted the following policy:

- Except within the structured, teaching-learning situation, all aspects of the client's
 medically related information and/or data shall not be discussed with any other person or
 persons under any circumstances.
- 2. Proper identification as stated in the FCTC Student Dress Code is required before reading charts/records.
- 3. Under no circumstances is the student to photocopy or record in any way any part of the patient/client's charts/records.
- 4. Under no circumstances is the student to remove from the affiliate premises any reports or records pertaining to any patient/client.
- 5. Students may become privileged to affiliate information which is considered private.
- 6. Students who divulge affiliate or patient/client information acquired during courses maybe immediately dismissed from the program.
- 7. Failure to honor this basic ethical right of the patient/client or affiliate may result in the immediate dismissal of the student from the Dental Assisting Program.

Student recognizes that the disclosure of confidential information may give rise to irreparable injury to the patient/client or owner of such information and that accordingly, the patient/client or owner of such information may seek such LEGAL remedies against the student.

NOTE: Any violation of the Confidentiality Policy – Student Agreement may result in disciplinary action including, but not limited to, the possibility of dismissal.

SAFETY

- I agree to follow all safety rules and regulations as outlined by the instructors.
- I agree not to use equipment until I have been instructed in the proper method of operation.
- I agree to demonstrate my ability to operate, use, and maintain all equipment correctly and safely under the supervision of an instructor, laboratory assistant, or designated student.

Examples of Unsafe Practices

- 1. Unorganized work.
- 2. Not being familiar with patient history and record prior to care.
- 3. Guessing at answers.
- 4. Refusing to ask for help.
- 5. Discussing patients with outsiders.
- 6. Refusing to accept constructive criticism.
- 7. Not following the accepted procedure.
- 8. Concealing errors and/or making excuses for errors.
- 9. Not using proper disposal facilities for contaminated dressings, syringes, etc.
- 10. Using poor judgment in measures concerning patient safety.
- 11. Not notifying proper personnel of changes in patient status.
- 12. Failure to assist any patients not assigned when they need/call for help.
- 13. Not completing assignments, and not notifying the proper person.
- 14. Leaving a patient who requires student's presence.
- 15. Taking shortcuts to the detriment of patients.
- 16. Attempting a procedure without understanding the what, how and why of the procedure.
- 17. Failure to report off to primary resource professional.

STUDENT HEALTH REQUIREMENTS

Each student must provide evidence of immunity against the following diseases. These requirements must be completed and results on file at **FCTC BEFORE** going into the extern site. Please refer to the Health Careers department office or your instructor for further clarification of allowable evidence of immunity.

Failure of compliance will result in student inability to attend extern rotation and dismissal from the course and/or program.

• Physical exam – physical exam

Immunizations – student must have proof of immunity or proof of immunization for:

- Measles documentation of two immunizations
- Mumps documentation of two immunizations
- Rubella documentation of two immunizations
- Tdap within 10 years
- Varicella documentation of two immunizations, titer or documentation of disease from physician 28day requirement between doses
- TB/PPD within 1 year must remain current while in the program or CXR within 3 years
- Hep B – documentation of three immunizations
- CPR Current Healthcare Provider must stay current through program
- Background Check completed with application
- Drug Screening See precheck sheet for instructions
- COVID precautions see student handbook according to CDC guidelines and facility request

For the protection of you and your patients/clients, inform your instructor immediately if you have any injury/illness/procedure while in the program. A letter from your physician documenting any physical limitations and granting permission to continue in the program is required. A decision will be made by the Health Career Specialist in collaboration with the student, due to any safety issues of the student and health care clients/patients, as to whether the student may continue in the program.

I understand I must be able to perform the physical tasks expected of a dental assistant in the extern area. If, for any reason, I am unable to physically perform these tasks, a maximum of three weeks' alternative experience is allowed. At that time, if I cannot physically perform the tasks, I will have to withdraw from the program until cleared by a physician.

For the protection of you and your unborn child, inform your instructor immediately if you learn or suspect that you are pregnant. A letter from your physician documenting any physical limitations and granting permission to continue in the program is required. A decision will be made by the Health Career Specialist in collaboration with the student, due to safety issues of the pregnant student and health care clients/patients, as to whether the student may continue in the program.

PROFESSIONAL COMMITMENT

As an FCTC Dental Assisting student, I recognize that a commitment to the following will improve my chances for success in the program:

- Give each course and the entire program my **BEST** effort.
- Be in class, clinic and/or extern at the designated time for the designated hours
- Always be prepared prior to class, clinic and/or extern i.e. reading, studying, assignments and/or homework, workbooks, study guides.
- It is recommended you devote a minimum 30 minutes of study time for each hour of lecture above the time required for preparing for class/clinic and/or homework.
- Keep an open mind.
- Develop problem solving skills, critical and creative thinking skills in the clinic and classroom setting.
- Complete all homework/assignments for both clinic and class, done on time and in proper format.
- Understand that a certain amount of stress is normal, you must use appropriate coping mechanisms in stressful situations.
- Seek assistance from instructors/advisors as needed for clarification and issues (personal or academic) that could impact your education.
- Complete assigned remediation tools in the skills lab or online.

ATTENDANCE POLICY

See FCTC Student Handbook

EMPLOYABILITY SKILLS

Attendance performance and remediation performance factor into the course grade to develop appropriate work ethics. As is expected in the workplace, when it is necessary to be absent due to illness or emergency situations, all students are to notify the instructor at least 1 hour before class begins if absent or tardy. Students are required to email the instructor and the assigned site before the assigned arrival time if absent or tardy. Not following protocol is a "No Call/No Show" and is cause for disciplinary action after the first offense.

I understand and agree that employability skills will be evaluated during each course for both classroom, lab and extern, with on-going feedback.

I understand any breach (tardy, absent, uniform, shoes, no ID etc.) in employability skills will result in a five-point deduction per breach affecting the employability skills grade percentage which will affect the overall course grade. The only exception is safety breaches they will result in a deduction of 25 points.

I understand and agree that I must achieve an acceptable or outstanding rating on all factors essential to success in the Dental Assisting program as indicated on the student competency transcript.

I understand and agree that if I fail to demonstrate competence or acceptable improvement in any one or combination of the employability skills, there will be an initial review of my progress by the instructor, and or career specialist and if necessary, an administration review.

Students are required to submit timesheets for externship experience weekly; failure to timely submit can result in loss of financial aid.

I understand if I am late for the extern site, I may be relieved for the day, because patients must be cared for in a timely manner and the doctor is expecting you to assist with managing the previously booked schedule.

I understand that I am a member of the dental team, while at externship sites, even though I am a student. I must always be ready to help other team members without being prodded to do so.

I understand that at the extern sites, I will be assigned to assist on dental patients in a clinical setting. Leaving the patient, for *any* reason without reporting appropriately to the supervising authority and instructor, is considered *abandonment of patients*. Abandonment of patients is cause for immediate disciplinary action and possible dismissal from the Dental Assisting Program. Dismissal from the program will be decided by school administration.

I understand and agree an immediate review by the Health Careers Specialist may be scheduled any time I demonstrate an inability to maintain acceptable employability skills, including professional communication and behavior, deemed essential in performance as a Dental Assisting student.

I understand emailing prior to class does not result in an "excused" absence, but rather assists in evaluating the student's progress in professionalism and employability skills.

GRADING SCALE AND COURSE PROGRESSION

The Dental Assisting Program will use the following scale in all theory, attendance, laboratory, externship and employability evaluations:

Course Grade

1. Exams, homework, quizzes and projects

a. Average per course must be >80%,

b. If the student scores less than 80% on a test, he/she must participate in mandatory tutoring/remediation as assigned by instructor.

35%

Clinic/Lab Simulation
 Affect/Employability Skills
 Course Final
 15%

The grading scale that is used in all dental courses is as follows:

A = 90-100% B = 80-89% C = 70-79%

A minimum, overall average of 80% is required to pass the Dental Assisting Program

COURSE NUMBER	COURSE NAME	COURSE LENGTH	RECYCLES
DEA0725	Introduction to Dental Assisting	90 hours	1
DEA0726	Dental Infection Control Assistant	210 hours	4
DEA0727	Dental Assistant (1 of 2)	465 hours	5
DEA0728	Dental Assistant (2 of 2)	465hours	0

EVALUATION

Course evaluation will include the following:

- Class participation and professionalism.
- Quizzes over material presented in class, workbook and reading assignments.
- Tests are given upon completion of a course topic or end of a unit.
- Workbook pages to be completed before class and before a unit test can be taken.

ASSIGNMENTS

All assignments are considered individual work unless otherwise specified by instructor. All assignments must be completed on time and according to the specified criteria, late assignments will result in a reduction of the assignment grade. You are responsible for all reading assignments in course text, the workbook manual, and the content of the lecture sessions. The assignments will be used during the class sessions and **is essential the materials are read and carefully studied prior to class.** Class sessions will be used to clarify concepts answer questions and provide additional information, on the subject being studied.

THEORY TESTING

I understand and agree to meet the following criteria regarding written exams.

- Maintain a minimum, overall average score of 80% in the Dental Assisting Program.
- Maintain a minimum, overall average score of 80% in each course, with no less than an 80% on an individual exam.
- A score of less than 80%, on an exam, requires taking an alternate form of the exam. Successful passing, of the retake, will result in a maximum score of 80%. Student must participate in mandatory remediation at instructor's discretion prior to retake of exams.
- NO MORE THAN 10 EXAMS MAY BE RETAKEN IN THE ENTIRE PROGRAM.
- If absent for a scheduled exam, an alternate form of the exam will be taken on the next designated exam day and five points deducted. There will be **no exceptions** to this requirement.
- Arrangements must be made by the student with the instructor to take make-up exams
 or to retake exams after class on the designated day. Recycles must be completed within
 one week of the original test date.
- Students are required to take scheduled exams if they return to class on the scheduled date. Make up and recycle exams are to be taken on scheduled dates at the instructor's discretion. Make up and recycle exams can be in any format.
- If all tests for a course are not completed before the end of that course, the student will receive an unsatisfactory rating for that course and will not proceed to the next course. (Please note this may jeopardize certain funding arrangements.)
- Cheating is unacceptable and will result in an immediate Administrative Review. Penalties will include suspension or immediate dismissal.
- Late assignments will result in a deduction of 5 points off total assignment grade.

READMISSION TO LIMITED ACCESS HEALTH PROGRAM

This procedure applies to students who fail to successfully complete a course in the Dental Assisting Program. The process for readmission to a limited-access health program depends upon the course the student is requesting to repeat.

- Students who do not pass a program course must request to repeat the course by submitting an email to the Career Specialist requesting re-entry.
- If the request is approved, students will be allowed to enroll in the nextavailable course, **on a space available basis**.
- Students must meet all program and graduation requirements in effect at the time of their readmission. In addition, students approved to repeat a course will be required to demonstrate retention of essential prerequisite knowledge and skills before being allowed to re-renter the didactic and clinical sequence of courses.
- Students will be notified by the Health Careers Office of the next available start date.
- Students will have no more than 2 years to re-enter and complete the program requirements. Students, who are unable to re-enter and complete the graduation requirements within the 2-year allowance, must reapply as a new admission to the program.

EXTERNSHIP PERFORMANCE/LAB

Externships will be assigned by the instructor. Externship progress is evaluated with two sets of criteria: Employability Skills and Clinical and Expanded Functions Skills Competencies.

Employability Skills: I understand and agree I must achieve a minimum of a B within the following ratings on all competencies.

3 = Above Average 2 = Acceptable 1 = Below Average

Clinical and Expanded Functions Competencies: I understand and agree I must achieve a minimum of a 3 or above in Clinical and Expanded Functions Competencies, to include, Radiology, Dental Materials and Dental Office Management.

A 90 - 100% = 3 - Skilled, can work independently

B 80 - 89% = 2 - Moderately skilled, needs limited supervision

F = 0-60% = 1 - No skills in this area

NO = Site did not offer training in this area (please inform instructor if this occurs)

I understand externship rotations will be assigned by the instructor/program specialist and must be unpaid and may require travel.

Students who receive an unacceptable rating in any competencies will have the opportunity to re-do them but must achieve a minimum of a B. The student will have 3 attempts to do so.

If the grade of 80% is not earned, the competency must be repeated. If the 2nd attempt is not passed with 80% the student will receive personalized remediation from an instructor and then repeat the exercise. The student must pass the competency on the third attempt, with a score of 80% or will be required to repeat the course.

To complete the program a grade of B or better must be obtained in the area of employability skills and an acceptable grade must be achieved in clinical/lab skills.

I understand and agree that if I do not achieve an acceptable rating or above in clinical performance, there will be an initial review of my progress by the instructor, and if necessary, an administrative review.

WORK BASED ACTIVITIES

In order to participate in real world experiences, apply problem-solving skills, develop positive work attitudes, and good customer service skills, students will participate in supervised hands on learning opportunities.

OBJECTIVES:

Demonstrate an understanding of the principles, theories and skills of dental assisting and employability.

EXPERIENCE:

Externships in dental offices provide students with real life work experience that helps to prepare them for employment after program completion. Students receive experience in general dentistry and a dental specialty.

COMPETENCY:

Students apply required competencies prior to beginning externship rotations and are evaluated by the instructor as to readiness for the extern experience.

- Demonstrate knowledge of the dental health care delivery system and dentalhealth occupations.
- Use oral and written communication skills in creating, expressing and interpreting information and ideas.
- Describe the legal and ethical responsibilities of the dental health care worker.
- Demonstrate an understanding of general anatomy and physiology and apply wellness and disease concepts.
- Demonstrate the importance of health, safety, and environmental management systems in dental organizations and their importance to organizational performance and regulatory compliance.
- Recognize and respond to emergency situations.
- Use information technology tools.
- Explain the importance of employability skills.
- Demonstrate knowledge of blood borne diseases, including HIV/AIDS.
- Demonstrate leadership and teamwork skills needed to accomplish team goals and objectives.
- Use dental terminology.
- Identify structures and explain functions and pathologies of dental and general head and neck anatomy.
- Identify principles of microbiology and disease prevention and perform infection control procedures.
- Identify, describe, maintain and utilize dental instruments and equipment.
- Record patient assessment and treatment data.
- Identify the functions of pharmacology and anesthesia as they relate to dentistry.
- Identify and perform dental and carpal radiographic procedures.
- Identify properties and uses and manipulate dental materials.
- Perform chairside assisting for general dentistry and specialty procedures.
- Describe principles and perform techniques of preventive dentistry.
- Perform general dental business office procedures.
- Demonstrate professionalism as a dental team member in the clinical setting.

EVALUATIONS:

Students are evaluated by preceptors at the extern site and by the dental instructor for skills mastery and competence, before and during the externship experience.

OCCUPATIONAL EXPOSURE TO POTENTIALLY INFECTIOUS SECRETIONS

Dental Assistants must balance occupational risks with providing quality care to all clients/patients. As front-line providers of care, medical assistants have an increased risk of exposure to potentially infected blood and body fluids.

The dental assisting program accepts the Center for Disease Control recommendations that all health care workers should strictly adhere to Standard Precautions as the most effective means of preventing exposure and transmission of potentially infections secretions.

Standard Precautions are intended to prevent parenteral, mucous membranes and non-intact skin exposures to health care workers to blood-borne pathogens.

Under Standard Precautions, blood and certain body fluids of all clients/patients are considered potentially infectious for human immune deficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), and other blood-borne pathogens.

The risk of nosocomial transmission of HIV, HBV, HCV, and other blood-borne pathogens can be minimized if health care workers use the following general guidelines.

I understand and agree to adhere to the following communicable disease policies established for all health careers students in contact with potentially communicable patients while performing in clinical areas.

To standardize the delivery of health care to all clients and minimize the risk of transmission of communicable disease, all health careers students will:

Follow instructional guidelines for basic skills in isolation techniques, injections, and handling of body fluids in the skills laboratories before actual clinical practice of these skills on a client.

Follow classroom instruction related to communicable disease treatment, modes of transmission, and prevention.

Follow hospital, nursing home, health care facilities procedures and specific policies for prevention of blood and body fluid disease transmission.

Utilize the following blood and body fluid precautions:

- Gloves are worn when handling blood and body fluids, mucous membranes, or nonintact skin of clients, or when touching items or surfaces soiled with blood or body fluids (including performing venipuncture and other vascular access procedures).
- Hands are washed immediately before gloving and again after removing gloves.
- Hands are washed immediately and thoroughly when contaminated with blood or body fluids.
- Wash hands between clients.
- Gloves are changed after each client.

- Gowns, masks, and protective eyewear are worn for any procedures likely to result in or proneto splashing of blood or body fluids.
- Used needles are not recapped, bent or broken, removed from disposable syringes, or in anyway manipulated by hand. Disposable needles, syringes, scalpel blades, and other sharp items are placed in puncture-resistant containers for disposal.
- Soiled linen is handled as little as possible with minimum agitation. All soiled linen is bagged and tied closed at the location where used or according to facility policy.
- Gloves are worn for post-delivery care until all blood and amniotic fluid have been cleaned from an infant's skin.
- Upon death, state law requires that a tag be affixed to the body of anyone known to have a blood-borne pathogen.
- Specimens of blood and body fluids are placed in a leak-proof container. When collecting the specimen, care is taken to prevent contamination of the outside of the container. All containers are placed in a zip-lock bag.
- Mouthpieces and resuscitation bags are used in place of mouth-to-mouth resuscitation.
- Students with exudative lesions or weeping dermatitis should refrain from all direct clientcare until condition resolves.

A hospital and school incident report are to be completed if the student is exposed to blood or body fluids through the following means.

- Needle stick or cut
- Mucous membrane (splash to the eyes or mouth)
- Cutaneous (through skin which is chapped, abraded or has dermatitis)

Follow-up screening will be recommended according to hospital/school guidelines. **The student will pay** all cost of follow-up and screening.

Follow the infection control guidelines, in the clinical facilities, regarding staphylococcal and herpes infections. These policies state that no person may work in the area if they or a family member living in the same household has a staphylococcal or herpes infection (the most common diseases include impetigo, chickenpox, shingles, cold sores, and venereal herpes).

Any student, who has any temporary or permanent condition that may put them or their clients/patients at risk, has the responsibility to notify their practicum instructor.

MANAGEMENT OF OCCUPATIONAL EXPOSURE

1. Provide immediate care to the exposed site:

- Wash wounds and skin with soap and water.
- Flush mucous membranes with water.

2. Initiate report:

- Immediately report the incident to the FCTC Instructor.
- · Complete an agency "incident report".
- Complete the FCTC accident form. (must be submitted on-line).
- Instructor to submit all forms to FCTC Health Coordinator for appropriate submission and follow-up.

3. Follow-up screening:

- Level of risk will be recommended according to agency/school guidelines.
- The student will pay all costs of follow-up and screening.

First Coast Technical College

INFORMED CONSENT AND WAIVER OF LIABILITY

I,, understand that as a clinical student, I ma	y be
exposed to environmental hazards and infectious diseases including, but not limite Tuberculosis, Hepatitis B and HIV (AIDS) while in a clinical facility.	
Neither First Coast Technical College not any of the clinical facilities used for clinical pra assumes liability if a student is injured on the campus or in the clinical facility/practicum detraining unless the injury is a direct result of negligence by the college or clinical facility.	
I understand I am responsible for the cost of health care for any personal injury I may s during my education. I understand that I must obtain and maintain private health insurance v enrolled in the health careers program.	
I willingly consent to participate in all laboratory treatments and practice sessions (incluinvasive procedures) as a human subject (i.e., patient) for educational purposes at FCTC. To treatments may be rendered by faculty or fellow students. It is my responsibility to disclose information or medical issues that will limit or bar me from the above participation to the Helphare Career Specialist and/or Instructor in a timely manner.	hese any
I willingly consent to participate in simulated patient interviews in both lab and leadernonstrations.	cture
I willingly consent to give the Health Careers Specialist or FCTC designee permission to giv student ID and other personal information to the FCTC clinical affiliations licensure/registration authorities for appropriate reasons.	•
I willingly consent to give the Health Careers Department permission to release drug te results, or criminal background information to clinic sites that may require such information terms of their contract with FCTC for clinical affiliations.	_
Signed: Date:	

First Coast Technical College

CONFIDENTIALITY STATEMENT

A Pa	tient'	s Bill	of R	ights ((1975)	١
------	--------	--------	------	---------	--------	---

The patient has a right to every consideration of privacy concerning his/her own medical care program, case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. Those not directly involved in his/her care must have the permission of the patient/client to be present. The patient has the right to expect that all communications and records pertaining to his/her care should be treated as confidential.

I am aware that as a student of First Coast Technical Colleges Health Careers Program, I have access to patient information that will remain confidential. I agree to respect and protect the confidentiality of all patient information. I understand that if I violate any HIPAA regulations, I will be dismissed from the program.

I authorize the FCTC Health Careers Specialist/Instructor to release information regarding my performance while enrolled in the program.

Printed Name of Student		
Signature of Student		
Date		

First Coast Technical College

DECLARATION OF INTENT

First Coast Technical College's mission is to provide career, technical, and adult education to meet the changing needs of students, businesses, and the workforce. We expect that our students will attain certification and/or licensure appropriate for their field. However, there are times when students enroll in our career courses for reasons other than certification and/or employment. In that case, students must declare his or her intent to enroll for personal reasons, waiving their commitment to attain certification and/or licensure.

If you **DO NOT PLAN** to work in this field: Please complete the information below, indicating your reason for enrolling in this program: ☐ I enrolled for personal enrichment. ☐ I plan to work as volunteer or as a hobby. ☐ I plan to continue my education at another college or university. Student Name: Print Please Student's Signature: _____ Date: _____ If you **DO PLAN** to work in this field: Please complete the information below, indicating your reason for enrolling in this program: ☐ I enrolled to attain certification and become employed. Student Name: Print Please Student's Signature:

Date: _____

I HAVE RECEIVED A COPY OF THE FCTC DENTAL STUDENT HANDBOOK AND I AM PERSONALLY RESPONSIBLE FOR THE INFORMATION CONTAINED THEREIN.

I, (student name)	have carefully read and studied the
Student Handbook and Training Contract Agreement and	d by my signature, agree to abide by the policies and
regulations with the understanding this is a condition of	acceptance and continuance in the program.
I agree, I do not agree	
competency information , health and/or background in	formation to a potential employer, federal, state or
local government agency.	
l authorize, l do not authorize	emergency medical care.
l agree, l do not agreeth	at FCTC may use my photo, likeness, and or name in
school publications or periodicals for such purposes as a	dvertising and media releases.
I understand, I do not understand	
longer hours and travel depending on the course in which	th the clinical rotation occurs.
I understand, I do not understand	that lab remediation experience outside
of classroom time may be assigned in the lab.	<u> </u>
I willingly, I do not willingly	consent to participate in all laboratory treatments and
	ducational purposes at First Coast Technical College. These
treatments may be rendered by faculty or by fellow stud	dents. It is my responsibility to disclose any information or
medical issues that will limit or bar me from the above p	articipation to the Program Specialist or Instructor in a
timely manner.	
Health Career Specialist Signature	Date
ricaltif career specialist signature	Date
Student Signature	– ————————————————————————————————————
Student Signature	Date
PARENT/GUARDIAN RESPONSIBILITY (required if stude	nt is under 18 years of age).
I, as the parent/guardian, have carefully read and stu	
signature, agree to abide by the policies and regulat	
acceptance and continuance in the program.	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Parent/Guardian's Signature (required if under 18	years of age) Date

This signature page will be kept in each student's SIS file.