Welcome to Dental Hygiene at USD!

Congratulations! You have been chosen to become part of a profession known for its high standards of care for the oral and systemic health of the public! You have proven to possess the qualifications necessary to enter the first phase of a continuous life-long educational journey. The field of dental hygiene is so dynamic that during the course of your career you will be amazed at the ever-changing nature of the profession. Your ability to continue to learn and grow throughout your career will result in better care for your clients. We believe that you will be an asset to our profession.

Your journey will begin here at USD. The road through your education will be difficult but not impossible. You will meet challenges every day, but you will be rewarded often. Your dedication and commitment so far says a lot about your integrity. You will be amazed at how quickly the time goes during these next two years. It may seem like an eternity now, but as we take one day, week, and semester at a time, the end will be here soon.

You will make friends here with whom you will keep in touch for many years. You will create many meaningful memories. You will become stronger, wiser, and more mature as a person; you will build character here. One of the most rewarding aspects of being an instructor is having the privilege of watching you grow as a person. We are here to help you.

We believe you have what it takes to become a dental hygienist. We have confidence that you will succeed. Don’t be afraid. If you need anything, just ask. Do your best and work hard. That’s all we ask.

The information in this book gives you some background of the way certain issues are handled. Use it as a reference. This handbook is supplemental to the USD Student Handbook, USD Undergraduate Catalog, and the Department Clinic Manual.

On behalf of the entire faculty and staff, it is my pleasure to be able to welcome you here. Enjoy your stay!

Sincerely,

Erik Mutterer, RDH, MA
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Preface

This document is intended to be informational only and not intended to be contractual in nature. The information within may change before the next printing so it is the student’s responsibility to stay abreast of current information. The University and the Department have the right to make programmatic changes at any time through appropriate procedures in order to serve their best interests. While reasonable efforts will be made to publicize such changes, students are encouraged to seek current information.

The University of South Dakota is an equal education/equal employment opportunity institution, committed to providing all qualified students the opportunity to obtain a university education without regard to race, color, creed, national origin, ancestry, citizenship, gender, transgender, sexual orientation, religion, age, disability or membership in any other protected classification. The University of South Dakota does not discriminate in employment, in the recruitment or admission of students, or in the operation of any program or service. Inquiries may be directed to the Director of Equal Opportunity and Diversity, 205 Slagle Hall, 605-677-5651.

In accordance with the South Dakota Board of Regents Policy 1:19, the institutions under the jurisdiction of the Board of Regents shall offer equal opportunities in employment and for access to and participation in educational, extension and other institutional services to all persons qualified by academic preparation, experience, and ability for the various levels of employment or academic program or other institutional service, without discrimination based on race, color, creed, national origin, ancestry, citizenship, gender, transgender, sexual orientation, religion, age, or disability, or membership in any other protected classification. The Board reaffirms its commitment to the objectives of affirmative action, equal opportunity and non-discrimination in accordance with state and federal law. Redress for alleged violations of those laws may be pursued at law or through the procedures established by the provisions of 1:18 of this policy.

If you require assistance with this document, please contact the Director of Disability Services, 119B Service Center North, USD, Vermillion, SD 57069. Phone: 605-677-6389, Fax: 605-677-3172, E-Mail: dservice@usd.edu
Chapter 1
Health Affairs Organizational Chart

Sheila Gestring
President
USD

Tim Ridgway
Vice President
USD Health Affairs

Tim Ridgway
Dean
Sanford School of Medicine

Haifa Abou Samra
Dean
School of Health Sciences
Chapter 2
Vision, Mission and Strategic Plan Statements

USD Mission and Vision

Mission:
The University of South Dakota offers undergraduate, graduate and professional programs within the SD System of Higher Education. As the oldest university in the state, the University of South Dakota serves as the flagship and the only public liberal arts university in the state.

Vision:
To be the best small, public flagship university in the nation built upon a liberal arts foundation.

USD Health Affairs Mission:
The mission of Health Affairs at the University of South Dakota is to provide high quality education, research, and service to South Dakota, the region, and beyond through programs in medicine, health sciences, and human services.
USD School of Health Sciences Vision, Mission, and Strategic Plan

VISION:
To be a nationally-recognized leader in interprofessional health sciences’ education.

MISSION:
The School of Health Sciences develops scholars, practitioners, and leaders in health and human services, meeting the workforce needs of South Dakota, the region and beyond.

SHARED VALUES:
The School of Health Sciences embraces excellence among all of its programs. All programs uphold the following descriptors of Excellence – distinct, preeminent, high standards, high quality, innovative and exceptional.

To that end, the following are shared values within the School of Health Sciences at The University of South Dakota:

- Rigor - curricula that demand a concerted and sustained effort to meet high standards, including systematic, critical reasoning in a scholarly fashion
- Interprofessional Education - professional exchange between programs emphasizing a team approach, ensuring collaboration, respectful communication and client safety
- Relationships - state of being interrelated in a professional, collaborative, respectful and personal manner
- Innovation - the act of introducing something new that is creative, technologically advanced, supporting new ideas, cutting edge
- Inclusivity - the state of all-embracing that is culturally attune, and which incorporates the needs and viewpoints of diverse communities to create an environment that feels welcoming to everyone, and where each individual feels he/she is valued
- Professionalism - conduct adhering to core values of a profession, characterized by ethical integrity, skill, competence, life-long learning, and respectful communication
- Service - contribution to the welfare of others through civic and professional engagement, especially serving the underserved
- Evidence - an outward sign of scholarly practice and application, emphasizing research and best practices
- Leadership - demonstrating positive influence on others, as an advocate, change agent and role model
- Relationship-Centered - stresses the importance of partnerships and how professionals relate to each other and their community; consideration of a person’s individuality and perspective, while being responsive to the needs of both the individual and his/her family; shared decision-making

SCHOOL OF HEALTH SCIENCES IN 2018:
The School of Health Sciences (SHS) serves as the region’s premier, comprehensive school of health and human service professions, preparing students for interprofessional, collaborative practice that meets the workforce needs of the region, and innovatively moves health and human services forward. The SHS students prepare for the future’s challenges by completing rigorous curricula firmly grounded in high quality interprofessional education (IPE) that fosters whole body wellness utilizing an inclusive health care team. The SHS faculty members develop and implement activities across professions by contributing to four collaborating domains - curricular, community service, scholarship, and health care simulation - each of which captures an IPE component. The SHS students exhibit professional, community-focused and client-centered behavior and become alumni who are leaders, mentors, practitioners, and change agents.

The SHS is home to an exceptionally accomplished, professional faculty who provide a wide range of health and human service programs for undergraduate and graduate students. Professors are engaged educators; they participate individually and collaboratively in research and creative scholarship to generate new knowledge and enhance teaching and learning. Their commitment to service addresses the health needs of the public.

The SHS student experience is supportive, affirming, and technologically rich with personal mentoring by other students, faculty, and staff. Students embrace the virtues of professionalism and value the interprofessional experiences and opportunities. Students engage in a myriad of scholarship and community service activities providing care to those in need, especially serving rural, medically-underserved, and diverse populations.

The SHS is committed to a global outlook and welcomes people from all backgrounds, embodying the value of inclusivity in its curricula, programs, policies, and facilities. The SHS appeals to students, faculty, and staff with a range of experiences, heritages, and cultures. The SHS is committed to partnering with Native American communities fostering education, service, and research. Rich collaborations with health and human service systems, and civic and business partners at the local, regional, national, and international levels facilitate research and enhance students’ educational opportunities.

The USD School of Health Sciences in 2018 has the distinction of being the premier School of Health Sciences promoting innovative, interprofessional education for professionals who will be serving the health needs of the public, especially those in rural, medically-underserved, and health care shortage areas.
Vision: To be a national leader in quality dental hygiene education.

Mission:
The mission of the USD Department of Dental Hygiene is to provide a quality, specialized undergraduate education in which graduates are professional, competent dental hygienists dedicated to improving the health of the public.

Strategic Plan:
The Department of Dental Hygiene at The University of South Dakota (USD) serves as the State’s only dental hygiene program, preparing students for state-of-the-art health practice, having completed an outreach-based, prevention-focused, patient-centered, interprofessional educational foundation that focuses on whole body wellness. The Dental Hygiene Department competency domains of professional development, information management and critical thinking, patient care, and community service are areas of program emphasis. The University grants a Bachelor of Science degree to students upon completion of the program, making them eligible to take national, regional, and state licensure exams, and leading graduates toward meaningful leadership and employment opportunities. A BS degree completion program assists graduates from other dental hygiene programs obtain a higher degree, thus enhancing their personal and professional development.

As an active member of the educational community at USD and within the School of Health Sciences, the Department values interprofessional collaboration with other SHS Departments offering shared student experiences, faculty research and scholarly activities, and opportunities for service and service-learning. The Department is comprised of committed faculty and staff who are dedicated to the integrity and professional reputation of the Department. Faculty are held to the high standards of the profession, embracing the philosophy of comprehensive patient care, while valuing diversity and commitment to serving the needs of those without access or limited dental care. Faculty are knowledgeable, experienced, engaging instructors who effectively mentor students and who participate in a myriad of service activities.

Dental hygiene students recognize the value of interprofessional relationships with other health care professionals, not only for the provision of comprehensive patient care, but also for the advancement of the dental hygiene profession. Dental hygiene students appreciate the supportive, technologically-rich program environment that encourages clinical competence, communication skills, professional development, and confidence through extensive and varied experiences.

The USD Dental Hygiene Department embodies the value of inclusivity in its policies, curriculum and practices. The Department accepts and encourages diversity and is committed to preparing globally-aware student and faculty leaders. The USD Dental Hygiene Department impacts community wellness by providing oral care services and education with respect and appreciation for all individuals.

The USD Department of Dental Hygiene in 2018 continues to be recognized as the State’s dental educational program preparing professionals for the future of the dental hygiene profession by incorporating technological innovations and advanced knowledge and skills, while supporting new career and employment options.
1. Program status and degree/Program Competencies/General

   Implement a BS degree completion program
   Investigate advanced degree program options

2. Interprofessional collaboration/Faculty

   Increase SHS participation in fluoride varnish clinics
   Increase collaboration with other SHS majors in other activities and/or courses
   Investigate rotation with Perry Simulation Center
   Faculty mentoring program; prepare for continued transition

3. Students/Student experiences

   Increase community involvement by providing dental health education (ie. prenatal, other)
   Investigate new clinical experiences; retain current, especially SF Clinic and school-based PDP
   Increase participation in SADHA and professional dental organizations

4. Commitment to Inclusiveness

   Continue with diverse clinical rotations
   Encourage participation in cultural activities
   Involvement in local/national/international mission trips
   Encourage diverse student population, embracing student heritage

5. Commitment to Community

   Become self-sustaining with PDP
   Increase involvement with area dentists (ie. referrals, rotations)
   Investigate further opportunities for program exposure (ie. services, fees, donations)
   Find avenues to reach specific populations (ie. pregnant, seniors, cancer, low-income)

6. Final statement/Commitment to advancing profession

   The USD Department of Dental Hygiene strives to enrich our program and advance our profession through interprofessional collaboration, valuable student experiences, and an ongoing commitment to our community with special attention to our diverse populations.
USD Dental Hygiene Program Goals

Goal 1:
Prepare graduates entering the dental hygiene professional arena with a solid foundation that places emphasis on professional development, information management and critical thinking, patient care, and community service.

Goal 2:
Provide students with diverse learning experiences.

Goal 3:
Provide students with a highly qualified faculty dedicated to the educational process and who uphold the values of teaching, research, and service.
Chapter 3  
Program Competencies

I. Competencies for USD Dental Hygiene Graduates

This document identifies the knowledge, skills, and professional behaviors all new USD Dental Hygiene graduates must possess prior to entering the professional discipline of dental hygiene. The purpose of this document is to define the intent of our curriculum and provide the Department with a means of self-evaluation.

These competencies have been developed by the USD Department of Dental Hygiene Curriculum Committee and have been approved by the entire department faculty. They are reviewed and reevaluated annually and will serve as a foundation for the dental hygiene curriculum.

The Department feels the acquisition of these competencies will provide a new dental hygiene graduate with a foundation of knowledge, skill, and professional behaviors required to begin a career in the dental hygiene profession.

A. Professional Development

Professional development is the process of creating an identity as a responsible, competent, healthcare professional. It involves acquiring the appropriate contemporary knowledge, judgement, and skill necessary to recognize and manage a variety of individuals and situations. Professional development also includes exhibiting professional, ethical, and legal behavior with patients, peers, and other professionals.

To meet this competency the new dental hygiene graduate will:

1. Display professional characteristics of empathy, integrity, and responsibility among patients, peers and other health care professionals.
2. Understand the necessity for and actively participate in self-assessment and life-long learning.
3. Uphold the integrity of the profession through leadership, scholarship, service, and/or through affiliation with professional organizations.
4. Promote legal and ethical decision-making both within and outside of the dental hygiene discipline.
5. Engage in collaborative learning experiences among colleagues.
6. Demonstrate continuous responsibility for professional actions and care based on accepted scientific research, accepted standards of care, and state and federal laws.
7. Identify career options, networking resources, and strategies available to enhance personal and professional development.

B. Information Management and Critical Thinking

The dental hygienist uses knowledge and skill to synthesize information critically, solve problems, and make decisions. Possessing and applying these skills allows for maintenance and expansion of dental hygiene knowledge and care. It is imperative to assimilate information from varying disciplines and utilize that information critically.

To meet this competency the new dental hygiene graduate will:

1. Critically evaluate published research articles and information.
2. As a self-directed individual, utilize sound judgement based on scientific principles in the evaluation and application of new information.
3. Effectively communicate in verbal and written form.
4. Utilize evidence-based decision making, critical thinking and problem solving strategies to evaluate technology and treatment modalities in the promotion of oral and general health.
5. Utilize current technology as a method of acquiring information to solve problems, make decisions, and enhance personal and professional growth.
C. Patient Care

The dental hygienist is a licensed preventive oral health professional that provides educational and clinical services for the support and maintenance of optimal oral health. Dental hygiene care is delivered to all persons regardless of age, gender, ethnicity, creed, or ability. It includes the assessment, diagnosis, planning, implementation, evaluation, and documentation of appropriate dental hygiene services.

To meet this competency the new dental hygiene graduate will:

1. Gather, record, and assess data and risk factors regarding the patient’s physical, oral, and psychological health using procedures consistent with standards of care, and recognizing those at risk for medical emergencies.
2. Use critical thinking skills and comprehensive problem solving to evaluate patient information and draw conclusions regarding the dental hygiene needs of the patient.
3. Formulate an appropriate treatment plan that is patient-centered, interprofessionally-collaborative, and based on sound scientific principles.
4. Implement safe dental hygiene treatment utilizing appropriate clinical knowledge and skills, motivational techniques, and adjunctive therapies keeping in mind the patient’s goals, values, and capabilities for promotion of oral health, and administering emergency care as needed.
5. Evaluate the results of dental hygiene care making the appropriate adjustments and referrals as needed.
6. Enhance dental hygiene care incorporating new methods, materials, therapies, and technologies when oral health outcomes are not as expected.
7. Properly document all necessary information associated with dental hygiene services for patients.
8. Encourage the development of a healthy lifestyle for the total well-being of individuals and communities.

D. Community Service

Dental hygienists actively promote oral health and wellness in all aspects of both public and private sectors of the community. The dental hygienist is a member of the interdisciplinary team that functions in many health settings. The hygienist serves as a respected resource person for activities that improve the health of the community.

To meet this competency the new dental hygiene graduate will:

1. Recognize and respect the diversity of population groups, serving all persons without discrimination when delivering dental hygiene care.
2. Collaborate with other health care professionals to promote the total well-being of the community.
3. Be an oral health resource and promote the values of the dental hygiene profession through service to the community.
4. Assess the oral health needs and services of the community, in a variety of settings with emphasis on underserved populations, and provide, evaluate and/or refer for dental services.
II. Clinical and Laboratory Skills

This document outlines the criteria used to determine competency for each of the clinical skills taught in the USD Department of Dental Hygiene. This document is distributed to students as they enter the Department professional curriculum. It is also available to the public. The Department Curriculum Committee and the entire faculty review this document annually.

The following is a list of clinical skills in which the dental hygiene student must be competent prior to graduation. The level to which students must be competent is defined as being either clinical or laboratory competent. Clinical competence assures that all students have met the required criteria and are able to perform the function safely and effectively on patients. Laboratory competence indicates that the procedure has been accomplished on student partners and/or models. There are several instances in which all students may not have the opportunity to provide the service on patients.

It is important to understand that upon graduation and licensure, the dental hygienist performs only those skills to which he/she has achieved clinical competency and then only if allowed by state law. Practicing other skills or those in which only laboratory competence has been met may place the individual in legal jeopardy.

A. Clinical Competency

Clinical competency will be achieved when the requirements listed on the forms have been met and the stated courses have been successfully completed.

Adjunctive Antimicrobial Placement          DHYG 436, 431 or 435
Appliance Fabrication                       DHYG 422, 431 or 435
Calculus Removal                            DHYG 330, 336, 431, 435
Cleaning Removable Appliances               DHYG 330, 431 or 435
Comprehensive DH Care Plan                   DHYG 330, 336, 396, 431 and/or 435
Debris Index                                DHYG 330, 336, 431
Dental Charting                             DHYG 330, 336, 431, 435
Diagnodent                                  DHYG 321, 431 or 435
Emergencies Management                      DHYG 318, 396, 431, 435
Fluoride Application                        DHYG 330, 336, 431
Hard Tissue Desensitizing                   DHYG 436, 431 or 435
Health History                              DHYG 318, 336, 431
Impressions/Study Models                    DHYG 422, 431 or 435
Instrumentation                             DHYG 330, 336, 431, 435
Local Anesthesia Administration             DHYG 350, 431, 435
Nitrous Oxide/Oxygen Sedation                DHYG 351, 431 or 435
Nutritional Counseling                      DHYG 415, 436, 431 or 435
Oral Cancer Screening using Light Technology DHYG 436, 431 or 435
Oral Health Education                       DHYG 336, 431, 435
Oral Inspection                             DHYG 336, 431, 435
Periodontal Charting                        DHYG 330, 336, 431, 435
Polishing                                   DHYG 330, 336, 431
Root Planing                                DHYG 436, 431, 435
Radiography                                 DHYG 333, 431
Intraoral Exposures                         DHYG 333, 431, 435
Panoramic Exposures                         DHYG 333, 431, 435
Sealants                                    DHYG 321, 431 or 435
Topical Anesthesia                          DHYG 436, 431 or 435
Ultrasonic Instrumentation                  DHYG 330, 336, 431, 435
Vital Signs                                 DHYG 318, 336, 431
**B. Laboratory Competency**

Laboratory competency will be achieved when the requirements listed on the forms have been met and the stated courses have been successfully completed.

<table>
<thead>
<tr>
<th>Task</th>
<th>Course Code(s)</th>
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</tr>
<tr>
<td>Amalgam and Composite Restoration Placement</td>
<td>DGYH 422</td>
</tr>
<tr>
<td>Implant Maintenance</td>
<td>DGYH 436</td>
</tr>
<tr>
<td>Occlusal Radiographs</td>
<td>DGYH 333, 431</td>
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<tr>
<td>Occlusal Registration</td>
<td>DGYH 422</td>
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<tr>
<td>Temporary Restoration Placement</td>
<td>DGYH 422</td>
</tr>
<tr>
<td>TMJ Assessment</td>
<td>DGYH 431</td>
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<tr>
<td>Periodontal Dressings</td>
<td>DGYH 436</td>
</tr>
<tr>
<td>Pulp Vitality Testing</td>
<td>DGYH 436</td>
</tr>
<tr>
<td>Suture Placement and Removal</td>
<td>DGYH 436</td>
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Chapter 4
Faculty Assignments and Department Committees

Department Chairperson- Erik Mutterer

Duties of Chairperson include ultimate responsibility for the Department as a whole, including areas such as accreditation compliance, budget, curriculum, policies, supervision of faculty and staff, oversight of prospective and current students, report to Dean and Vice President and communicate with others within and outside the institution. The Chairperson oversees all Department committees, continuing education courses, and community activities.

Student academic questions/concerns should first be directed to the appropriate faculty member or course leader. If resolution of a problem is not attained, the student should meet with the Chairperson.

Any faculty concern can be made directly to the Chairperson at any time. If resolution is not attained, the Dean’s assistant should be contacted to make an appointment to see the Dean of the School of Health Sciences.

Coordinator of Clinics- Erik Mutterer

Duties of Coordinator of Clinics include leadership and management of all senior clinical rotations and clinical seminars. This person is the liaison between students and clinical faculty; weather-related clinic closures and other scheduling decisions will be made by the Coordinator and appropriate faculty and then communicated to students. Significant policy changes are made through Department committee action. The Coordinator of Clinics serves as Chair of the Clinical Science Committee.

Individual student concerns regarding a clinical matter should be addressed to the appropriate clinical faculty member first. If not resolved, the student should discuss the situation with the Coordinator of Clinics. The Department Chairperson will then be consulted, if necessary.

Individual faculty issues regarding clinical scheduling changes should be communicated to the Coordinator as soon as possible to facilitate minimal rescheduling. All faculty absences must also be reported to the Chairperson and documented appropriately on monthly timesheets. Other faculty concerns regarding a clinical matter or policy should be directed to the Clinical Science Committee.

Coordinator of Inventory and Maintenance- Carissa Regnerus
Assistant Coordinator- Ann Burbach/Michelle Jarding
Program Assistant- Nicole Solomon

Duties include the coordination of purchasing of supplies and materials for the Department. The Coordinator will work closely with off-campus sites to ensure necessary materials and supplies are ordered. It is understood that off-campus clinics have individual protocols for ordering supplies; however, if any Department supplies are taken from campus to support another clinic, it is imperative that this Coordinator is informed. All ordering must be reported to the Coordinator and the Program Assistant.

If student CAs recognize supplies/materials are low, they are to inform the Coordinator or Assistant Coordinator for reordering.

Off-campus faculty who need/want to order supplies should contact the Coordinator; on-campus faculty should complete a form in the Maintenance and Supplies binder located in the Instructor’s Station. Each week the Coordinator and Assistant Coordinator will evaluate the requests and place orders accordingly.
All orders will be opened and received by either the Coordinator or Assistant Coordinator on campus. Packing slips from orders at any site must be delivered in a timely fashion to the Program Assistant for payment.

The Coordinator of Inventory and Maintenance is also responsible for all equipment maintenance and repair. Any malfunction can first be attended to by faculty for troubleshooting; however, if the problem cannot be resolved, the Coordinator should be contacted. It will be her decision to call for assistance. All records and dates of malfunction, maintenance and repair must be kept in the log found in each clinic. The Coordinator will contact each clinic on a regular basis, meet with the Assistant Coordinator on a weekly basis and with the Chairperson monthly.

**Coordinator of Student Affairs- Erik Mutterer**

Duties of this Coordinator include assisting with licensure exams and any other concerns/issues that arise regarding student activities that may be appropriately handled by this individual. The Coordinator will ensure that application for licensure exams is done according to appropriate deadlines and necessary forms required from the Department are submitted.

The Coordinator will schedule and secure seats for the National DH Board exam and facilitate the group scheduling process. All applications must be completed by each individual student and the Department and Coordinator is not responsible for application error. The Coordinator will also be the liaison to the CRDTS agency regarding hosting the clinical board exam at our Department. The Coordinator will be responsible for scheduling information and screening sessions for students, assisting with patient forms, and supervising the exam process. All questions/concerns regarding any aspect of the CRDTS exam hosted by USD will be directed to the Coordinator. The Coordinator will also organize faculty/DDS supervision for the exam.

This Coordinator is also responsible for maintaining records of student, faculty, and staff CPR certification. She will remain in contact with the Vermillion EMS regarding class courses and remind individuals in a timely fashion about expiring certification.

**Coordinator of Safety Compliance and Infection Control- Carissa Regnerus**

This Coordinator is responsible for the overall Department compliance with current local, state, and federal policies and protocols. She is responsible to provide information to the Department about regulatory changes in a timely fashion such that potential changes to policies and procedures can be made through the Department committee system.

Any student or faculty with a comment or concern about current practices should bring the topic to this Coordinator for further investigation. Topics can also be discussed in the Clinical Science or Curriculum Committees; however, any change must be verified by this Coordinator.

It is recognized that products used or protocols followed may differ slightly at varying clinical sites; however, basic safety and infection control procedures will be the same across the Department. It is expected that faculty will be consistent in language used with students to ensure consistent messages are being heard.

**Coordinator of Radiology and Radiation Hygiene- Erik Mutterer**

This Coordinator will monitor Department compliance with federal and state guidelines and communicate regularly with the SD Department of Health. Equipment inspections are coordinated and documented by this individual.

All Department standing orders for patient radiographs are verified with this Coordinator and the Supervising Dentist. No student is allowed to send Department radiographs to a dental office. Only the Coordinator or staff will be allowed this duty as a specific encryption process is necessary.

Questions or concerns about the area of radiation or radiation safety by faculty or students should be directed to this individual first.
II. Department Committees and Management Groups

The Department of Dental Hygiene tries to be group oriented in the decision-making process, when this is possible within the organizational framework of The University and the Regents of Higher Education. Therefore, we use committees and management groups to make decisions or provide input for decision making to the chairperson or higher levels of administration. Many of these internal bodies have student membership. Students who feel that they would grow professionally and personally by serving may volunteer for these groups.

Clinical Science Committee: Composed of Coordinator of Clinics, leader of pre-clinical course, coordinators of campus and off-campus clinics, one Junior student, one Senior student. This group will assume responsibility for reviewing the entire clinical science curriculum and submitting recommended changes to the dental hygiene faculty for discussion and final action. This committee also performs quality assurance assessments to include process of care and audits of patient records at least two times annually. The Quality Assurance forms are used to note problems and document solutions.

Department Advisory Committee: Consists of a minimum of 4 dentists and 4 dental hygienists who have been nominated by the respective state dental organizations plus any interested members from the community with an interest in the Department. The Department Chairperson, Supervising Dentist and one faculty member serve to facilitate this committee and its meetings by scheduling meetings, taking minutes, and maintaining committee membership. Feedback from the Advisory Committee is communicated to the Department faculty and staff.

Selection Committee: Composed of Department Chairperson (ex officio), and at least three volunteer members from the dental hygiene faculty plus the student advisor responsible for the collection of all selection materials. This committee is involved in interviewing dental hygiene applicants, reviewing applications and selection criteria of applicants, and making decisions on which applicants are offered positions in the entering dental hygiene class.

Department Liaison to SDDHA: A faculty member shall attend each of the SDDHA Board meetings as a way to maintain communication and continue the liaison. Any interested faculty member may attend; however, the SADHA advisor may be assigned this designation.

Curriculum Committee: Composed of all faculty responsible for major courses in the Dental Hygiene curriculum and a minimum of one Junior and one Senior student. This committee responds to any official curricular changes and makes all curricular requests that require further action by higher authority. Any curricular changes are presented to full faculty for approval.

Scholarship Committee: Composed of four volunteers from the dental hygiene faculty and Dept Chairperson. This committee reviews applications, selects scholarship recipients when applicable, and oversees all scholarship issues at the Department level.

Progress and Conduct Committee: Composed of three faculty members from the Dept and the Department Chairperson (ex officio). Student representatives and additional faculty may be invited as consultants. The committee will review student professional conduct or academic concerns brought forth to the Chairperson by faculty or other students. Any recommendations from the committee shall be brought forth to the entire faculty for discussion. The Department Chairperson will affirm or deny the recommendations and inform and/or involve the Dean of Health Sciences if necessary.

SADHA Advisor: A designated faculty member advises the USD chapter of the student ADHA organization.

Ad hoc Accreditation Site-Visit Committee: Faculty members and students assist with the preparation required for an upcoming accreditation site visit.
Chapter 5
Degree Information

The University of South Dakota offers a Bachelor of Science degree in Dental Hygiene. Required prerequisite courses and additional BS required courses to fulfill SD Board of Regents and the University core must be taken prior to application for the professional curriculum. Prerequisite courses may be completed at any accredited post-secondary institution. Students enrolled at institutions other than USD must make certain that the courses they choose are the equivalent of those at USD and will transfer accordingly. Please contact the Department Chairperson and the Registrar’s office for confirmation.

The professional curriculum consists of 2 academic years plus courses in the summer between professional course years. Upon satisfactory completion of the prerequisite courses for the DH program and the BS degree, the professional curriculum, and University requirements, a baccalaureate degree is conferred. This curriculum includes the essential components to meet the requirements of education for the dental hygienist as determined by the Commission on Dental Accreditation of the American Dental Association and the State of South Dakota. The graduates of this program are fully eligible to take licensing examinations to practice dental hygiene in their states of choice.

It is vitally important that you have constant advising during your program to assure your satisfying graduation requirements on schedule or according to your expectations. It is also vitally important that the Registrar’s Office completes a degree audit prior to graduation. The degree audit is "official" as compared to the running senior statement furnished by the department each semester. Deadline for application for graduation is stated in the registration schedule, and is usually early in each semester. It is the student's responsibility to handle these functions and be aware of deadlines. Please check with the Department Chairperson if you have questions.

I. Program Prerequisites Required for a Bachelor of Science Degree

These courses must be completed prior to entry into the actual professional curriculum. Students may be enrolled in these courses at the time their application is being considered for selection. These courses may be taken at another institution as long as they are transferable to USD and approved by the Department Chairperson and Registrar’s office.

**BASIC SCIENCE COURSES:**

**CHEM 106/L—Chemistry Survey:** A survey of chemistry. Introduction to the properties of matter, atomic structure, bonding, stoichiometry, kinetics, equilibrium, states of matter, solutions, and acid-base concepts. 4 credit hours

**CHEM 107/L—Organic and Biochemistry Survey:** A survey of organic and biological chemistry and a continuation of CHEM 106. 4 credit hours

**PHGY 220/L—Anatomy/Physiology I:** Lectures, laboratory work, and demonstrations will enable students to understand normal and abnormal function of the human body and provide a foundation for any future healthcare course. Integration of anatomical structure as it relates to physiology will also be incorporated. 4 credit hours

**PHGY 230/L—Anatomy/Physiology II:** Continuation of material covered in PHGY 220. 4 credit hours

**MICR 230-Basic Microbiology:** A survey course in microbiology designed for nursing and dental hygiene students. 3 credit hours

**MICR 232L- Basic Microbiology Lab:** Lab associated with Micr 230. 1 credit hour.

**LIBERAL ARTS CORE COURSES:**

**ENGL 101-Composition:** Practice in the skills, research, and documentation needed for effective academic writing. Analysis of a variety of academic and non-academic texts, rhetorical structures, critical thinking, and audience will be included. 3 credit hours

**SOC 100-Introduction to Sociology:** Comprehensive study of society, with analysis of group life, and other forces shaping human behavior. 3 credit hours

**SPCM 101-Fundamentals of Speech:** Introduces the study of speech fundamentals and critical thinking through frequent public
speaking practice, including setting, purpose, audience, and subject. 3 credit hours

**PSYC 101-General Psychology:** An introductory survey of the field of psychology with consideration of the biological bases of behavior, sensory and perceptual processes, learning and memory, human growth and development, social behavior and normal and abnormal behavior. 3 credit hours

**Course from System General Education Requirement (SGR) #5-Mathematics:** MATH 103-Mathematical Reasoning, MATH 104-Finite Math, MATH 114-College Algebra, MATH 115-Pre calculus, MATH 120-Trigonometry, MATH 121-Survey of Calculus, MATH 123-Calculus I, MATH 125-Calculus II, MATH 216-Discrete Structures, MATH 225-Calculus III, STAT 281-Introduction to Statistics. 3 credit hours

**ADDITIONAL REQUIREMENTS:**

<table>
<thead>
<tr>
<th>Course</th>
<th>Hours</th>
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<tbody>
<tr>
<td>Advanced Composition</td>
<td>3 hrs</td>
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<tr>
<td>Humanities</td>
<td>3 hrs</td>
</tr>
<tr>
<td>Fine Arts</td>
<td>3 hrs</td>
</tr>
<tr>
<td>Second Math</td>
<td>3 hrs</td>
</tr>
<tr>
<td>Professional Interest Electives (PIE)</td>
<td>12 hrs</td>
</tr>
</tbody>
</table>

**DENTAL HYGIENE COURSES:**

**DHYG 310-Pharmacology:** Major drug groups, their actions and uses are reviewed. Emphasis will be placed on drugs used in dentistry and how other drugs affect management and treatment of the dental patient. 3 credit hours

**DHYG 313—Embryology & Histology:** The study of developing body tissues with emphasis on tissues of the oral cavity. 2 credit hours

**DHYG 314—Oral Pathology:** The study of mature body tissues with emphasis on tissues of the oral cavity. Study of oral developmental and pathology is also included. 2 credit hours

**DHYG 318—Medical/Dental Emergencies:** The prevention, recognition, and treatment of medical/dental emergencies is addressed as well as skills in obtaining vital signs. 2 credit hours

**DHYG 321/321L—Dental Materials & Operative Procedures I:** Introduction to restorative materials and other materials used in dentistry. Biological and physical properties are related to operative dental and dental hygiene procedures. Lab and clinical experience is included in this course. 1 credit hour

**DHYG 327—Principles of Radiography:** Study of the use of x-rays in dentistry that includes equipment design and operation, radiation safety, and basic radiograph exposure techniques. 2 credit hours

**DHYG 333/333L —Radiography Practicum:** Continuation of DHYG 327 with laboratory and clinical experience in exposing intra- and extra-oral radiographs. 2 credit hours

**DHYG 330/330L—Clinical Skills Development I:** Lecture, laboratory, and clinical instruction for fundamental dental hygiene clinical skills, patient care and disease prevention. 5 credit hours

**DHYG 331—Dental Anatomy:** Study of oral structures, tooth morphology, nomenclature and head/neck anatomy. 3 credit hours

**DHYG 336/336L—Clinical Skills Development II:** Continuation of DHYG 330 with expanded clinical experience. Lecture topics focus on patient management and education. 4 credit hours

**DHYG 350 and 350L-Oral Local Anesthesiology:** Course includes specialized studies in anatomy, physiology, pharmacology, armamentarium, and technique associated with the administration of oral local anesthetic agents. Prevention, recognition and management of the anesthetic-associated medical emergencies are discussed. 1 credit hour each

**DHYG 351/351L-Nitrous Oxide/Oxygen Sedation:** Course in administration and monitoring of nitrous oxide/oxygen sedation during
dental hygiene and dental procedures. Content includes such areas as physiology, pharmacology, patient assessment and considerations, appropriate administration technique and recovery. Lab and clinical experience is included in this course. 1 credit hour

**DHYG 396—Dental Practice Management/Field Experience:** This course will provide an orientation to the practice of dentistry and dental practice management issues. Topics to be discussed include practice management software, third-party payors, interpersonal professional communication, cultural diversity, etc. A field experience will offer the student exposure to and experience with dental private practice, Indian Health Service/tribal dentistry, and public health dentistry. 4 credit hours

**DHYG 411- Ethics/Jurisprudence & Leadership:** Ethical conduct of the dental professional is discussed along with state dental practice acts and other legal/regulatory issues affecting dental hygiene practice. 2 credit hour

**DHYG 415--Nutrition:** Principles of adequate nutrition and diet are covered with special emphasis on dietary evaluation and counseling related to prevention and control of dental disease. 3 credit hours

**DHYG 422/422L—Dental Materials & Operative Procedures II:** Continuation of the study of restorative and other materials used in dentistry. Biological and physical properties are related to operative dental and dental hygiene procedures. Lab and clinical experience is included in this course. 2 credit hours

**DHYG 431/431L—Practicum I:** Clinical and seminar course in advanced clinical dental hygiene practice. Seminar topics include advanced clinical procedures, current issues, and practice management. 6 credit hours

**DHYG 433-Dental Health Education & the Community:** Background and techniques in organization and evaluation of community health programs are studied using biostatistics as an evaluative tool. Emphasis on dental preventive and control measures in the field of community dental health will be designed, implemented, and evaluated by the students. Course meets USD/BOR intensive writing requirement. 4 credit hours

**DHYG 435/435L-Practicum II:** Continuation of DHGY 431 with seminars emphasizing advanced clinical skills and current issues. 6 credit hours

**DHYG 436/436L—Periodontology I:** A study of preventive periodontics, the diagnosis, etiology, and pathology of periodontal diseases. Laboratory experience with current periodontal therapies, TMJ assessment, pulp vitality, adjunctive antimicrobial therapy and periodontal data analysis are included in this course. 3 credit hours

**DHYG 437-Periodontology II:** Continuation of the study of preventive periodontics, the diagnosis, etiology, and pathology of periodontal diseases. 2 credit hours
II. BOR and University Requirements for the Bachelor of Science Degree

A Bachelor of Science degree in dental hygiene is granted after satisfactory completion of all prerequisite coursework, the professional dental hygiene curriculum, and fulfillment of additional requirements set by the SD Board of Regents and USD. The "Catalog of Undergraduate Programs" in effect at the time you first enroll at USD contains the specific requirements for the degree unless you have withdrawn and reentered. The Office of Student Records will provide assistance if there are any questions.

The University and BOR requirements pertaining to the degree are: (Refer to the catalog for other University-wide academic requirements.)

1. All BS aspirants should apply for a degree audit.
2. Candidates for degrees must make formal application at the Registrar’s Office by the deadline published in the schedule of classes, usually early in your final semester.
3. Degrees are conferred officially only at the end of each semester and at the close of summer session.
4. A minimum of 120 semester hours of credit are required for the BS degree.
5. Requirements for a BS degree in addition to the prerequisite courses and the professional curriculum are:

<table>
<thead>
<tr>
<th>Requirement</th>
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</tr>
</tbody>
</table>

6. 30 semester hours of credit in upper division (numbered 300 or above) courses. You will have already earned these upon successful completion of the dental hygiene professional curriculum.
7. At least a 2.0 G.P.A. is required to graduate with the BS. However, please bear in mind that in order to complete the dental hygiene professional curriculum satisfactorily a 2.2 is required. Since this is part of your total BS program it is a very important consideration.
8. DHYG 391 Independent Study is a 1-3 variable credit hour course that can be tailored to a student’s needs and can be used toward the Professional Interest Electives. It may be participation in a summer clinic, development of a special community project, etc.

Final attainment of the BS Degree is dependent upon completing all other requirements as specified by the Department of Dental Hygiene, the University of South Dakota, and the SD Board of Regents.
III. Transfer of Credit Policy

Credit received for courses at other accredited colleges, that will be used to apply toward the BS degree, must be transferred to The University of South Dakota at the student's request of the Registrar at the college in which the credit was earned. This is not automatic, and the request must be made, preferably just as soon as the credit has been recorded on your transcript at that college. Legally, you are the only one who can make that request. Transcripts from any South Dakota Board of Regents (SDBOR) state-supported institution are not necessary as that information is on one records system.

Please complete the following for courses from schools outside the SDBOR system:

1. Request an official transcript from the Office of the Registrar of the college where credit was earned. You may do this in writing or in person. Request that this transcript be sent to USD Admissions, 414 East Clark Street, Vermillion, SD 57069; or electronically to admissions.docs@usd.edu.

2. Remember that the Department of Dental Hygiene's evaluation of transfer credits is unofficial. All transfer credits must be sent through the University's system before they will appear as official credit. The Department Chairperson cannot certify your eligibility for any of the licensure exams before all necessary transfer credits appear on your official USD record.

It is strongly recommended that department approval be requested before the student takes any course at another institution. This will avoid your being disappointed or wasting time and money if the course is not approved for use in our program.

IV. Graduation Honors

The institution granting the degree determines the Honors Designation for its graduates. To earn an Honors Designation for a baccalaureate degree, the student must meet the following requirements:

- Summa Cum Laude is equal to or greater than 3.9 GPA
- Magna Cum Laude is equal to or greater than 3.7 and less than 3.9
- Cum Laude is equal to or greater than 3.5 and less than 3.7
- Must have completed a minimum of 60 credit hours at the institution granting the degree. Courses that are part of a formal collaborative agreement among Regental universities are considered to be earned from the institution granting the degree.

These levels are determined by the University administration and may be changed at their discretion.

V. Articulation Agreements with LATI and WITCC Dental Assisting Programs

According to articulation agreements, graduates of the dental assisting programs at Lake Area Technical Institute and Western Iowa Technical Community College are given the opportunity to receive credit for USD DH courses taken at those institutions under certain conditions.

Graduates from either of these programs will get credit and a grade of “P” (Pass) for the following USD courses under the following conditions:

LATI courses

<table>
<thead>
<tr>
<th>DA 165 Dental Radiology I (2.5 cr)</th>
<th>DHYG 327 Principles of Radiography (2 cr)</th>
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</thead>
<tbody>
<tr>
<td>DA 167 Dental Radiology II (2 cr)</td>
<td>DHYG 333 Radiography Practicum (2 cr)</td>
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<tr>
<td>DA 135 Dental Materials I (3cr)</td>
<td>DHYG 422 Dental Materials (3cr)</td>
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<td>DA 138 Clinical Skills (4cr)</td>
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<tr>
<td>DA 195 Expanded Functions (2 cr)</td>
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</tr>
<tr>
<td>DA 141 Pharmacology and Medical Emergencies (2 cr)</td>
<td>DHYG 351 Nitrous oxide/Oxygen Sedation (1 cr)</td>
</tr>
</tbody>
</table>
WITCC courses

- DEA 303 (4 cr)
- DHYG 327 Principles of Radiography (2 cr)
- DHYG 333 Radiography Practicum (2 cr)

The following conditions must be met before credit can be awarded:

1. The student wishing transfer credit must have completed the dental assisting program satisfactorily and received a diploma from WITCC or LATI.

2. The student wishing transfer credit must have completed the subject matter in these courses with the equivalent of a “B” grade or higher.

3. The courses must have been taken within three years of the request for transfer OR the student must have been in full-time employment as a dental assistant for the two years preceding the request for transfer. In addition, the student must have been using radiology skills during the period of employment.

All procedures/skills and competency levels taught in the USD Dental Hygiene program must be met by the WITCC or LATI courses. If at any time, procedures/skills and/or competency levels change at either institution, it will be the institution’s responsibility to inform the other of the changes. For any and all skills that may apply to the courses for which transfer credit is given, The Chairperson of the University of South Dakota Dental Hygiene program will be the sole determiner of whether the transferring student’s skills meet University standards. In the event that the Chairperson determines that the transferring student’s skill levels may not meet proficiency standards, it is understood that the student will enroll in the University course for credit.

VI. Additional Dental Hygiene Requirements

All students in the USD School of Health Sciences’ programs are required to satisfactorily complete training sponsored by Sanford regarding the Health Insurance Portability and Accountability Act (HIPAA). These online modules and exams are required at the onset of each program. Training emphasizes the 1996 federal legislation about the protection and confidentiality of health information. All students must pass the post test with 100% accuracy before he/she is allowed to participate in any clinical rotation. A certificate of completion will be maintained in the dental hygiene student’s portfolio.

Additional training regarding the Federal Act with regard to Protected Health Information and the Omnibus Rule is offered during orientation sessions and in appropriate class discussions. Students are made aware of Department policies regarding Codes of Conduct and Social Media Policies.
Chapter 6
Conduct

I. Professional Standards of Conduct for Students

The University of South Dakota Department of Dental Hygiene Code of Professional Conduct supplements the USD Student Code of Conduct as published by the University and the USD Department of Dental Hygiene Policies and Procedures.

The USD Department of Dental Hygiene is committed to the promotion of personal and professional development of its students and is dedicated to maintaining an environment that supports high standards of ethics, honesty, respect, and integrity. Behavior that supports the core values of the profession will be expected. Students accepted into the USD Dental Hygiene Program are ambassadors of profession, program, and University and must demonstrate behaviors consistent with these expectations in all aspects of their personal and professional life.

In addition to all other Department Policies and Procedures, each student enrolled in the program is expected to abide by the established guidelines that include, but are not limited to:

- display behavior that is not alarming, threatening, hostile, or disruptive to others with whom they are in contact while a student in the program;
- display behavior that is free from discrimination or other acts of intolerance based on race, gender, sexual orientation, religion, national origin, ancestry, age or physical inability;
- display good moral judgment, sensitivity and compassion for others;
- refrain from offensive speech and/or written commentary personally directed toward or threatening the dignity of another;
- act with sound maturity and be responsible and accountable for all actions and behaviors;
- display appropriate social networking postings and adhere to the University, SHS, and Department’s Social Media Policies;
- maintain confidentiality of all protected information;
- inform the Department Chairperson of conduct infractions;
- refrain from unprofessional or unethical conduct that is unbecoming of a student in a health professions’ program, specifically the USD Department of Dental Hygiene, or that is unbecoming or detrimental to the best interests of the public, patients, students, faculty, staff, the USD School of Health Sciences or The University of South Dakota.

Infractions of this Code of Professional Conduct may lead to program suspension, remediation, or dismissal:

- The Department Chairperson with the assistance of USD Security will immediately suspend and/or ban a student from the Department/campus if the student presents a threat to him/herself or others, or threatens disruption of the academic process.
- A contract for program continuance may be issued to the student identifying a remedial course of action with an expected timeline of progress.
- The student may be dismissed from the program.

Infractions will be handled expeditiously and as follows:

1) Department Chairperson notifies student of conduct infraction
2) Meeting of Dept Progress and Conduct Committee
3) Committee recommendation made to full faculty for discussion
4) Chairperson supports, amends, or denies committee recommendation

Students have the right to appeal the Chairperson’s final decision but must follow the University’s due process for appeal as outlined in both Department and University policies.
II. Professional Standards of Conduct for Faculty/Staff

The University of South Dakota Department of Dental Hygiene recognizes and supports professionalism and high ethical standards among its faculty and staff. We are committed to the promotion of personal and professional integrity, respect for ourselves and others, and maintaining a service-oriented learning environment. Faculty and staff are expected to abide by the established guidelines that include, but are not limited to:

- Support the ADEA Statement of Professionalism in Dental Education

  **Competence:** Engage in lifelong learning with continuous enhancement in the areas of oral healthcare and pedagogy; ensure curricular materials are current and relevant; model effective interactions with patients, colleagues, and students; accept and respond to constructive criticism about your performance; know the limits of your skills and practice within them; support collaboration.

  **Fairness:** Use appropriate assessment and evaluation methods for students; view situations from multiple perspectives; provide balanced feedback to students, colleagues, and the institution; use evidence-based practices and promote equal access to oral healthcare; refrain from discrimination or other acts of intolerance based on race, gender, sexual orientation, religion, national origin, ancestry, age or physical inability.

  **Integrity:** Strive for personal and professional excellence in teaching, practice, and research; represent your knowledge honestly; display good moral judgment, sensitivity and compassion for others.

  **Responsibility:** Continuously improve as a teacher/mentor; stay current; set high standards; respect time commitments to others; be available to students when assigned; meet commitments. Acknowledge and correct errors; manage conflicts appropriately; ensure that all patient care provided is in the best interest of the patient and that it is appropriate and complete; protect students, patients, and society from harm; accept responsibility for all actions and behaviors.

  **Respect:** Model valuing others and their rights; protect patients and students from harm; support patient autonomy. Accept and embrace diversity and difference; model effective cross-cultural communication skills; acknowledge and support the work of colleagues; accept, understand and address the developmental needs of students; maintain confidentiality of student records and feedback; discuss student issues in a manner that is appropriate and warranted.

  **Service-mindedness:** Model a sincere concern for students, patients, peers, and humanity in your interactions with all; promote volunteerism for the benefit of others; contribute to and support the knowledge base of the profession to improve the oral and systemic health of the public.

- Follow Departmental guidelines and Social Media Policies regarding appropriate boundaries between students and faculty/staff so as to avoid face-to-face social interactions as well as social networking venues.

- Respect the work environment and job responsibilities by minimizing personal interruptions via phone, Internet, email, or visits during work hours.

- Support the Department’s policies and procedures.

- Refrain from unprofessional or unethical conduct that is unbecoming of a faculty/staff member in a health professions’ program, specifically the USD Department of Dental Hygiene, or that is unbecoming or detrimental to the best interests of the public, patients, students, faculty, staff, and the USD School of Health Sciences or The University of South Dakota.
III. USD Dental Hygiene Social Media Policy

Statement of Policy

The principal aim of this policy is to identify your responsibilities to The University of South Dakota Dental Hygiene Program in relation to social media and to help you represent yourself and the Dental Hygiene Program in a responsible and professional manner. The following guidelines will outline appropriate standards of conduct related to all electronic information that is created or posted externally on social media sites by employees, faculty, volunteers, and students affiliated with USD Dental Hygiene. Examples include, but are not limited to: text messaging, media messaging service (MMS), Facebook®, Twitter®, Linked-In®, YouTube®, blogs, wikis, University of South Dakota hosted sites, self-hosted sites, and any other future media outlets. The USD Dental Hygiene Program supports the right of all persons to interact knowledgeable and socially, while holding them responsible for the institution, school, and Department’s reputation.

Best Practices

Everyone who participates in social media activities should understand and follow these simple but important Best Practices:

1. Take Responsibility and Use Good Judgment
   - You are responsible for the material you post on personal blogs and other social media. Be courteous, respectful, and thoughtful about how other Personnel may perceive or be affected by postings. Cyber-bullying that includes incomplete, inaccurate, inappropriate, threatening, or harassing posts about others may be harmful. Cyber-bullying and other negative posts may damage personal and professional relationships, undermine USD Dental Hygiene’s reputation, discourage teamwork, and negatively impact the program’s commitment to patient care, education, research, and community service.

2. Think Before You Post
   - Anything you post is highly likely to be permanently connected to you and your reputation through Internet and email archives. Future employers can often have access to this information and may use it to evaluate you. Take great care and be thoughtful before placing your identifiable comments in the public domain.

3. Protect Patient Privacy
   - Disclosing (posting) information about patients, including photographs or potentially identifiable information is strictly prohibited and is in direct violation of the Health Insurance Portability and Accountability Act (HIPAA). This rule applies to past and present patients, as well as to posts in the secure sections of your social media pages that are accessible by approved friends only (ex. Facebook).

4. Protect Your Own Privacy
   - Review social media sites privacy policies and security features where your posts may be visible. This ensures that information (including photographs and posts) that is meant to be private is not visible to the public.

5. Respect Work Commitments
   - Ensure that your blogging, social networking, and other external media activities do not interfere with your educational or work commitments.

6. Identify Yourself
   - If you communicate in social media about the USD Dental Hygiene Program, disclose your connection with USD and your role in the program. Use good judgment and strive for accuracy in your communication. False and unsubstantiated claims, as well as inaccurate or inflammatory postings may create liability for you.

7. Use a Disclaimer
   - When your connection to USD is either stated or made apparent, make it clear that you are speaking for yourself and not on behalf of USD Dental Hygiene. A disclaimer, such as “The views expressed on this [blog; website] are my own and do not reflect the views of The University of South Dakota or The University of South Dakota Dental Hygiene Program,” may be appropriate.

8. Respect Copyright and Fair Use Laws
   - For The University of South Dakota’s protection as well as your own, it is critical that you show proper respect for the laws governing copyright and fair use of copyrighted material owned by others, including The University of South Dakota’s own copyrights and logo brands.

9. Protect Proprietary Information
   - Do not share confidential or proprietary information that may compromise the USD Dental Hygiene Program’s practices or security. Similarly, do not share information in violation of any laws or regulations.

10. Seek Expert Guidance
• Consult with the Dental Hygiene Program Chair if you have any questions about the appropriateness of materials you plan to publish or if you require clarification on whether specific information is accurate or has been publicly disclosed before. Social media may generate interest from the press. If you are contacted by a member of the media about a University of South Dakota-related blog post or Program information of any kind, contact the Dental Hygiene Program Chair before disclosing any information or statement to the media.

Failure to abide by the aforementioned best practices will be considered a breach of appropriate professional behavior and a direct violation of the USD Dental Hygiene Code of Professional Conduct. Disciplinary action may be taken up to and including removal from the program.

IV. Criminal Background Check (CBC) and Pending Charges

USD Health Affairs requires background checks of all students selected into health science programs. A student selected to the program is granted conditional acceptance until the CBC is cleared. Information reported on the CBC must match what the student declared on the program application. Failure to report charges on the application may result in the revocation of selection. Applicants must include a personal statement regarding any/all charges with their application. When more than two misdemeanors or a felony is reported, the application must be reviewed by the School of Health Sciences Criminal Background Check Committee. The Committee submits a recommendation to the SHS Dean to accept or deny admission. The Dean makes the final decision regarding admission and informs the Department Chairperson.

In order to participate in clinical activities associated with the Indian Health Service, an additional background check is required during the program. Paperwork and fingerprints are required in this instance; these are completed prior to the summer internship. Students within the School of Health Sciences’ programs are also required to have an update to their original CBC done prior to clinical activity. This update is an additional expense to students and must be completed prior to fall classes of the DHII year.

Once selected as a USD Dental Hygiene student, he/she has a continual obligation to report any felony or misdemeanor (including drug and/or alcohol) charges pending against him/her, which occur after the student has been granted final acceptance into the program and throughout the time in the program. A written explanation of the pending charges should be submitted to the Chairperson within 72 hours. A decision regarding the student’s continued participation in clinical experiences while the charges are pending will be made by the Chairperson and faculty. Classroom attendance will not be affected. Failure to comply with any aspect of this policy will result in immediate dismissal from the program.

V. Health Insurance Portability and Accountability Act (HIPAA)

This Act required the Department of Health and Human Services to establish national standards for electronic health care transactions and national identifiers for providers, health plans, and employers. It also addresses the security and privacy of health data and protected health information (PHI). The intent of this act is to improve the efficiency and effectiveness of the nation's health care system by encouraging the widespread use of electronic data interchange in health care. All dental hygiene students will successfully complete a course to ensure competency of this information prior to any clinical activity. Specific Department policies are in place regarding PHI. Infractions will be reported to the Progress and Conduct Committee and could lead to student dismissal from the program.
VI. Health Affairs Substance Use Disorder Policy

I. INTRODUCTION

The University of South Dakota (USD) School of Health Sciences and Sanford School of Medicine, hereinafter referred to as the “Health Affairs Programs”, recognize their responsibility to provide a healthy environment where students may learn to prepare themselves to become members of the healthcare profession. However, students seeking to work within a healthcare profession are held to a higher standard of conduct as a result of their decision to become a healthcare professional.

Health Affairs Programs are committed to protecting the safety, health and welfare of their faculty, staff, students and those with whom they have contact during scheduled learning experiences in the classroom, on campus and outside University property. In furtherance of this commitment, the Health Affairs Programs strictly prohibit the illegal use, possession, sale, conveyance, distribution and manufacture of the following which are not being used by the student pursuant to a valid prescription:
- Illegal drugs as defined by state and/or federal law
- Intoxicants
- Controlled substances as defined under state and/or federal law

In addition, Health Affairs Programs strictly prohibit inappropriate substance use or addiction to the following:
- Non-prescription drugs
- Prescription drugs
- Alcohol

In furtherance of its objective to assist the students in attaining their career goals and protecting the public, who will ultimately be served by the students, the Health Affairs Programs seek to utilize the services of the South Dakota Health Professionals Assistance Program (HPAP). HPAP is a multi-disciplinary diversion program for chemically impaired health professionals. HPAP provides a non-disciplinary option to confidentially and professionally monitor treatment and continuing care of health professionals who may be unable to practice with reasonable skill and safety if their illness is not appropriately managed. The intent of this policy is to assist the student in the return to a condition which will allow them to competently and safely achieve their goal of becoming a healthcare professional with an emphasis being placed on deterrence, education and reintegration. All aspects of this policy are to be applied in good faith with compassion, dignity and to the extent permitted by law, confidentiality.

This Health Affairs Programs Substance Use Disorder Policy is in addition to policies of the University of South Dakota, the South Dakota Board of Regents and the program of which the student is a participant. The students enrolled in any of the Health Affairs Programs and to whom this policy applies are obligated to adhere to this policy.

II. REFERRAL TO HPAP

Upon the occurrence of an event deemed by the Departmental Chair or appropriate Dean to warrant a referral to HPAP, the student may be referred to HPAP for testing, treatment recommendations and/or monitoring. Events which may lead to a referral must be supported by credible evidence and may consist of the following:
- Report of a possible violation by another student, faculty member or other person with whom the student interacts during scheduled learning experiences both inside and outside of the classroom, on or off University of South Dakota property;
- Observable phenomena, such as direct observation of an inappropriate use of alcohol, drug use and/or physical symptoms during scheduled learning experiences both inside and outside of the classroom, on or off University of South Dakota property;
- Manifestations of being under the influence of a substance of abuse, such as erratic behavior, slurred speech, staggered gait, flushed face, dilated/pinpoint pupils, wide mood swings, and/or deterioration of performance during scheduled learning experiences both inside and outside of the classroom, on or off University of South Dakota property;
- Credible information that a student has caused or contributed to an accident as a result of inappropriate substance use;
- Credible information that a student has been charged with an offense associated with the inappropriate use of alcohol or illegal substances;
• Conviction by a court for an offense related to the inappropriate use of alcohol or illegal substances. This shall include any charged offense for which the student received a suspended imposition of sentence, deferred prosecution or other treatment by the Court which resulted in the student’s criminal record in the matter being expunged.

III. TESTING BY HPAP

Upon referral, HPAP may determine that testing of the student is necessary. If HPAP determines that testing results are positive due to substance levels meeting or exceeding HPAP established threshold values for both screening and confirmation studies, that information will be reviewed by a Medical Review Officer (MRO). Refusal by the student to comply with the referral to HPAP may result in disciplinary action as set forth herein.

IV. TREATMENT AND REFERRAL

Upon non-compliance with HPAP, the following actions may be taken by the Health Affairs Programs Chair or appropriate Dean:

- Warning issued to the student;
- Development of a learning agreement between the student and the Health Affairs Programs for behavioral change establishing conditions, if any, for retention of the student in the Health Affairs Programs;
- Referral of the student for further medical evaluation and/or treatment;
- Disciplinary action as set forth in this policy; and/or
- Any other action deemed appropriate by the Health Affairs Programs Chair or appropriate Dean provided the same is not in conflict with other policies of the University of South Dakota or the South Dakota Board of Regents.

V. DISCIPLINE AND DUE PROCESS

Students may be subject to discipline for conduct which is in violation of this policy or in violation of other rules and policies of the University of South Dakota, the South Dakota Board of Regents or the Health Affairs Programs in which they are enrolled. Students considered for disciplinary action shall be notified of the proposed discipline in accordance with the policies of the University of South Dakota, the South Dakota Board of Regents or the Health Affairs Programs in which the student is enrolled, whichever is applicable. In the event that the conduct which serves as the basis for proposed discipline involves a student who poses a risk to the safety, health or well-being of the student or a member of the public for whom the student is performing services as part of his/her educational program, the program Chair or Dean may suspend the student’s access to others pending any final decision on proposed disciplinary action. Any such suspension of access shall be deemed a suspension from the Health Affairs Programs until the disciplinary process is complete.

VI. ADMISSION AND READMISSION

Any student who seeks admission to any USD Health Affairs Program and has a substance abuse disorder or has been removed from the Health Affairs Programs, for cause, and such cause is either directly or indirectly related to conduct which is associated with a substance abuse disorder, shall be required to meet the following criteria to be considered for admission or readmission to the same or another Health Affairs Program:

A. The student must demonstrate compliance with any treatment program and/or aftercare recommended by a credentialed substance abuse professional. Evidence of participation and compliance must be submitted as a part of the application for readmission.

B. Demonstration of a minimum of two (2) years of abstinence from alcohol, illegal drugs or non-prescribed drugs prior to application. Evidence may be in the form of letters of reference from prior employers or those in a supervisory position. A minimum of four (4) letters is required. If four letters of reference cannot be obtained, reasonable alternatives can be arranged by the program Chair or Dean. However, if reasonable alternatives cannot be agreed upon then the final determination will be that the student does not have proper documentation to apply. All documentation of abstinence shall be subject to approval by the Chair, Department Head or Dean of the program for which the student seeks admission.
C. As a condition of admission or readmission to any of the Health Affairs Programs, the student must sign an agreement to participation monitoring by random screening for use of alcohol, illegal drugs or non-prescribed drugs. The student shall be responsible for all costs associated with such testing. The student will further be required to agree that the results of any testing may be used as a basis for disciplinary action, including removal from the Health Affairs Programs.

D. As a condition of readmission to any USD Health Affairs Program, the student must agree to abstain at all times from use on any alcohol, illegal drugs or non-prescribed drugs. If the student requires medical attention and/or prescription medications, the student agrees that he/she shall inform his/her medical provider(s) of his/her substance abuse history. The student shall further cause his/her medical provider to submit to the USD Health Affairs Program MRO, in writing, a report identifying the medication, dosage and date of prescription if the prescribed drug is one which has potential for addiction.

VII. CONFIDENTIALITY

All information which is obtained as a result of the referral, testing and/or treatment completed by HPAP or a HPAP recommended facility shall remain confidential. The student will be asked to sign a release of information following the standards set forth in 42 CFR §2.31. Any information received as a result of the disclosures about a student may be used only for such purposes as allowable under 42 CFR §2.33.
Chapter 7
Health Policies

I. The USD Health Affairs Entering and Visiting Immunization Policy

For the protection of the health of our students and because of the risks of exposure to infectious diseases to which students are subjected in the course of clinical work, certain tests and immunizations are required. Entering and visiting students are required to provide documentation of all required immunizations to USD Student Health prior to matriculation or visit. Immunization records are maintained by USD Student Health. As these immunizations are part of the School(s) on-going affiliation agreements with our clinical sites, students will not be allowed to register or participate in any clinical activities until documentation is provided.

Health Affairs Requirements:

- Students are required to follow the Immunization Compliance Policy of their specific program.
- For students in programs requiring full compliance with the USD Health Affairs Immunization Policy, the immunization form must be completed with the appropriate signatures. Include copies of titer reports and other medical records when applicable.

1. **Measles (Rubella), Mumps, Rubella.** One of the following is required:
   - All students are required to have medically signed proof of TWO properly administered immunizations.
   - **OR** Immune titers for measles (rubeola), mumps, and rubella.

2. **Hepatitis B immunization.** ALL students are required to receive HBV vaccination (3 doses at 0, 1 and 6 months). *The first two doses of the three dose series are required prior to the start of classes.* A positive Hep B titer without proof of vaccine dates is accepted if unable to obtain immunization dates.

   **AND**
   - **Hepatitis B titer.**
     - Test for anti-HBs or HbsAB (HBV surface antibodies). Recommended 1-2 months after completion of the vaccination series.
     - Students admitted with documented prior vaccination history must also provide immune status documentation. If that is not available, current immune status will be determined by the titer.
     - A copy of titer report must accompany immunization form or be provided as soon as it is available.
     - Those who do not seroconvert when the titer is done 1-2 months following the series should be revaccinated with a full series with the titer repeated 1-2 months after the last immunization.
     - Those who do not seroconvert when the titer has been delayed greater than 12 months since the initial series may choose to obtain one additional booster dose of the vaccine with the titer repeated 1-2 months after the last immunization. If the second titer remains below 10mIU/mL, the person will complete the series followed by another titer.
     - If after a second series, titers remain below 10mIU/mL, the person is considered at risk for acquiring HBV.
     - Students should be counseled about the occupational risk and the need to obtain HBIG prophylaxis for any known or probable parenteral exposure to HBsAg-positive blood. No further vaccine series are recommended. However, it is recommended the student consult with their health care provider about being tested for HBsAg to make sure that chronic HBV infection is not the reason for vaccine non-response (assuming the 2nd negative HbsAb titer was performed 1-2 months following the last hepatitis B vaccine of the second series).

3. **Varicella/Chicken Pox immunity.** One of the following is required:
   - Varicella titer if the student has had the chicken pox that indicates immunity (copy of titer report must accompany immunization form);
   - **OR** Two doses of varicella immunization is indicated if there no history of the disease or if the varicella titer is negative. Recommended interval is 4-8 weeks between doses.

4. **Tdap (tetanus, diphtheria, adult pertussis).** One dose of Tdap (tetanus, diphtheria, adult pertussis) is required. Tdap vaccine can be administered to healthcare workers without concern for the length of time since the most recent Td vaccine. If it has been longer than 10 years since the Tdap, a Td or Tdap booster is required.
5. **Upon admission: TB Skin Tests or Interferon Gamma Release Assay (IGRA):**
   - **Initial Two-Step TB Skin Test:** Documentation of two TB skin tests is required. If the first is negative, a second TB skin test will be given in 1-3 weeks. The second negative will confirm lack of infection (any two documented TB skin tests completed within a 12 month period can meet this requirement.)
   - **OR**
   - **Interferon Gamma Release Assay (IGRA):**
     - History of BCG vaccine is NOT a contraindication for tuberculin testing. TB skin test reactivity caused by BCG vaccine generally wanes with time. If more than 5 years have elapsed since administration of BCG vaccine, a positive reaction is most likely a result of *M. tuberculosis* infection.

**During enrollment:**

6. **Annual TB Skin Test:**
   - Students are required to have an annual TB Skin Test
   - **OR**
   - IGRA
   - **OR**
   - Annual symptom checklist if history of latent TB
   If there is a lapse greater than 13 months between annual TB skin tests, the two-step TB skin test will be repeated.

Students with a positive TB skin test or IGRA are required to provide documentation from their health care provider including the following:
- Result of the positive TB skin test (date placed, read, measurement in mm, signed by a health care provider) or IGRA report.
- Chest x-ray report.
- Determination by the health care provider if this is a latent TB infection or active TB disease.
- Treatment; including medication and dose, when started, when completed, etc.

Note: Students who have active TB disease will be restricted from school and patient contact until they have provided documentation that satisfies the infection prevention policies of the health care facilities where the student trains.

Note: Students with a known history of a positive TB skin test/latent disease will complete a symptom checklist annually (see last page of Infection Control Policies and Procedures Manual in medical student portal.

7. **Annual Influenza vaccination:**
The influenza vaccine is required by November 1st annually.

**Recommended Immunizations:**
- **Meningococcal (meningitis) vaccine.** Recommended for students living in college dormitories who have not been immunized previously or for college students under 25 years of age who wish to reduce their risk.

- All 11 to 12 year olds should be vaccinated with a meningococcal conjugate vaccine (Menactra® or Menveo®). A booster dose is recommended at age 16 years. Teens and young adults also may be vaccinated with a serogroup B meningococcal vaccine. In certain situations, other children and adults could be recommended to get any of the three kinds of meningococcal vaccines. Students should consult with their physician about the appropriate vaccine for their specific risk.

- **Childhood DTP/DTaP/DPT and polio vaccines.**
University of South Dakota Health Sciences
REQUIRED IMMUNIZATION FORM

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>USD ID#</th>
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Health Affairs Requirements: For students in programs requiring full compliance with the USD Health Affairs Immunization Policy, this form must be completed with the appropriate signatures. Include copies of titer reports and other medical records when applicable.

REQUIRED IMMUNIZATIONS:

A.  MMR (Measles, Mumps, Rubella) Vaccine. Two doses required for all students born after 12/31/56.

   Dates:  1.____/____/____   2.____/____/____

   OR individual vaccine/proof of immunity as noted below.

   1. Measles (Rubella)
      Vaccine Dates:  1.____/____/____   2.____/____/____
      OR
      Has report of positive immune titer. Date:____/____/____ ATTACH LAB REPORT

   2. Rubella (German Measles)
      Vaccine Dates:  1.____/____/____   2.____/____/____
      OR
      Has report of positive immune titer. Date:____/____/____ ATTACH LAB REPORT

   3. Mumps
      Vaccine Dates:  1.____/____/____   2.____/____/____
      OR
      Has report of positive immune titer. Date:____/____/____ ATTACH LAB REPORT

B.  Date of Tdap (tetanus, diphtheria, adult pertussis): Date:____/____/____

   If longer than 10 years; date of latest booster Date:____/____/____ Td or Tdap (circle one)

C.  Varicella (Chicken Pox) One of the following is required:

   Documentation of positive varicella titer. Date:____/____/____ ATTACH LAB REPORT

   OR

   Vaccine: Two doses are required for those without evidence of immunity. Recommended interval is 4-8 weeks between doses.

   Dates:  1.____/____/____   2.____/____/____

D.  Hepatitis B Vaccine - Three doses and positive titer required. (If unable to obtain dates of immunizations a positive titer is acceptable)

   1st dose Date:____/____/____

   2nd dose Date:____/____/____ (1 month after 1st dose)

   3rd dose Date:____/____/____ (6 months after 1st dose)

   AND

   Hepatitis B Titer (HbsAb or Anti-HBs – hepatitis B surface antibodies)

   Immunity demonstrated by hepatitis B titer - ATTACH LAB REPORT

   Date:____/____/____ Positive/Reactive____ Negative/Nonreactive____

   (if neg. see immunization policy)  Updated 3/23/2018
E. Tuberculosis Skin Test - PPD (Mantoux) - Two-step TB skin test required initially or Interferon Gamma Release Assay

   Two-Step TB Skin Test: recommended 1-3 weeks apart. *Note* any two documented TB skin tests completed within a 12 month period shall be considered a two-step.
   Step 1 (Date placed) ___/___/____ Step 1 (Date read) ___/___/____ Results: _________ mm
   Step 2 (Date placed) ___/___/____ Step 2 (Date read) ___/___/____ Results: _________ mm

   If two-step was completed more than 12 months prior to start of classes, an annual TB skin test is required
   Date placed ___/___/____ Date read ___/___/____ Results: _________ mm
   Date placed ___/___/____ Date read ___/___/____ Results: _________ mm

   Interferon Gamma Release Assay (IGRA): Date: ___/___/____ Positive _______ Negative _______

   ATTACH LAB REPORT

   History of Positive TB Skin Test:
   Date placed ___/___/____ Date read ___/___/____ Results: _________ mm

   ATTACH COPY OF CHEST X-RAY REPORT AND DOCUMENTATION FROM HEALTHCARE PROVIDER.

   See immunization policy.
   History of BCG vaccination: Date ___/___/____ (TB skin test required regardless of prior BCG vaccination)

F. Influenza vaccine. Required by Dec. 1st annually Date: ___/___/____
   Not required prior to admission if starting in the summer or fall

RECOMMENDED IMMUNIZATIONS:

G. Meningococcal Vaccine (Meningitis vaccine). Meningococcal Vaccine (Meningitis vaccine). Refer to immunization policy.
   Students should consult with their physician about their specific risk:
   Vaccine: __________ Date: ___/___/____ Vaccine: __________ Date: ___/___/____

H. Childhood DTP/TdA/P/DPT Immunizations:
   Dates of Primary Series: 1. ___/___/____ 2. ___/___/____ 3. ___/___/____
   4. ___/___/____ 5. ___/___/____

I. Polio immunizations:
   Dates of Primary Series: 1. ___/___/____ 2. ___/___/____ 3. ___/___/____
   4. ___/___/____ 5. ___/___/____ Type of vaccine: Oral (OPV) ______ Inactivated (IPV) ______

SIGNATURE ___________________________________ Date ___/___/____

Must be signed by Healthcare Provider (Physician, PA, NP, Nurse)

PRINT NAME __________________________________________

Hospital/Clinic Address of physician or nurse verifying this information: Hospital/Clinic Phone # ______________________________

A copy of titer/lab reports must be provided with this form as indicated above.

Updated 3/23/2018

SUBMIT FORM TO: USD Student Health Services, Sanford Vermillion Clinic, Attn: Patty Waage, 20 S. Plum Street, Vermillion, SD 57069
I. Protocol and Policy for Reporting of Occupational Exposure Incident to Bloodborne Pathogens

This document outlines the overall policy for the management of a bloodborne pathogen exposure incident for a student within the USD School of Health Sciences programs of medicine, physician’s assistant studies, occupational therapy, physical therapy, dental hygiene, alcohol and drug studies, clinical laboratory science, social work, and nursing. Because of the individual nature of each program and its clinical experiences, the specifics of this policy may vary slightly. This policy is reviewed and updated by an appointed ad hoc committee, the Dean of the School of Health Sciences, and the Vice President of Health Affairs.

Policy:
Students will be given instruction in precautionary and infection control measures for blood borne pathogens prior to students’ first contact with patients and first contact with human tissue, blood products and body fluids. In addition, students will be instructed on what constitutes an exposure and the protocol to follow in the event of an exposure. Follow-up training will be provided on an annual basis.

In the event of an occupational exposure to blood or body fluids, the student is responsible for payment of immediate wound care, post-exposure testing and post-exposure prophylaxis (if recommended by the medical professional providing the consultation and based on current CDC guidelines).

Definition:
An occupational bloodborne pathogen exposure incident shall be defined as eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that result from the performance of a health professions’ student duty or assignment.

Exposure Incidents Requiring Follow-up:
Exposure incidents requiring follow-up include: a percutaneous injury with contaminated sharp/instrument, or exposures to eye, mouth, other mucous membrane, or non-intact skin with blood, body fluids or tissue, semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial, or amniotic fluid; respiratory resuscitation without a resuscitation device; bites resulting in blood exposure to either person involved.

If blood or body fluid contact does not meet the above criteria, no further treatment is necessary.

Protocol:
• The wound should be decontaminated by using good first aid techniques that include flushing of mucous membranes, thorough handwashing, and/or additional initial wound care procedures. There is no benefit from expressing blood at the site of the injury or application of caustic agents such as bleach.

• It is the responsibility of the student to report immediately all suspected exposure incidents to a faculty member or supervisor. Next, the student should follow the facility protocol (i.e. report to the clinical site’s employee health/infection control personnel, emergency department, etc.).

• Post-exposure testing will be completed and follow-up recommendations made. The student is responsible for all charges incurred with this exposure; however, the Department of Dental Hygiene will pay for initial blood testing of the patient involved.

• The student must complete a University of South Dakota School of Health Sciences Bloodborne Pathogens Exposure Report Form. The student is required to return the report form to the appropriate Program Director within his/her department as soon as possible.

• The CDC Pepline is a resource for information: 888-448-4911.

References:
Association of American Medical Colleges; Group on Student Affairs Recommendations Regarding Health Services for Medical Students (http://www.aamc.org/members/gsa/healthservices.htm#exposure)

**Information Dissemination**

Additional information regarding occupational exposure incidents and the appropriate forms to be used in reporting them can be found in the Clinic Manual and at each clinical facility. Students are educated about infection control procedures and Department protocols at orientation sessions and throughout their professional education.

Students are informed they are responsible for paying for all charges associated with testing and counseling in the event of an OEI. The Department will be responsible for paying for the initial testing of the patient who voluntarily offers to get tested in the event of an OEI.

Regular meetings are held with School Ad Hoc Infection Control/Immunization Committee members, Department Chairpersons, and Department faculty responsible for Safety Compliance and Infection Control. Appropriate personnel at clinical facilities are consulted on an as-needed basis.
University of South Dakota School of Health Sciences  
OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS REPORT FORM

Student _______ Course & Campus _______  

Student’s phone number _______ Student ID _______  

Program:  Addiction Studies □  Dental Hygiene □  Health Science □  Medical Laboratory Science □  
Medicine □  Nursing □  Physical Therapy □  Physician Assistant □  Occupational Therapy □  
Social Work □  Master of Social Work □  

Date of report _______ Date of exposure _______ Time of exposure _______  
Hospital/Clinic site where exposure occurred ________________________________  
City _______ Supervisor/Faculty _______  

Details of Exposure

Details of the procedure being performed; including where and how the exposure occurred ____________________________________________

______________________________________________  

Type of exposure: puncture □  cut □  scratch □  bite □  nonintact skin □  mucous membrane of: eye □  nose □  mouth □  other type of exposure (describe) ________________________________________________  

Extent and location of exposure (type and amount of blood/body fluid/material, severity of exposure including depth and whether fluid was injected, etc.) ________________________________________________________________  

PPE (personal protective equipment) worn: gloves □  gown □  mask □  protective eyewear □  face shield □  other PPE (describe): ________________________________________________________________  

If related to a sharp device: needle type: suture □  injection □  IV □  scalpel □  instrument □  brand name of device: ________________________________  

other sharp device (describe): ________________________________________________________________  

Decontamination: (i.e. hand washing, flushing mucous membrane eye, nose, mouth, etc.) ____________________________________________  

Description of first aid administered: ________________________________________________________________  

______________________________________________  

Is it possible the patient was exposed to your blood?  YES □  NO □  (circle one)  

Who was the exposure incident reported to at the facility? ____________________________________________  

Date Reported: ____________________  Contact Information: ____________________________________________  

I consent to the release of information such as immunization and immunity status and serology test results both to and from the clinical site providing my post-exposure counseling and management.  

Student's signature: _______ Date: _______  

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### Post Exposure Management

#### Student’s Information

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<th>Date of exposure</th>
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<th>Medical person completing post exposure management</th>
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<table>
<thead>
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<th>Date of last tetanus booster:</th>
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#### Hepatitis B immunity status:

- Series completed: [ ] yes [ ] no
- Post immunization titer (HBsAb): [ ] positive [ ] negative [ ] unknown

#### Post exposure testing of student completed:

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<th>HIV (30 min) written copy of results given to student</th>
<th>HIV (30 min) date received</th>
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<tbody>
<tr>
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<td>not tested</td>
<td>written copy of results given to student</td>
<td></td>
<td>date received</td>
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<table>
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<tbody>
<tr>
<td>not tested</td>
<td>not tested</td>
<td>written copy of results given to student</td>
<td></td>
<td>date received</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other tests performed:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

- HIV Prophylaxis offered to the student; date started _______________
- HBIG indicated; date given ______________

#### Source Patient’s Information

Was the source patient identifiable? [ ] Yes [ ] No

#### Source patient was tested for:

<table>
<thead>
<tr>
<th>HIV (30 min) date drawn</th>
<th>not tested</th>
<th>written copy of results given to student</th>
<th>date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HCV Ab date drawn</th>
<th>not tested</th>
<th>written copy of results given to student</th>
<th>date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>HBsAb date drawn</th>
<th>not tested</th>
<th>written copy of results given to student</th>
<th>date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Other tests performed:

- [ ] HIV Prophylaxis offered to the student; date started _______________
- [ ] HBIG indicated; date given ______________

#### Post Exposure Health Evaluation and Written Opinion

The above named student has reported an occupational exposure incident to blood or other potentially infectious material to:

<table>
<thead>
<tr>
<th>Facility name</th>
<th>Address</th>
<th>Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- [ ] Student was informed of the results of the post exposure evaluation,
- [ ] Counseling was provided regarding the mode & risk of transmission of blood borne pathogens relative to the exposure incident. Follow up evaluation & treatment indications, including prophylaxis, for the student were discussed.
- [ ] Student has been informed of any health conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
- [ ] HIV & Hepatitis C Ab recommended at baseline
- [ ] Follow up lab work is recommended on ________________ Hepatitis B vaccination: [ ] is indicated [ ] is not indicated
- [ ] Follow-up health appointment is recommended on ________________
- [ ] Precautions to prevent transmission of a blood borne illness were recommended to the student during the follow-up period.
- [ ] The importance of maintaining confidentiality of the source patient’s identity and test results was discussed with the student.

Date of Health Evaluation ________________ [ ] Copy of written opinion given to student; date ________________

(Provide within 15 days of completing health evaluation)

<table>
<thead>
<tr>
<th>Name/title of Medical Provider</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Printed name

Please return a copy of the exposure report, post exposure management, evaluation and written opinion to the Education Coordinator in your program.
III. Accommodations for Students Infected or Disabled during SHS Professional Program

In the event a student becomes infected with a potentially communicable agent, becomes immunocompromised or is otherwise disabled while in a SHS professional program, the school will provide reasonable accommodations. Accommodations to the student’s educational program will be determined by an ad hoc Department committee of faculty, the Department Chairperson, USD Disabilities Services, and others as necessary. Consultation with the Dean of the SHS will also be obtained. When provided reasonable accommodations, the student must be able to meet the technical standards for the program.

IV. Health Affairs Student Insurance Policy

Students enrolled in the Health Affairs professional programs are required to carry health insurance coverage that meets or exceeds the minimum standards outlined below. Students must provide proof of credible coverage meeting minimum coverage standards at the beginning of each academic year. Health insurance coverage is a requirement of the new Affordable Care Act, each academic program’s accreditation standards, and through affiliation agreements with clinical rotation sites. Students who are unable to provide or have not provided sufficient proof of credible coverage meeting minimum standards will not be allowed to participate in clinical rotations or experiences.

If required by the student’s specific academic program, other insurances (ie. Life, disability and malpractice) will continue to be purchased as a part of the student tuition and fees.

Minimum coverage requirements are:

- Nationwide coverage
- Insurance must contain provisions for mental health or chemical dependency coverage.
- Insurance not have a deductible higher than $3000 or out of pocket maximum of $5000.

   NOTE: Exceptions may be made to the deductible and out of pocket maximum requirements if the student is a dependent on a parent or spouse’s insurance. The student must provide a written statement from the primary insurance holder that they are accepting financial responsibility for the higher deductible.

Examples of acceptable coverage may include but are not limited to:

- Group plans where student is a dependent of a parent or spouse.
- Tricare
- Medicaid
- Coverage through the HealthCare.gov marketplace. South Dakota companies participating in the marketplace include Avera Health Plans, DAKOTACARE, Sanford Health Plan
- Various Wellmark Bluecross/Blueshield plans
I. Curriculum Management Plan

The USD Department of Dental Hygiene plays an active, continuous, role in reevaluating and assessing the professional curriculum required for a Bachelor of Science degree in Dental Hygiene from the University of South Dakota. The program has established defined goals and competencies upon which the curriculum is based.

The Department Curriculum Committee does a significant amount of the curriculum review. The Committee is comprised of the Chairperson and all core faculty responsible for teaching or coordinating dental hygiene courses within the Department. A minimum of two students are also included on this committee, at least one junior and one senior. The junior student is encouraged to continue serving on the committee the following year in order to promote continuity.

Prior to the beginning of the school year, the Committee meets to completely review the competencies matrix, the mission and goals statement, the curriculum as it relates to the competencies and mission statements, and each individual course. At this time, the Committee assesses such items as attainment of student competence, duplication and depth of material covered in courses. Appropriate recommendations for omissions and/or additions are then made. The Committee makes a presentation to the entire faculty during the fall workshop prior to the beginning of classes. The entire faculty is then involved in adopting or rejecting any recommendations presented by the Committee.

This Committee also meets during the academic year. Meetings are typically scheduled once per semester or as needed. At these meetings the Committee evaluates the implementation progress of the recommendations. Student concerns are addressed at these times and in-service sessions are planned. Faculty are apprised of the Committee discussions during a staff meeting. Any changes made must be approved by the entire faculty.

Workshops, in-service sessions, and/or continuing education courses are continually being sought in order to provide faculty with skills to enhance their teaching skills and areas of expertise. Each faculty with course leadership responsibilities is encouraged to attend appropriate continuing education courses that relate to their subject areas. Part-time clinical faculty are also supported to attend such courses as funds are available. Faculty are encouraged to share their experience with the rest of the faculty at a staff meeting when they return. In-service workshops held periodically during the year for the entire faculty. Sessions often feature speakers with expertise in areas such as educational methodology, communication skills, technology, and/or any other area deemed necessary or valuable.

There are several faculty who teach courses required for the dental hygiene curriculum but are not considered department faculty. These faculty teach courses in the basic sciences and liberal arts such as Math, Chemistry, Microbiology, Anatomy, Physiology, English, Speech Communication, Sociology, and Psychology. Any of these faculty may attend the fall meeting of the Curriculum Committee if they so desire. The basic science course instructors are consulted annually by the Department Chairperson to determine if there are any problems or concerns. They are also informed of any content areas that could use additional emphasis with regard to licensure exams. Other adjunct clinical faculty meet with either the Department Chairperson or the Clinic Coordinator prior to the school year and then on a regular basis during the semester.

The Dean of the USD School of Health Sciences is informed of any major curriculum changes proposed by the Curriculum Committee and implemented at the faculty at the end of the year. The Department Advisory Committee is also informed of any changes in the curriculum at their biannual meetings. Members of this committee may provide feedback at that time as well. Students are involved in the process by evaluating courses and instructors at the end of each semester as required by The University. Assessment surveys from the immediate senior graduating class, graduates in the workforce for two years, and their employers are also obtained. The responses from these surveys serve as an assessment tool that may lead to curriculum changes.

Program assessment is required annually for all programs on campus by the University Office of Academic Affairs. This assessment is prescribed with specific forms and expectations. Strict deadlines are imposed and all assessment must be approved through this office. Criteria for assessment include program learning objectives, assessment process (how, where, when, who), expectations/criteria for success, results of the assessment, use of results/program changes, and follow-up with responsible party. The Department uses this process as part of its overall assessment as well.
This continuous review of the curriculum assures continuity, completeness, and communication throughout the Department. It also keeps the program state-of-the-art as it relates to changes in the discipline. The USD Department of Dental Hygiene maintains impeccable integrity because of the dedication and enthusiasm of its faculty for focus areas such as the curriculum.

### II. The Required Dental Hygiene Professional Curriculum

#### Professional Curriculum Year One

<table>
<thead>
<tr>
<th>Fall Semester</th>
<th>Spring Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHYG 313—Embryology</td>
<td>DHYG 350/350 L – Local Anesthesia</td>
</tr>
<tr>
<td>DHYG 330 – Clinic Skills Dev. I</td>
<td>DHYG 333 – Radiology Practicum</td>
</tr>
<tr>
<td>DHYG 331 – Dental Anatomy</td>
<td>DHYG 336 – Clinic Skills Devel. II</td>
</tr>
<tr>
<td>DHYG 327 – Principles of Radiology</td>
<td>DHYG 310 – Pharmacology</td>
</tr>
<tr>
<td>DHYG 321 – Dental Materials I</td>
<td>DHYG 351 – N₂O/O₂ Sedation</td>
</tr>
</tbody>
</table>

14 cr. 14 cr. 5 cr.

<table>
<thead>
<tr>
<th>Summer Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHYG 396 – Dental Prac Mgmt/Field Exp</td>
</tr>
<tr>
<td>5 cr.</td>
</tr>
</tbody>
</table>

5 cr.

#### Professional Curriculum Year Two

<table>
<thead>
<tr>
<th>Fall Semester</th>
<th>Spring Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHYG 415 – Nutrition</td>
<td>DHYG 411 – Ethics &amp; Jurisprudence</td>
</tr>
<tr>
<td>DHYG 422 – Dental Materials</td>
<td>DHYG 435 – Practicum II</td>
</tr>
<tr>
<td>DHYG 436 – Periodontics I</td>
<td>DHYG 437 – Periodontics II</td>
</tr>
</tbody>
</table>

6 cr. 6 cr. 3 cr. 2 cr.

14 cr. 4 cr.

<table>
<thead>
<tr>
<th>Summer Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHYG 411 – Ethics &amp; Jurisprudence</td>
</tr>
<tr>
<td>1 cr.</td>
</tr>
</tbody>
</table>

1 cr. 13 cr.
I. Academic Standards

A. It shall be the ultimate responsibility of the student to monitor academic status and/or progress in all dental hygiene (DHYG) numbered courses. Non-DHYG course status is monitored according to the policies of the department offering the course. Faculty will provide results of evaluation items to students throughout the course. However, it is the student’s responsibility to seek additional help if progress is deficient.

B. Any dental hygiene student showing deficient status at mid-semester will receive notice from the Department Chairperson and the University and be asked to attend a conference with the instructor of each course in which the student is deficient. These conferences are designed to make sure a student is aware of a problem, to motivate improved performances, and to provide suggestions to improve performance. Forms indicating items of discussion and instructors’ signatures are returned to the Department Chairperson by a specified deadline and placed in the student’s admission file. University programming (ie. Coyote Connections is another form of

C. Most courses in the dental hygiene professional curriculum are scheduled sequentially. Because of scheduling and available space, it is not consistently possible to selectively enroll in or repeat courses. It is possible, in extremely extenuating circumstances, that an incomplete (“INC”) grade be issued for a dental hygiene course. In this case, the student must complete the requirements of that course according to a written contractual agreement that stipulates a specific time deadline. A failing grade will be issued if the contract is not met. Discussion and implementation of an incomplete grade will commence prior to the end of the course. A student who fails a course with a grade of “D” or “F” cannot have his/her grade changed to “INC”. Incomplete grades received in courses outside the department are handled according to the policies of that department.

D. Academic dismissal from the program will occur when a student receives a "D" or "F" grade in any required dental hygiene course.

E. Unless the student left the program in good standing, he/she may not reapply for admission to the program. If there are extenuating circumstances other than poor academic performance, the student must submit a personal letter to the Selection Committee stating reasons why he/she should be considered for readmission along with a new application form. If the student is readmitted, he/she will be issued a contract outlining all the conditions necessary to complete the program.

F. At the discretion of the faculty and Chairperson under certain circumstances, a student may be allowed to repeat a clinical course (ie. DHYG 336, 431, 435) and continue in the program; all situations of this nature will be handled individually.

G. A minimum cumulative grade point average of 2.2 is required for graduation from the professional curriculum.

H. No dental hygiene student or pre-dental hygiene advisee may drop any course without permission of the Department Chairperson. All semester registration schedules must be approved by the Department Chairperson.

II. Departmental Grading System

The department uses letter grades only for recording with the Registrar as final course grades. Percentage grades are equivalent to the following letter grades:

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Letter Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>93-100</td>
<td>A</td>
</tr>
<tr>
<td>92-84</td>
<td>B</td>
</tr>
<tr>
<td>83-75</td>
<td>C</td>
</tr>
<tr>
<td>74-66</td>
<td>D</td>
</tr>
<tr>
<td>&lt;65</td>
<td>F</td>
</tr>
</tbody>
</table>

If you have any question about grading criteria for any course or an instructor does not outline them for you at the beginning of a course, be sure to ask questions. If you are unaware of your standing in a course, or are unable to calculate your standing with the information available to you, any instructor will be happy to help you.

All instructors will be obligated to evaluate rhetoric in all written assignments. This includes composition, grammar, punctuation and any other facet of good written communications. The same obligation applies to oral presentations.
III. Seating Arrangement

Instructors have the discretion to assign seats for any class or clinic session. Most often assignments are made for clinic chairs during clinical courses to ensure students gain experience with all equipment. Laboratory seating assignments may also be made for pre-clinical courses since the choice of operating hands may necessitate a certain arrangement to facilitate learning. Generally, any lecture course does not have a specified seating arrangement. If a student has a problem with an assigned seat, it is his/her responsibility to contact the instructor regarding a change of assignment.

IV. Student ID Number and Grade Reporting

Students will be asked to use their University ID number on computerized grading forms. Instructors shall handle grade results from evaluation items with utmost confidentiality. Grades will be distributed in individual student mailboxes primarily or given directly to students. Identification numbers will not be posted in any manner. The Department also uses an A 1-32 or B 1-32 numbering system arranged alphabetically. Often, materials are labeled with this number for easy return to an owner or an easier method of identification.

V. Use of Cell Phones

Any use of cell phones during class, exam, labs, any clinic session on any Dept rotation, or any other Dept function is prohibited. Cell phones may not be carried on a person during any lab or clinic session. Cell phones may be used during breaks in the classroom or at lunch hour during any clinical session. Students caught using cell phones inappropriately may be immediately dismissed from class, exam, lab or clinic and may not be given credit for a patient, assignment, evaluation or missed material. In addition, depending on the situation and setting, students could be dismissed from the program for inappropriate cell phone use (ie. penitentiary).

V. Examination Policies

A. Final Examinations--Schedules and Attendance

The final examination schedule for DHYG courses will be finalized by the Department Chair. With the intense course load of the dental hygiene student in mind, the institutional schedule will be used as a base unless improvement in spreading out examinations over time can be gained. Any changes in the department final exam schedule will be done with "DHYG" numbered courses only, and then only after getting permission through appropriate channels. Once finalized and posted, there will be no further changes for any reason by either instructor or students. The date and time of the final examination for each DHYG course will be announced at the beginning of the semester, so that students can make plans accordingly. Individual requests for changes in schedule will not be granted and absences from final examinations will not be tolerated unless an extremely dire emergency exists. Unexcused absence from a final examination will result in a "0" grade for the examination.

B. Nonfinal Examinations--Schedules and Attendance

Most courses will have various kinds of evaluation items. Instructors will schedule and announce the dates of these evaluations in the course syllabus. The instructor may change dates of these examinations for any valid reason, so long as the students are given adequate notice. Students will be expected to attend these examinations under the same rules as for final examinations. Individual requests for changes may be granted and an alternate test/ format will be given in these circumstances. Faculty are not required to offer exams at alternative times. Missing an evaluation could result in a "0" grade.

C. Evaluation Items

Depending on the type of evaluation given and the mode of delivery, there may be directions from the instructor about seating, timing, etc. If the instructor chooses to use the number system for an evaluation in the classroom/lab, he/she will give directions on how to proceed. Typically with this system, students will choose a number from 1-32 from a box at the front of the room and then sit in the seat that corresponds to the number drawn. The number drawn will be returned to the box when the student hands in the evaluation item. Students are responsible for protecting their own work; cover sheets are provided. Cheating during any type of evaluation will not be tolerated.
D. Competency-Based Tests/Evaluations

Competency-based evaluations vary among classes as to how they are used. Expectations for these evaluations will be determined in the course syllabus. All clinical and laboratory skills taught to competency have expectations defined in the competency document and at the top of each form. Evaluations will include all material as assigned for the course (ie. texts, videos, handouts, PowerPoints, etc.); students are responsible for all the material and should expect evaluation items from all sources.

E. Remediation Policy and Procedure

No student will be retested, reexamined, or reevaluated over any block of material or skill because of an unexcused absence from an evaluation or by student request. Instructors are willing to assist students and provide additional help; however, competency or satisfactory achievement of information it shall be the student's responsibility.

Students demonstrating clinical weakness or problems will be identified by faculty during practical evaluations, competency completion, and observation during clinical sessions at all sites. The appropriate clinical course coordinator will notify the student with a written letter stating the area(s) of weakness and the proposed course of remediation. The student’s signature is required to acknowledge acceptance of the required remediation program. Documentation of remediation sessions will include time, content, and progress made.

VII. Academic Honesty Policy

As stated in the Student Code of Conduct, the integrity of the University community is contingent upon fulfillment of a trust—that the members of the student body will engage in reasonable behaviors to promote and protect the educational environment. Acts of dishonesty most applicable to this course include, but are not limited to the following are:

- Cheating, which is defined as, but not limited to, the use or giving of any unauthorized assistance in taking quizzes, tests, or examination; use of sources beyond those authorized by the instructor in writing papers, preparing reports, solving problems, or carrying out other assignments; or acquisition, without permission, of tests or other academic material belonging to a member of the faculty or staff.
- Plagiarism, which is defined as, but not limited to, the following: the use of paraphrase or direct quotation, of published or unpublished work of another person without full and clear acknowledgement use of materials prepared by another person or agency engaged in the selling of term papers or other academic materials.

No credit can be given for a dishonest assignment. At the discretion of the instructor, a student caught engaging in any form of academic dishonesty may be:
  a. Given a zero for that assignment.
  b. Allowed to rewrite and resubmit the assignment for credit.
  c. Assigned a reduced grade for the course.
  d. Dropped from the course.
  e. Failed in the course.

All required activities for any course in the USD DH curriculum must be done independently without the assistance of another student(s) unless otherwise specified in the course syllabus or by the course instructor. Any evidence of improper group work will be considered an act of academic dishonesty and treated as such. If there is ever a question about whether an assignment can be done with another student or in a group, it is the responsibility of the student to ask the instructor.

No credit will be given for a dishonest assignment and the student(s) involved may face a number of possible scenarios including dismissal from the program.
VIII. BOR Policy 2:33 Student Academic Misconduct

SOUTH DAKOTA BOARD OF REGENTS

Policy Manual

SUBJECT: Student Academic Misconduct

NUMBER: 2:33

1. Definitions
   A. The phrase “Academic Misconduct” means Cheating or Plagiarism:
   B. The term “Cheating” includes, but is not limited to, the following:
      1. Using any unauthorized assistance in, or having unauthorized materials while, taking
         quizzes, tests, examinations or other assignments, including copying from another’s
         quiz, test, examination, or other assignment or allowing another to copy from one’s
         own quiz, test, examination, or other assignment;
      2. Using sources beyond those authorized by the instructor in writing papers, preparing
         reports, solving problems, or carrying out other assignments;
      3. Acquiring, without permission, tests or other academic material belonging to the
         instructor or another member of the Institutional faculty or staff;
      4. Engaging in any behavior prohibited by the instructor in the course syllabus or in class
         discussion;
      5. Falsifying or misrepresenting data or results from a laboratory or experiment; or
      6. Engaging in other behavior that a reasonable person would consider to be cheating.
   C. The term “Plagiarism” includes, but is not limited to, the following:
      1. Using, by paraphrase or direct quotation, the published or unpublished work of another
         person without full and clear acknowledgment;
      2. Using materials prepared by another person or agency engaged in the selling of term
         papers or other academic materials without prior authorization by the instructor; or
      3. Engaging in other behavior that a reasonable person would consider plagiarism.
   D. The term “Student” includes all persons taking courses from the Institution, both full-time and
      part-time, enrolled in undergraduate, graduate, professional or special topic courses, whether
      credit-bearing or not.
   E. Other capitalized terms in this policy are defined in Board Policy 3:4, Section 2.

2. Authority
   A. For purposes of this policy and Board Policy 3:4, the Institution that offered the course
      shall have default authority over the Student.
3. Academic Misconduct Process

A. Allegations

Allegations of Academic Misconduct must be reported by the Faculty Member to the Student Conduct Officer. At the Faculty Member’s request, the Student Conduct Officer will inform the Faculty Member whether the Student has ever engaged in Academic Misconduct, which information may be used in determining any academic consequences should it be determined that the Student engaged in Academic Misconduct. The Faculty Member may request this information at any point throughout the informal resolution process.

B. Informal Resolution

1. The Faculty Member will meet with the Student to discuss the allegations and attempt informal resolution. The Faculty Member may request the assistance or presence of the Student Conduct Officer for this meeting.

2. Informal resolution is reached where:
   a. The Student and the Faculty Member agree that there was no Academic Misconduct; or
   b. The Student admits to the Academic Misconduct, agrees to the academic consequence, and signs a form documenting the Student’s agreement. By signing the form, the Student waives the right to appeal both the fact that the Student engaged in the Academic Misconduct and the academic consequence.

3. If informal resolution is reached, the Faculty Member must inform the Student Conduct Officer. If the informal resolution included the Student admitting to the Academic Misconduct, the Faculty Member must provide the signed form used to document the Student’s agreement to the Student Conduct Officer.

4. If informal resolution is not reached, the Faculty Member must inform the Student Conduct Officer that the alleged Academic Misconduct was not informally resolved through this policy and will need to be addressed through Board Policy 3:4.

C. Formal Resolution

1. Once the Student conduct process through Board Policy 3:4 is concluded, the Faculty Member will receive a copy of the informal resolution documentation or the written findings that include the facts found to have occurred.

2. If the informal resolution documentation or the written findings include a determination that a violation of the Student Code for Academic Misconduct occurred, the Faculty Member may impose academic consequences for the Academic Misconduct.

D. Appeals

1. Informal Resolution Reached Through Board Policy 2:33

   A Student may not appeal either the fact that the student engaged in the Academic Misconduct or the academic consequence imposed by the Faculty Member because the Student waives such appeal rights in agreeing to the informal resolution under this policy.

2. Informal Resolution Not Reached Through Board Policy 2:33

   A Student may appeal the academic consequence imposed by the Faculty Member pursuant to Board Policy 2:9.
IX: Policy for Late Assignments

The policy for late assignments is consistent for every course in the Department. Due dates for assignments will be communicated to the student by the instructor or stated in the syllabus. A student is required to hand in assignments on or before the date the assignment is due. In several courses, all written assignments are handed in via the Dropbox in D2L, which does not allow late assignments. If an assignment is turned in late, there is a 10% penalty for each day it is late. After a period of 10 days, the assignment will no longer be accepted and a “0” grade will result. If a student is turning in an assignment in person after the due date, he/she must hand it to the instructor directly. If that instructor is not available, the student must hand in the assignment to another instructor who will then indicate the date and time it was received at the top of the assignment, sign it and place it in the assigning instructor’s mailbox.

X: Satisfactory Completion of Degree Requirements and Boards

Both the written and clinical board examinations have rules that relate to students’ progress toward graduation or status at the time the exam is given. To qualify for the DH National Board examination, a student must be in good standing and within 4 months of completing all graduation requirements at the time application is made. Application is made mid-February and the exam is typically scheduled for early April. In order to qualify for a clinical board exam, the student must have completed or will complete all degree requirements satisfactorily at the time the test is given. The Department Chairperson must verify this and approve these applications. The Department will assist students with information about these exams and applications; however, it is the student’s responsibility to take the exams when scheduled, follow exam rules and regulations, and find his/her own patient(s). The Department is not responsible in any way for the success or failure of a student on any licensing exam.
I. Undergraduate Academic Appeals (Grievance) Policy

It is the policy of the University of South Dakota and individual members of its faculty, administration, and staff to make fair and reasonable decisions concerning each student's academic performance and progress.

A. Purpose

The academic appeal procedures are designed to afford all undergraduate students a means to redress any form of unjust, oppressive, discriminatory, or fundamentally unfair practice affecting a student's academic performance and progress.

B. Applicability

The academic appeal policy shall apply to all undergraduate academic matters including grades, the administration and content of examinations, the internal control and conduct of courses, the application of course rules and policies, absenteeism, and broader academic decisions such as a student's termination from a program or from the University for academic reasons.

Appeals arising out of courses taken through State-Wide Educational Services shall also be governed by the procedures described herein. In such cases, the formal appeal shall be filed with the dean of the school or college in which the course resides.

C. Academic Appeal Defined

For the purpose of this policy and the procedures that follow, an academic appeal refers to a substantial complaint of a serious nature. It is a student's claim of injury or wrong resulting from a decision, practice, or act by a member or members of the faculty, administration, or staff that is arbitrary and capricious, unjust, oppressive, discriminatory, fundamentally unfair, or exceeds the limits of academic freedom.

For any matter to give rise to an academic appeal subject to these procedures, there must be clear and convincing evidence that demonstrates either arbitrary capricious action on the part of the individual faculty, administration, or staff that is arbitrary and capricious, unjust, oppressive, discriminatory, fundamentally unfair, or which exceeds the limits of academic freedom. The evidence must also establish that such action was injurious.

D. Burden of Proof and Persuasion

The burden of proof and persuasion in all academic appeals is upon the student.

E. Department Expectations

Communication is key to preventing conflict and is also important in conflict resolution. It is always good practice to deal with issues and concerns before they become problems. The Department Chairperson, faculty, and staff encourage students to discuss items as they arise. Often, clarification of a situation reveals misunderstandings or unintentional such that problems can be resolved easily.

It is extremely important to follow specified protocols with regard to handling concerns. If a student has a concern about an aspect of a course or an instructor within a course (i.e., clinical faculty), the student MUST attempt to resolve that issue with the instructor first. If the issue is not resolved, then the student MUST meet with the Department Chairperson. The Chairperson will outline a plan of action involving the student and the instructor. The student may meet with the Chairperson on several occasions during the specified plan of action to determine progress or the need for plan modification.

If, after the plan of action and modifications have been carried out, the student determines the issue remains unsolved, he/she
MAY seek assistance from the Dean of the School of Health Sciences.

If the concern is in regard to a final course grade or program dismissal, the student has the right to appeal such decisions and the process is outlined further.

**It is the professional duty of the student to follow this established protocol.**

### II: Academic Appeal Procedures

**ACADEMIC APPEALS**

SOUTH DAKOTA BOARD OF REGENTS
Policy Manual
SUBJECT: Student Appeals for Academic Affairs
NUMBER: 2:9

**1. Purpose and Scope of Policy**

A. This policy governs academic disputes involving students. Such disputes most commonly arise as a result of student dissatisfaction with assigned grades, but students may also invoke the standards and procedures provided under this policy to challenge academic responses to instances involving alleged student academic misconduct or to challenge other decisions, justified on academic grounds, that affect their participation in or completion of university academic programs.

1) Students who wish to challenge disciplinary actions taken after findings of academic misconduct must proceed under Board Policy No. 3:4.

B. The evaluation of students involves the exercise of professional judgment informed by prolonged and specialized training in an academic subject matter and by experience in presenting those techniques and knowledge to persons who may be unfamiliar with them. Deference should be given to judgments that reflect the academic standards accepted by the university as appropriate to the discipline involved in the dispute and for instruction in that discipline. No deference should be given to actions that do not embody accepted academic standards, particularly if the motive for such actions is unrelated to academic concerns.

C. When a complaint presents facts that would suggest that the challenged action stemmed from conduct violating Board Policy No. 1:18 or 1:19, which prohibit sexual harassment and other forms of discrimination, the matter will be referred under Board Policy No. 1:18 to the institutional Title IX/EEO coordinator for investigation and resolution under those policies. No further action will be taken under Board Policy No. 2:9 pending the completion of proceedings under Board Policy No. 1:18.

1) If the Board Policy No. 1:18 proceedings result in findings that the academic action stemmed from prohibited discrimination, review under Board Policy No. 2:9 will resume to determine what remedial action is proper.

2) If the Board Policy No. 1:18 proceedings do not result in findings that the academic action stemmed from prohibited discrimination, the proceedings under Board Policy No. 2:9 shall be dismissed, unless there are other factors that may have independently been subject to challenge under this policy.

**2. Timing and Substantive Conditions on Appeals**

A. Academic appeals may be brought only by students who were registered during the term in which the disputed action was taken.

B. Academic appeals may be brought only from final course grades or other actions that have similar
finality, such as, without limitation, denial of admission to an undergraduate major or refusal to permit the continuation of an academic program.

C. Academic appeals must be brought within thirty calendar days from the date that the student received notification of the action. If this action occurs within fifteen calendar days before the end of the term, the student must bring an appeal within fifteen calendar days after the beginning of the academic term (fall, spring, or summer) following the term in which the challenged action was taken. A student may petition the president or president’s designee for an extension of this timeline if circumstances prevented a timely appeal.

D. Academic appeals may be brought to challenge a grade or academic decision typically on one or more of three grounds:
   1) if an academic decision resulted from administrative error or from misapprehension of some material fact or circumstance, e.g., evaluation reflected an error in the examination or question itself or misread the student’s written response;
   2) if an academic decision departs substantially from accepted academic standards for the discipline and the university; or
   3) if circumstances suggest that an academic decision reflected the prejudiced or capricious consideration of student opinions or conduct unrelated to academic standards, of student status protected under Board policy, state or federal civil rights law or of other considerations that are inconsistent with the bona fide exercise of academic judgment.

3. Appeals Procedure
   A. University presidents shall be responsible for establishing appeals procedures for their campuses.
   B. Appeals procedures shall provide that:
      1) A student who wishes to complain about a grade or academic decision shall discuss the matter first with the course instructor or the person(s) responsible for the decision.  
         a. The instructor or academic decision-maker(s) shall listen to the student’s concerns, shall provide explanation, and shall change the grade or reconsider the decision if the student provides convincing argument for doing so.
      2) If, after the discussion with the instructor or academic decision-maker, the student's concerns remain unresolved, the student may appeal the matter to the appropriate immediate administrative superior. That person, if he or she believes that the complaint may have merit, shall discuss the matter with the instructor or decision-maker. If the matter still remains unresolved, the dispute shall be referred to the president or the president’s designee.
      3) The president or the president’s designee shall make a final decision, which may include an administrative change in grade or academic status.
         a. If resolution of the dispute requires the resolution of a question involving academic standards, the president or the president’s designee may obtain expert recommendations concerning those standards, whether by convening a panel of faculty or by obtaining recommendations from experts from outside the university.

For questions, contact Academic Affairs (Slagle Hall 105, 677-6497), or the academic dean of your college.
### III. USD Undergraduate Academic Appeal Form

This form outlines the process by which students may appeal an academic decision involving such matters as final course grades or dismissal from a program. The form itself should be used only if the Step 1 discussion with the academic decision-maker does not produce a satisfactory resolution and the student wishes to pursue the matter to the next level. Additional pages may be attached if more space is needed. Before pursuing an appeal, students should consult Board of Regents Policy 2:9 at [http://www.sdbor.edu/policy/2-Academic_Affairs/documents/2-9.pdf](http://www.sdbor.edu/policy/2-Academic_Affairs/documents/2-9.pdf).

#### STEP 1: Initial discussion to question the academic decision

The student must initiate the appeal by contacting the instructor or other individual responsible for the decision (i.e., the academic decision-maker) to question the decision and explain the reasons for doing so. If notification of the decision that is being appealed is provided to the student within 15 calendar days before the end of a term (fall, spring, or summer), the discussion must occur at the latest **within 15 calendar days** of the start of the next term. If notification occurs more than 15 calendar days before the end of the term, the student must have this discussion **within 30 calendar days** of being notified of the decision. **Within the first 30 calendar days** after notification of the decision, the student may petition the president’s designee (see p. 3) for an extension of this timeline if circumstances prevent timely appeal.

#### STEP 2: To be completed by the student

If the student wishes to pursue the appeal following the discussion with the academic decision-maker, s/he should complete the section immediately below and submit a signed copy to the designated mediator **within 5 working days** of the discussion. (See page 3 for help in identifying the individual who will serve as mediator.) The mediator will provide a copy of this form to the decision-maker and then will consult with the student and the decision-maker in an attempt to resolve the matter.

<table>
<thead>
<tr>
<th>Student ID</th>
<th>Name (please print)</th>
</tr>
</thead>
</table>

What academic decision are you appealing?

What is the basis for your appeal (i.e., what is unfair about the decision)?

What was the outcome of your discussion with the individual responsible for the decision?

<table>
<thead>
<tr>
<th>Date notified of decision:</th>
<th>Date of discussion with decision-maker:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student’s Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
**STEP 3: To be completed by the academic decision-maker**

The academic decision-maker should describe below the Step 1 discussion with the student, explaining his/her rationale for the academic decision being appealed, and then return to the mediator a signed copy of this form within 10 working days of receiving it.

Name (please print)       Signature       Date

**STEP 4: To be completed by the designated mediator**

The role of the mediator is to facilitate resolution of the appeal through discussion with the student and the academic decision-maker. The mediator is not empowered to change the decision being appealed or to insist that the decision-maker do so. Discussion with the decision-maker and the student should be initiated within 10 working days of receipt of this form from the academic decision-maker. Following discussion, the mediator should describe below the attempt to reach resolution and its outcome. Within 10 working days of initiating the discussion with the parties, a copy of the completed form is due to the student and the decision-maker.

Name (please print)       Signature       Date

**STEP 5: Final Appeal**

If the matter is unresolved after mediation, the student may appeal to the president’s designee (see p. 3) within 10 working days of receipt of this completed form from the mediator. The appeal at this stage must be submitted as a letter that clearly lays out the basis for the appeal and why it should be granted. A copy of this form (completed and with all required signatures) must accompany the Step 5 appeal letter. Any supporting documentation should also be provided. Upon receipt of the appeal documents, the president’s designee will contact the student and offer to discuss the appeal. Within 15 working days of receiving the Step 5 documents, the designee will notify all parties of the decision regarding the appeal.
# ROLES IN THE ACADEMIC APPEALS PROCESS

## UNDERGRADUATE

### Grades:

<table>
<thead>
<tr>
<th>Program</th>
<th>Decision-maker</th>
<th>Mediator</th>
<th>President’s Designee</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;S, BUS, ED, FA, HS</td>
<td>Instructor</td>
<td>Department Chair</td>
<td>Academic Dean</td>
</tr>
<tr>
<td>XDIS 310</td>
<td>Instructor(s)</td>
<td>Associate VPAA</td>
<td>Provost</td>
</tr>
<tr>
<td>Honors</td>
<td>Instructor</td>
<td>Honors Director</td>
<td>Provost</td>
</tr>
</tbody>
</table>

### Program Dismissal:

<table>
<thead>
<tr>
<th>Program</th>
<th>Decision-maker</th>
<th>Mediator</th>
<th>President’s Designee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business</td>
<td>Assistant Dean</td>
<td>Acad. Standards Comm.</td>
<td>BSOB Dean</td>
</tr>
<tr>
<td>Teacher Ed</td>
<td>BARC¹</td>
<td>Associate Dean</td>
<td>SOE Dean</td>
</tr>
<tr>
<td>Honors</td>
<td>Honors Director</td>
<td>Associate VPAA</td>
<td>Provost</td>
</tr>
<tr>
<td>Dental Hygiene</td>
<td>Department Chair</td>
<td>Associate Dean</td>
<td>HS Dean</td>
</tr>
<tr>
<td>Nursing</td>
<td>Site Director</td>
<td>Department Chair</td>
<td>HS Dean</td>
</tr>
</tbody>
</table>

## GRADUATE

### Grades:

<table>
<thead>
<tr>
<th>Program</th>
<th>Decision-maker</th>
<th>Mediator</th>
<th>President’s Designee</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;S, BME, BUS, ED, FA, HS</td>
<td>Instructor</td>
<td>Dept. Chair</td>
<td>Academic Dean</td>
</tr>
<tr>
<td>BBS</td>
<td>Instructor</td>
<td>BBS Dean</td>
<td>Provost</td>
</tr>
</tbody>
</table>

### Program Dismissal:

<table>
<thead>
<tr>
<th>Program</th>
<th>Decision-maker</th>
<th>Mediator</th>
<th>President’s Designee</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;S, BUS, ED, FA, BBS, HS</td>
<td>Program</td>
<td>Associate VPAA</td>
<td>Graduate Dean</td>
</tr>
<tr>
<td>BME, MAIS, MNS</td>
<td>Graduate Dean</td>
<td>Associate VPAA</td>
<td>Provost</td>
</tr>
</tbody>
</table>

## PROFESSIONAL SCHOOLS

### Grades:

<table>
<thead>
<tr>
<th>Program</th>
<th>Decision-maker</th>
<th>Mediator</th>
<th>President’s Designee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Law</td>
<td>Instructor</td>
<td>Associate Dean</td>
<td>Dean</td>
</tr>
<tr>
<td>Medicine</td>
<td>Course/Clerkship Dir.</td>
<td>BBS Dean/Dept. Chair</td>
<td>SSOM Dean</td>
</tr>
</tbody>
</table>

### Program Dismissal:

<table>
<thead>
<tr>
<th>Program</th>
<th>Decision-maker</th>
<th>Mediator</th>
<th>President’s Designee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Law²</td>
<td>Admissions Comm.</td>
<td>Associate Dean</td>
<td>Dean</td>
</tr>
<tr>
<td>Medicine</td>
<td>SPCC³</td>
<td>Dean of Clinical Faculty</td>
<td>VP Health Affairs</td>
</tr>
</tbody>
</table>

¹ Basic Admission and Retention Committee
² Dismissal is automatic based on grades. Students may appeal for readmission.
³ Student Progress and Conduct Committee
Academic Misconduct Disposition Form

This form documents discussion between an instructor and a student concerning allegations of Student Academic Misconduct and either the resulting disposition of the allegations between the instructor and student, or a referral for disposition of allegations under Student Code of Conduct processes. In both resolved and unresolved instances, all steps must be completed.

I. Instructor documentation and description of alleged academic misconduct (include specific details and attach any supporting documentation or materials):

Student Name ___________________________ Student ID Number ___________________________ Student’s Email Address ___________________________

Instructor of Record ___________________________ Instructor’s Email Address ___________________________

Course Prefix, #, and Delivery
(face-to-face or online) ___________________________ Course Title ___________________________ Term/Semester ___________________________

Description of alleged academic misconduct:

II. Initial discussion regarding alleged academic misconduct (attempt to resolve): The instructor should meet with the student in a timely fashion (upon discovery of a potential issue) and attempt to resolve the matter with the student. If the student does not respond to instructor requests to meet, the instructor should forward the matter for disposition under the Student Code of Conduct (see IV.B. below).

III. Instructor description of the intended academic consequences (impact on assignment grade, course grade, etc.):

IV. Disposition is either achieved or not achieved:

☐ A. Disposition achieved (check and sign below). Academic misconduct is established by the instructor and the student agrees that it has occurred. Disposition of this instance of academic misconduct is final. The matter will be forwarded to the Office of Student Rights & Responsibilities for conduct sanctioning. When informal disposition is achieved, the academic consequences may not be appealed under the Student Appeals for Academic Affairs policy.

☐ B. Disposition is not achieved (check and sign below). The student does not agree that academic misconduct occurred; or the student does not respond to instructor requests to meet for discussion; or the student does not return the form by the specified deadline (student signature is not obtained in these circumstances). The instructor shall immediately seek disposition under the Student Code of Conduct through the Office of Student Rights & Responsibilities, in accordance with which, the intended academic consequences will be included as part of the referral. Should a determination of academic misconduct be made, the academic consequence will be imposed, along with appropriate conduct sanctions.

Student Signature and Date ___________________________ Instructor of Record Signature and Date ___________________________

V. Administrative follow-up:

A. A copy of this form must go to the student, the instructor, and the Office of Student Rights & Responsibilities at sbr@usd.edu.

B. In cases involving graduate or professional students, a copy must also go to the Dean of the Graduate School, the Sanford School of Medicine, or the School of Law.
IV: Complaints against a Dean or Vice President

If a complaint is made against a dean or vice president, the formal appeal procedure shall begin at the next administrative level and continue as specified herein except that each step will be conducted at a higher administrative level. In the case of complaints brought against a vice president or the dean of students, appeals shall be limited to the level of the president. There shall be no higher lever of procedural review.

V: Alleged Violations of Civil Rights Statutes

In those instances where informal resolution has not been successful and where the appeal involves allegations of actions or motives which arguably are illegal under applicable civil rights statutes (for example, racial or religious prejudice, sexual harassment, etc.), the formal appeal shall be made to the Director of Affirmative Action pursuant to the Board of Regents' Human Rights Complaint Procedures (Board of Regents Policy Manual, chapter 4:6) and applicable USD policy. In all other cases, the student shall appeal as set forth herein.

VI. Electronic Communication

The Department of Dental Hygiene respects every student’s identifying information. All information is kept secure and confidential. If any electronic communication would need to be accomplished, the Dept would use PDF Password Protection for items containing DOB and/or SSN. Faculty will not correspond with students for official school business on anything other than University email addresses.

VII: Complaints to the Commission of Dental Accreditation

The Commission on Dental Accreditation will review complaints that relate to a program's compliance with the accreditation standards. The Commission is interested in the sustained quality and continued improvement of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students.

A copy of the appropriate accreditation standards and/or the Commission's policy and procedure for submission of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago IL 60611 or by calling 1-800-621-8099, extension 4653.

The program will maintain a record of student complaints received since the Commission’s last comprehensive review of the program. At the time of the program’s regularly scheduled on-site evaluation, visiting committees evaluate the program’s compliance with the Commission’s policy on the Required Record of Complaints. The team will review the areas identified in the program’s record of complaints during the site visit and include findings in the draft site visit report and note at the final conference.

The Commission will consider only formal, written, signed complaints; oral and unsigned complaints will not be considered. Students, faculty, constituent dental societies, state boards of dentistry, and other interested parties may submit an appropriate, signed complaint to the Commission on Dental Accreditation regarding any Commission accredited dental, allied dental or advanced dental education program, or a program that has an application for initial accreditation pending. An appropriate complaint is one that directly addresses a program’s compliance with the Commission’s standards, policies and procedures. The Commission is interested in the continued improvement and sustained quality of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for treatment received by patients or individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students.

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

The Commission, upon request, will take every reasonable precaution to prevent the identity of the complainant from being revealed to the program; however, the Commission cannot guarantee the confidentiality of the complainant.
Only written, signed complaints will be considered by the Commission; oral and unsigned complaints will not be considered. The Commission strongly encourages attempts at informal or formal resolution through the program's or sponsoring institution's internal processes prior to initiating a formal complaint with the Commission. The following procedures have been established to manage complaints: When an inquiry about filing a complaint is received by the Commission office, the inquirer is provided a copy of the Commission’s Evaluation and Operational Policies and Procedures Manual which includes the policies and procedures for filing a complaint and the appropriate accreditation standards document.
Chapter 11
Progression and Dismissal Policies

I. Progression and Dismissal for Academic Reasons

This has been previously discussed in this document.

II. Program Dismissal for Other than Academic Reasons

Because of the professional status of dental hygiene, and the qualities and responsibilities required to fulfill this role, a student may be dismissed for disciplinary reasons. Some examples of disciplinary violations are:

A. Intentionally falsifying or misrepresenting patient or student records regarding any dental or dental hygiene service or procedure.
B. Vandalizing, stealing, or gross negligence of state and/or departmental equipment, fixtures or facility or that on any Dept-associated rotation.
C. A detectable lack of interest in the dental hygiene profession, a lack of cooperation with Departmental policies, a failure to show professional growth, or unprofessional conduct.
D. Any cheating on assignments, examinations, or any other evaluation procedure given in the dental hygiene curriculum or any other area of the University to include posting on social media websites or participation in organized recall of evaluation items.
E. Plagiarism.
F. Violation of any extramural (off-campus) policies or protocols or policies involving internship sites.
G. Violation of the Department’s Infection Control Protocol, HIPAA regulations or any other Department policy.
H. Failure to report within 72 hours any criminal felony or misdemeanor charges pending while a student in the program.
I. Conviction of a felony.
J. Violation of the Department’s Professional Code of Conduct or Social Media policy.
K. Unprofessional conduct to include bullying of another student, staff, or faculty member.
L. Failure to follow established clinic policies regarding confidentiality of patient information (ie. handling of patient records to include taking charts from clinics or offices, posting/texting/emailing any Protected Health Information or verbally stating anything about a patient’s relationship or care at our clinics).
M. Attending class, providing patient care or practicing on a student, or participating in any other Department-sponsored activity while inebriated and/or high.
N. Not following or blatant disobeying of any instructor recommendations regarding the care or treatment of a patient or student. Probation may be recommended for disrespecting Department authority figures.
O. Failure to follow any Department or University policy.
P. Other

III. Process for Dismissal for Other than Academic Reasons

The Department will observe the following procedure for disciplinary (i.e. non-academic dismissal):

A. The Chairperson will inform the student of the allegations or circumstances regarding the situation. The Progress and Conduct Committee will hold a meeting with the student. At the hearing, the student will be afforded the opportunity to give her/his own explanation of the situation. The committee will make a recommendation to the Chairperson. The faculty will be informed of the committee’s recommendation and given opportunity for input. The Chairperson will make the final decision regarding the situation.
B. The student, feeling that it is in her/his best interest to withdraw from the program voluntarily, has the right to do so.

IV. Process for Appeal of Dismissal

If the student wishes to appeal her/his dismissal from the program, she/he may institute a formal appeal as described in this manual.
Chapter 12
Clinic and Patient Care Policies

I. Infection Control Policy Statement

The USD Department of Dental Hygiene will not deny admission to the program or access to dental hygiene services to any individual based on the presence of any bloodborne infectious disease. It shall be the policy of the Department to recognize that any patient treated may be a potential source of infection, and, that an infected patient often cannot be readily identified by health history, physical examination or available laboratory tests. Therefore, this information concerns infection control policies and procedures for all aspects of the USD Department of Dental Hygiene. Properly implemented and practiced, the Department policies and procedures offer dependable protection for operators, patients, staff persons and others closely associated with the dental environment.

II. Emergency Protocols

Each clinical site will have its unique emergency protocols. Site-specific protocols can be found in the Clinic Manual or will be communicated to students at a clinic orientation session.

Campus Clinic
The management of medical emergencies in the campus clinic involves the student with emergency, the patient, an instructor, the attending dentist, and additional students. The protocol is as follows:

A. Student With Emergency
1. Recognize emergency
2. Discontinue treatment
3. Alert an instructor
4. Position patient prn
5. Conscious- obtain vital signs; Unconscious- begin CPR as needed

B. Instructor
6. Assess situation and assign duties
   Orders oxygen, AED, and emergency kit
   Initiate emergency code “Dr. Red, Unit#” to obtain dentist
   Consult with Dentist or call ambulance
   Man doors for EMS and direct to site
   Gather documentation for EMS

To call the Ambulance: Dial 911 and read text posted adjacent to phone:
"This is the Department of Dental Hygiene. An ambulance is needed immediately for a medical emergency in our clinic. (answer questions as requested). Please come to the west end of Lot #9. Someone will meet you at the south door."

D. Dentist
7. Evaluates patient
8. Administer medications prn

E. Other
9. Patient is attended throughout emergency
10. Students, instructor, and dentist must document incident in the appropriate record
III. Laboratory Emergency Management and Report Form

Prevention:

Students performing laboratory tasks must always do so with an instructor present in the lab. When using the grinder or light unit, protective eyewear and gloves **MUST** be worn.

First Aid, Oxygen, and Emergency Kits:

The kits are located in the back of the lab in the cabinet labeled “First Aid, Oxygen, and Emergency Kits.”

Emergency:

When an emergency occurs, these steps are to be followed:
1. Student notifies attending instructor or another student immediately.
2. The instructor will assist the student with initial evaluation and ask another student to make the “Dr. Red-Laboratory” page or phone call from the office.
3. The attending dentist will immediately come to the lab upon hearing this page and will take control of the situation or will instruct a faculty member how to handle the situation.
4. Initial first aid will be administered.
5. Referral to Student Health or the hospital emergency room will be made if necessary. The student will be escorted as needed by an instructor or another student.
6. An incident report including a description of the emergency and management will be completed by those involved and signed by the attending dentist to be kept on record. These forms are located on the shelf by the First Aid and Emergency Kits.

Foreign Body Injury to Eye

1. Have victim look down.
2. Position upper eyelid over lower, and hold for 1 second.
3. Pull upper eyelid upward to cause tears to form.
4. If object visible in lower lid, remove with cotton applicator.
5. Flush eye at eye-washing station.
7. If object is not visible, consult physician.

Open Wound

1. Clean wound with soap and water. Apply firm pressure to reduce bleeding and ice to reduce swelling.
2. Cover area with gauze.
3. Consult physician as needed.
USD Department of Dental Hygiene  
Laboratory/Clinic Emergency Report Form  
(Non-Bloodborne Pathogen Incident) 

Date:_______________________  
Time:__________________________  

Individual Involved:  
____________________________________________________________________________  

Relationship:  
□ Student  
□ Faculty  
□ Staff  
□ Patient  
□ Other  

Description of Incident:  
____________________________________________________________________________  

Description of Injury (if applicable):____________________________________________________  
____________________________________________________________________________  

Description of how situation was handled (ie. first-aid, CPR, drugs administered, ambulance called):_______________________________________________________________________________  
____________________________________________________________________________  

Referred individual to physician, Student Health, emergency room:  
□ Yes  
□ No  

Who/Where:__________________________________________________________________________  

Attending Faculty signature:___________________________________________________________________________  

Attending Dentist signature:___________________________________________________________________________  

Chairperson’s signature:___________________________________________________________________________
IV. Policy on Radiation Hygiene and Safety

Radiographs (x-rays) are exposed in this clinic only when their use will assist in dental hygiene treatment planning and care or upon request of the patient or the patient’s dentist. Radiographs (x-rays) are exposed for diagnostic purposes only and not for the purpose of improving student skills.

The decision to retake a film(s) will be determined by an instructor and student and based upon the need to obtain diagnostically acceptable films for use in this clinic or by the patient’s dentist. All retaken films will be done only with the assistance of an instructor.

Films are exposed following policies established for the protection of the patient and operator. We will be glad to discuss these policies and answer any of your questions.

Our department will gladly send radiographic images exposed in this clinic to the patient’s dentist. It is essential for the radiographic images to be evaluated by an instructor before leaving the department and the consent to provide information to the dentist completed. It is our goal to present your dentist with diagnostically acceptable radiographic images for continuing dental care.

Radiographs are exposed after the completion of the patient’s medical-dental history and clinical exam. The type of radiograph necessary and frequency of exposure are based upon guidelines established by representatives from the Academies of General Dentistry, Dental Radiology, Oral Medicine, Pediatric Dentistry, Periodontology and the American Dental Association. This panel is sponsored by the Food and Drug Administration. Detailed recommendations are posted in our clinic and radiology area, available to patients or interested individuals.

**Radiographic Selection Criteria - Child and Adult Patients**

**Ordering Guidelines** – Radiographic image ordering decisions are based upon the medical-dental history and clinical exam. No images are exposed prior to these exams. Standing orders from the Supervising Dentist exist when following these guidelines; consultation with the dentist is advised otherwise. All digital imaging devices must be obtained and authorized by a clinical instructor for exposure on patients or manikins.
V. USD DH Standards of Care

General guidelines:

The USD Department of DH is a teaching facility that offers a comprehensive scope of dental hygiene services to interested individuals. Services are performed by students as part of their professional education. Students work under the direction of licensed dental hygienists or dentists who are University faculty. Dental procedures are also offered to patients within a limited scope at both campus and Sioux Falls clinics. Dental procedures are completed by licensed dentists and may involve dental hygiene students as assistants or observers.

The Department will not deny access to dental hygiene services to any individual based on race, color, creed, religion, national origin ancestry, citizenship, gender, sexual orientation, age, disability, socioeconomic status or presence of any bloodborne infectious disease.

The Department strives to provide high-quality care based on state-of-the-art practices to each patient in a respectful, professional, compassionate manner.

It shall be the Department’s policy to follow all professionally established protocols for infection control, confidentiality, patient care, radiology, record keeping and risk management.

Our goal is to maintain Department facilities such that they are clean and safe. We intend for a friendly, professional atmosphere in which patients and providers can establish a trusting relationship.

Patient services will be provided primarily during the academic year with summer appointments only at the Sioux Falls Clinic. Patients can call into the Department to make appointments and/or may be called by our staff or students. Patients will be reminded of their appointments a business day before they are scheduled.

Patients will be informed of their rights and responsibilities and given opportunities to share any concerns with the Department Chairperson. A copy of these rights and responsibilities is distributed in the mailing with the Patient Satisfaction Survey; it is also posted in the clinics and patients are given opportunity to read the statement during each appointment.

Informed consent will be obtained from each patient prior to beginning any treatment. Patient treatment will be based on every individual’s specific needs.

Patients will be treated in a professional, respectful manner. Established ethical values and legal principles from the ADHA Code of Ethics and the SD Dental Practice Act are used as guidelines.

All student performance will be evaluated by a faculty member. Each clinical rotation is supervised by a Department faculty member and any internship is supervised by a dentist acting as an agent of the Department and University. Faculty are responsible for final evaluation of procedures and final record documentation.

Patient Appointment Process of Care

Consent

Prior to any treatment, patients at the University of South Dakota Department of Dental Hygiene must read and sign a document stating their consent for treatment by students under the supervision of faculty and direction of the Dentist Supervisor, or by the dentists themselves. Patients are also presented with the Department’s Patient Rights and Responsibilities policy to read and given the opportunity to ask questions.

Assessment

- **Health History:** Prior to treatment, students obtain the patients’ health history to determine necessary modifications for treatment.
- **Vital Signs:** Blood pressure, pulse and respirations are obtained routinely as a health service to patients. Depending on obtained values, treatment may begin according to department policies or the patient will be referred for evaluation by a physician.
• **Oral Inspection, Dental Charting and Periodontal Charting:** Students perform an intra- and extra-oral inspection on patients at each visit. Dental charting and periodontal charting are also performed, and patients are alerted to any lesions and/or suspicious areas. They are referred for treatment as deemed necessary according to Department policies.

• **Debris Indices:** Students complete a series of indices to assess the extent of plaque, calculus, and stain.

• **Risk Assessment:** Patients are assessed for risk of oral/systemic disease based on the results of a tobacco, nutritional, caries, and systemic risk assessment.

• **Chief Complaint:** Patients are asked to identify their chief complaint at the time of the appointment.

• **Patient Satisfaction:** Patients are asked about their level of satisfaction with the previous appointment. If this is the patient’s first visit, the notation of NA is recorded. In addition, patients of record receive a survey through the mail annually. This gives them the opportunity to make comments and express concerns. A patient may be scheduled with a different student at consecutive appointments if he/she was dissatisfied with prior treatment.

**Planning /Treatment Needs**

• **Diagnosis:** A dental hygiene diagnosis is made according to a compilation of assessment information. Debris indices, patient risks and the above-mentioned information are used to classify a patient by Periodontal Difficulty Classification, Tissue Health/Disease, and ASA Classification. Conditions to be addressed following critical thinking and problem solving by the student and validated by the faculty are indicated on the care plan.

• **Treatment Plan:** Students complete a comprehensive dental hygiene care plan for patients using the above information. Patients sign the treatment plan after it has been completed and explained to them. Besides a dental hygiene prophylaxis, other services are recommended according to need, such as fluoride treatment, hard tissue desensitizing, nutritional counseling, prosthesis/restoration care, radiographs, pain management, bleaching, TMJ assessment, night/mouth guard fabrication, sealants and root planing.

• **Consequences of No Treatment:** Patients are given the right to refuse treatment and the consequences of such are discussed.

**Implementation**

• **Oral Health Education:** Students discuss with the instructor their recommendations for patient education based on the above information. Upon agreement with the faculty member, students verbally and visually explain to patients how to address their individual oral health needs.

• **Treatment Schedule:** Appointment schedules are recommended based on oral health status and patients are informed of the cost of services. Consistency of care is provided whenever possible. If a patient cannot be completed in one appointment, they are re-scheduled at their earliest convenience with the student who began the treatment. Patients are intentionally scheduled with the same students for reevaluation and continuing care appointments when possible.

**Evaluation**

• **Reevaluation:** If it is necessary to reevaluate the treatment and oral condition of a patient according to the Department Periodontal Flowchart, he/she will be appointed within a 4-6 week period.

• **Referral:** Upon completion of treatment, students evaluate the need for referrals. The Department provides patients with a list of dentists and/or specialists in the region. Patients are always reminded at this time to see their dentist regularly or they may be seen by a Department dentist. They are informed that our clinics may not be able to serve all of their dental needs depending on the extent necessary. A referral slip is sent to their own dentist if any specific areas of concern are found that need to be addressed within a time-frame sooner than their next regularly-scheduled dental exam. Copies of radiographs will be sent by the Department to the dentist of their choice as requested. All patients sign a release of information so this is able to be accomplished.

• **Continuing Care:** A continuing care schedule is established according to the treatment needs and oral health status of each patient. Patients are referred to the Sioux Falls Clinic for continuing care when the campus clinic is not in session.

**Documentation**

• An electronic medicolegal document will be generated for each patient. Documentation of each patient visit will be recorded in the patient’s chart. Patient records are secured in the Department or clinic in a locked environment and/or a secured computer and server.

**Additional Consent:**
Patients will be asked to read statements regarding alternative treatments, risks associated with recommended procedures and/or treatment, risks of not completing recommended procedures and/or treatment, and acknowledgement of understanding about Department Policies and Procedures.
Patients sign the comprehensive care plan indicating they wish to proceed with the recommended treatment. This signature is witnessed with student and faculty signatures OR the patient signs that he/she does NOT wish to proceed and documentation is recorded about the conditions/suggestions/treatment that the patient refuses. This is witnessed with student, faculty and/or supervising dentist signatures.

**Billing:** Upon completion of treatment, students escort patients to the office where patients are expected to pay for services. The office staff provides the patient a receipt for services and can assist with insurance filing if applicable.

**Documentation:** A standard protocol has been established for completing patient records. Faculty on the Clinical Science Committee periodically audit charts. Non-permanent documentation is disposed of properly, and patient charts are securely handled and stored in order to maintain confidentiality.

**VI. Patient Rights and Care Policy**

The Department Patient Rights and Care Policy is distributed in various ways to ensure that students, faculty, staff, and patients are aware of the policies. It can be found in this manual, the Clinic Manual, on the Department website, posted on the bulletin board at the entrance of the clinic, and as part of the USD DH Process of Care during all clinical experiences. It is also sent with the annual patient survey.

The policy is as follows:

We, at the USD Department of Dental Hygiene, value you as a patient in our facilities. We respect your rights but also ask that you recognize your responsibilities. Should you at any time feel that your rights as a patient have not been upheld, or if you have any other complaints, please contact the Department Chairperson at 605-677-5379.

As a patient of the USD Department of Dental Hygiene, you have the right to:

- safe, considerate, high quality care, given in a professional, non-discriminatory, and respectful manner, which meets the standard of care in the profession;
- complete and current information about your condition, as well as the treatment proposed, including advantages and disadvantages, associated risks, alternatives, costs and outcomes;
- information presented in a manner that you can understand with the opportunity to ask questions;
- continuity and completion of your treatment, as long as your cooperation allows us to follow ethical, legal and professional standards;
- access to and/or copies of your records in a reasonable timeframe; and confidential treatment of your information.

As a patient of the USD Department of Dental Hygiene, you are expected to:

- provide accurate and current information regarding your personal information;
- provide accurate and current information regarding your health status including, but not limited to, changes since your last visit, medications (both prescription and over-the-counter) and nutritional supplements you are currently taking;
- follow the suggestions and recommendations that you and your provider agreed upon regarding your treatment;
- inform students and faculty if you do not understand the information presented to you;
- follow the University and Department rules and regulations;
- keep your scheduled appointments and arrive on time or call us in advance if you are not able to keep an appointment;
- pay for services;
- act in a manner that is respectful of other patients, staff, students, faculty, and facility property; refrain from contacting any student, faculty or staff member in any manner other than through the Department office; do not enter the clinic or other areas in the Department unless escorted by a student, staff or faculty member.
VII. USD DH Hazard Control Plan Synopsis

This important information is reviewed annually during the Fall Workshop by the department faculty. Students, faculty, and employees receive the information through the Clinic Manual, Policy and Procedures Manual, and in coursework.

Hazard Control Plans for sites off-campus can be found at the specific site. In those cases, the faculty member is responsible for communicating applicable policies to students at an orientation session.

CAMPUS CLINIC INFORMATION:

CHEMICAL INVENTORY
A chemical inventory can be found in the Instructor Station. The Safety Compliance Coordinator updates the chemical inventory annually or as new supplies warrant.

CHEMICAL SPILL/WASTE DISPOSAL
A chemical spill kit is located in the CA Station (122B). All spills will be cleaned up appropriately with the proper protective equipment. For questions concerning chemical spills, contact the Safety Compliance Coordinator or the USD Compliance Officer.

Radiographic processing solutions are disposed of according to federal and University of South Dakota guidelines. Spent solutions are released into the City wastewater system. The University of South Dakota and City officials have approved this policy.

COMPRESSED GASES
Our department has oxygen and nitrous oxide cylinders. One emergency tank of oxygen is located under the desk in the Instructor’s Station and another is located in the cabinet in the lab/classroom. A nitrous oxide/oxygen sedation unit is located in the CA Station to provide additional oxygen if necessary. All other cylinders of compressed gas are stored in a locked storeroom. The Safety Coordinator and the Program Director have keys to access the room.

EDUCATIONAL MATERIALS
To keep the students and faculty informed, educational materials are displayed throughout the department. Wall charts indicating proper use of personal protective equipment are located in both the CA Station (east wall) and in the Classroom (east wall). Appropriate signage is displayed at point of use. For further information, see the Clinic Manual under personal protective equipment and work practices.

EMERGENCY PROTOCOL

Patient/Individual Medical Emergency – Clinic Manual (Emergency Protocol)

First Aid and Emergency Drugs Kits – are located in the campus clinic in the Instructor Station and in the lab/classroom (E 126). Oxygen with clear mask, emergency drugs, bandages, antiseptics, instruments, and other common first aid supplies can be found in these locations. Additional oxygen is available through the nitrous oxide/oxygen sedation unit located in the CA Station.

Defibrillator – A portable, automatic external defibrillator (AED) is located on the wall in the clinic next to unit 16. Instructions for use are on the machine. As part of our CPR training, faculty take a refresher course each year. The AED is checked and maintained regularly by the USD Safety Officer.

EMPLOYEE TRAINING
Employee training occurs each year at Faculty/Staff Workshops prior to each semester. In addition, in-services are held throughout the academic school year if necessary. New information is discussed during periodic faculty/staff meetings. The Staff Training Manual contains all pertinent policies and procedures.

FIRE & EMERGENCY EVACUATION PLAN
The evacuation plan is displayed in many locations throughout the department with maps to locate the nearest exit. This information is also located in the Policies & Procedure Manual. The students practice the evacuation plan once each year.

INFECTION CONTROL PROCEDURES
It shall be the policy of the University of South Dakota Department of Dental Hygiene to recognize that any patient treated may be a potential source of infection. For the protection of our patients, we will use the same infection control procedures known as standard precautions on every patient. Specific policies and procedures are outlined in the Clinic Manual.
SAFETY DATA SHEETS (SDS)
The SDSs are in the white binder located in the Instructor Station. The Safety Compliance Coordinator updates the book at least annually. The SDS information is also found online through the campus Environmental Health and Safety website at http://www.usd.edu/research/research-and-sponsored-programs/environmental-health-and-safety.cfm. When a new product is added to the inventory, the MSDS is placed in the white binder and labeled with the date. The USD Safety Officer is notified of the addition and it is added to the online website. A label indicating the hazard class is placed on products without original labeling.

In addition, the campus Safety Officer maintains 100 of the most frequently used SDS records on a portable electronic device. The electronic records are available on flash drive to each clinical site, allowing easy access to the SDS in the event of a chemical occurrence. Each site supervisor is responsible for updating the chemical list regularly.

Faculty reviews the information at the pre-semester workshops. Students learn about OSHA at the beginning of their education and become proficient after completing additional coursework as part of their DHYG 336 class.

RADIATION SAFETY
The department complies with all federal and state regulations for radiation hygiene and protection. OSHA guidelines are followed including the labeling of units and operatories emitting ionizing radiation, use of lead aprons with thyroid shields by patients and pregnant operators, and adequate exposure settings. All units are checked periodically by the SD State Department of Radiological Health. Annual licensing of all units with the state is maintained. All lead aprons are checked for leakage by the Sanford Hospital Radiology Department every other year. Original records of inspections and testing are kept with the Coordinator of Radiology and Radiation Hygiene and copies are kept in the Hazard Control book.

WASTE MANAGEMENT
- Sharps – Clinic Manual (Clinical Policies and Procedures)
- Red Bags - Clinic Manual (Clinical Policies and Procedures)
- Waste Disposal - Clinic Manual (Clinical Policies and Procedures)

COMPLIANCE DOCUMENTATION REVIEW

Written Hazard Assessment: Hazard assessment is ongoing and documentation of occurrences is found in the Clinic Operations Manual.

Hazardous Materials Plan: The Clinic Manual documents our information for students and faculty regarding PPE availability and work practices. Labels are posted in the area of use and SDS sheets are located in a binder in the Instructor’s Station. The Right to Know information has been posted in the classroom and CA station for students and faculty/staff.

Workplace Injury & Illness Prevention Plan: The USD Dental Hygiene Policies and Procedures manual contains information regarding required immunizations, OEI protocol, and the Hazard Control Plan. Records of individual OEI incidents are kept secure with the Coordinator of Safety and Infection Control.

Training Log: Minutes from faculty/staff meetings include updated information and/or policies. Each faculty member submits an Annual Performance Evaluation which lists additional training for the year. Additional documentation can be found in the Staff Training Manual.

Exposure Control Plan: The Clinic Manual contains information regarding the different student rotations detailing not only their expectations but also any hazards they may encounter while participating in the experience.

Immunization Records: The USD Dental Hygiene Policies and Procedures Manual lists what is expected of any HA student. A master list of student immunizations is kept in the Department office and submitted to USD Student Health. All records are returned to the student.

Tuberculosis Exposure Plan: The USD Dental Hygiene Policies and Procedures Manual lists expectations regarding TB testing. All students, faculty, and staff are required to complete an annual TB test. Faculty and staff information is kept in their personnel file. Student records are returned to the student with a master document kept in the Department office.

Infection Control Plan: The Clinic Manual documents infection control procedures for a number of different experiences – clinic, laboratory, radiology, etc. All clinics have their own infection control protocols that are communicated to students on site.
**Infection Control Log:** Active sterilization and biological monitoring records are contained in the binder located in the CA station and at each clinic. Historical records are kept with the Coordinator of Safety and Infection Control.

**Bloodborne Pathogen Plan:** The Clinic Manual contains information for students regarding their various rotations. The USD Dental Hygiene Policies and Procedures Manual lists the OEI policy as well. There is a binder that contains the BBP Standard in the Instructor’s Station. Students learn this information through their coursework.

**Employee Exposure Assessment Log:** Students and faculty have similar exposure risks and follow the procedures listed in the Clinic Manual. Office personnel have minimal risk associated with their jobs.

**Sharps Injury Log:** This log will contain information about all needlestick or sharps injuries, where/how it occurred, and any other important information. For the sake of confidentiality, this information is kept secure in the office of the Coordinator of Safety and Infection Control. New technologies and safety devices to improve sharps handling safety will be assessed and documented if warranted.

**MATERIALS AND PRODUCTS REVIEW**

**Employee Medical Records:** Medical records are kept with each employee’s personnel file. These files can be found in the Department office in a locked file cabinet. Medical information is kept strictly confidential.

**Chemical/Product Labels:** Labels are laminated and placed in the area of use for any product that is not found in its original container.

**Biohazard Warning Labels:** BHL can be found on all waste receptacles. Biohazard waste bags are available when needed to properly dispose of regulated waste. USD custodial staff are educated on the risks of handling Department waste.

**Sharps Containers:** A variety of sizes are available in the clinic and have been conveniently placed for ease of use. Filled sharps containers are closed, placed in a large, red receptacle in the storeroom, and disposed of properly by the USD Environmental Health and Safety Officer.

**Fire Extinguishers:** These are maintained by USD Facilities Management and inspected on a monthly basis. The USD Dental Hygiene Policies and Procedures Manual lists their location.

**Biohazards/Infectious Waste Bags:** Information regarding how biohazard bags should be utilized can be found in the Clinic Manual.

**Appropriate Signage:** Exits are clearly marked; doorways that do not lead to an exit are marked as such. Radiology areas are marked with ionizing radiation signs.

**Personal Protective Equipment:** PPE is distributed to students upon entry into the program and also available in the clinic and radiology areas. The Clinic Manual lists appropriate PPE for the job. A sign telling students/faculty about the correct PPE for the procedure can be found in the classroom and the CA station.

**Barrier Covers:** Barriers are located in the drawers of each clinic/radiology unit. Information on use is located in the Clinic Manual.

**Soiled Laundry Containers:** There are laundry receptacles in the CA station for soiled lab coats and soiled towels. The student locker rooms each have laundry receptacles for soiled uniforms.

**Emergency Eye Wash Station:** The department has three eyewash stations – one in the clinic in unit 16, one in the radiology hallway, and one in the classroom/lab. They are checked monthly for leaks, pressure, etc and that information is recorded in a binder in the CA station.

**Biological Testing Products:** Biological monitoring is done on a weekly basis and current results are recorded in the binder in the CA station. Historical records are kept in the office of the Coordinator of Safety and Infection Control. The procedure as to how this is done is located in the Clinic Manual under the Clinic Assistant section. In addition, autoclave tape and internal indicators are used in every wrapped pack of instruments, and monitoring of the printouts on each autoclave help insure every effort to maintain infection control. All packages are stamped with the date and autoclave number for ease of retrieval in the event of an autoclave failure.
VIII. Formal System of Quality Assurance

It shall be the policy and priority of The University of South Dakota Department of Dental Hygiene to provide high quality patient care that is patient-centered, delivered in a professional and respectful manner and meets the current standard of care. Because of the limited services available in our Department, it is also a priority to make sure patients are referred to a dentist or specialist who can complete their care comprehensively.

To ensure quality of care for all patients, the following components collectively comprise the Quality Assurance Program:

Clinical Science Committee- This committee serves as the primary overseers of quality assurance in all clinical settings. Its membership consists of the clinic coordinators for all sites as well as both junior and senior students. This committee is responsible for reviewing the clinical standards of care and clinic policies plus completing chart audits and ensuring that patient treatment completion is being monitored.

Curriculum Review- A comprehensive review of the curriculum including clinical policies and procedures is completed by the Curriculum Committee as part of the Curriculum Management Plan at the end of each academic year. Any change recommended regarding clinical skills taught in the classroom is typically followed through to the clinic. All faculty are informed of the recommendations and offer approval.

Fall Workshop Inservice sessions- Each fall during faculty workshop, time is allotted to review clinical policies and procedures as well as infection control/hazard communication, emergency management protocols, antibiotic premedication, and information about new equipment. Clinical calibration exercises are also completed annually at this time. Coordinators of Clinics, Radiology and Radiation Hygiene, and Infection Control and Safety Compliance are in charge of disseminating information to the faculty. The Dentist Supervisor also advises faculty on matters pertaining to patient care.

Coordinator of Radiology and Radiation Hygiene- This individual is responsible for ensuring that all policies and procedures involving radiation are followed and that new information is disseminated appropriately to faculty, staff, and students.

Coordinator of Safety Compliance and Infection Control- This individual is responsible for ensuring that all policies and procedures involving infection control, safety compliance and hazard communication are followed and that new information is disseminated appropriately to faculty, staff, and students. Data regarding exposures to bloodborne pathogens is collected on an annual basis and reported to the Dean’s Office of the School of Health Sciences where collective data for all health science programs is collected. This data is used by the Department to assess if protocols and/or procedures should be changed (ie. nature and occurrence of sharps injuries)

Patient Satisfaction Surveys- At the end of each academic year, a patient satisfaction survey is sent to all patients who were treated during that year in the campus and Sioux Falls clinics. Results are tallied and predominant concerns are addressed as best as possible. Specific issues may be addressed by the Department and/or the University.

Review of Patient Records- An audit of patient charts is ongoing during the academic year. A random sample of charts is chosen for review by the Clinical Science Committee approximately once each semester. Members on the committee complete the Quality Assurance Patient Care Forms. Records are reviewed for appropriate treatment, treatment completion, and documentation. Errors are corrected and all faculty are notified if trends in treatment deficiencies are found. Discussion is ongoing as to whether clinical policies and/or procedures should be changed according to chart reviews. If consistent errors occur, all dental hygiene students and faculty are notified immediately of the problem.

Assessment of Treatment Completion- Clinical coordinators for both junior and senior students continuously assesses the status of treatment completion for all patients. Patient records for those who are in the middle of care are kept separate from those whose treatment is completed as are student evaluation forms for those patients whose treatment is not complete. A log is kept by office staff and communicated to the appropriate clinical coordinator. This assessment is ongoing throughout each clinical semester. Clinic coordinators monitor to see that appointments are scheduled and kept to ensure completion of care. Students may not receive credit for any patient experience until the patient’s treatment is complete. It is intended that all patient treatment is completed by the end of the academic semester. It is also intended that all patient care is completed by the student originating care for that patient. Patients are referred to the Sioux Falls Clinic for completion and continuing care when the campus clinic is not in session.
Risk Exposure Report Forms- A risk exposure report form is available to record any occurrence that may expose the Department to a form of risk. This form is to be completed by the primary party involved and then signed by the Department Chairperson. It is kept in the Instructor’s Station in the campus clinic. Off-campus clinics keep these in a secure place as well.

Department Standards of Care and Process of Care- These documents serve as information to patients, students, and faculty/staff about policies and procedures related to patient care. This information is posted in the Department and is found on the Department’s website. It is meant to further explain some of the procedures so as to keep the patient informed and knowledgeable about what to expect in our campus clinic. Off-campus clinic policies may be different than on campus; however, each clinic has its own method for informing patients of policies and procedures (ie. Department of Corrections).

IX. Laundry

Student uniforms must be laundered by the laundry service used by the Department and not taken home to launder. They should be placed in the proper receptacles in each laundry room at the end of each clinic day and will be picked up by the laundry service. Uniforms will be returned to the Locker Rooms when they are clean. Please be sure that any uniform you take from the racks is yours. Keep clean items in your locker to prevent misuse. Laundry fees for both junior and senior years are paid at the beginning of the fall semester of the junior year. Uniforms must not be worn outside of the Department facility unless on rotation to off-campus clinic where there is no place to change clothes. Clinic shoes must not be worn outside at any time.

X. Off-Campus Rotations/Internship

All off-campus rotations will have policies and procedures that differ from campus and each other depending on the location and clients served. Students will be made aware of all policies during orientation sessions. In some situations (ie. summer internships), it may be necessary for students to stay on site and/or travel at the student’s expense. All attempts will be made to secure free and/or low-cost housing whenever possible.
Chapter 13
Other Departmental Policies

I. Attendance Policies

As a student within a professional curriculum, all students are expected to regularly attend all classes, labs, and clinics. Most often, your absence affects more than just you; other students and patients rely on your presence. Attendance and courteous attention is your professional obligation.

Classroom Absences

Students are expected to contact the course instructor by phone and speak to the instructor personally prior to any missed class or clinic. Students must personally contact each specific classroom instructor for all classes missed. Students missing more than 10% of class time face a final course deduction of 10% with the possibility of an Instructor-Initiated Drop. The Instructor-Initiated Drop is an option for all University faculty and must be submitted to the Registrar’s Office prior to an established deadline, which cannot be after 70% of the course has been completed. Information regarding this process can be found in the USD Student Handbook at http://www.usd.edu/~media/files/student-life/usdstudenthandbook.ashx. Any student dropped from a DHYG course will be dismissed from the program. Depending on the nature of the absence, an instructor has the right to request documentation.

Dental hygiene students will be responsible for all course material missed due to an absence. Any evaluation or graded assignment missed during an absence may result in a zero or be given in an alternative format when the student returns. Decisions regarding evaluations are made by each instructor on a case-by-case basis.

Clinic Absences

The appropriate course leader must be contacted by phone if a student is unable to attend a clinical session. In addition, the appropriate clinical site director/instructor for any off-campus clinical experiences to be missed must be contacted. Students will be responsible for contacting patients that they know and have scheduled themselves; however, if the office has scheduled a patient, it is imperative that the Office Receptionist is contacted regarding the student’s absence in order to reassign or reschedule the patient.

For several reasons including accreditation guidelines, students are required to make-up clinic time missed, especially if the absence involves an off-campus clinical experience. Graded patients missed for an absence may result in a zero. Make-up time is limited; therefore, if a student misses more than 10% of any clinical rotation, he/she could face an Instructor-Initiated Drop. The Department is concerned about the student’s clinical skill development when significant clinical time is missed. Extenuating circumstances will be reviewed on an individual basis. Depending on the nature of the absence, an instructor has the right to request documentation.

Classroom/Clinical Professional Behavior

Students are obligated to exhibit professional behavior and appearance in both the classroom and clinical settings. Tardiness, talking, leaving the room other than at a break, participating in an activity that is not engaging to the class, or donning inappropriate attire is not condoned. Each instructor in the Dental Hygiene Department may deduct up to 5% from the final course grade for unprofessional conduct or appearance in the classroom. Unprofessional behavior and appearance in the clinical setting is evaluated on the patient evaluation forms.

General Attendance Policies

Students will be allowed to participate in university-sanctioned sports activities. Modifications in schedules must be discussed with the course instructor(s), coach, and Department Chairperson at the beginning of each semester.

In the case of inclement weather, students are advised to follow University policies and be aware of any school cancellations. Students on rotation to off-campus clinical sites should call the site instructor for information on whether clinic will be held. All faculty are instructed to contact students regarding changes in clinic schedules due to weather.

All students are required to remain at their assigned clinical setting until dismissed by an instructor. On campus, students must attend their rotations until at least 11:30 am or 4:30 pm. Students are expected to be out of the campus clinic by noon and 5:00 pm. Paperwork that is not completed should be placed in the appropriate instructor’s mailbox with a sticky note indicating the paperwork is incomplete. The student is expected to complete the paperwork on the next school day, replacing it in the instructor’s mailbox. No penalty for late paperwork will occur if it is marked and completed as indicated above. Off-campus clinics will have their own policies regarding completion of documentation.
This Department urges regular attendance for all non-DHYG courses as well. Officially, the attendance policies of the other departments will prevail for courses outside of the Department.

Instructor-Initiated Drops
From USD Student Handbook p. 2 at http://www.usd.edu/~/media/files/student-life/usdstudenthandbook.ashx

INSTRUCTOR-INITIATED DROPS Office of the Registrar Belbas Center, 223 Phone: 605-677-5339 Email: registrar@usd.edu. The instructor of a course may drop a student for non-attendance or non-participation, provided the student is in violation of the official attendance or participation policy for the course. Instructor-initiated drops are at the instructor's discretion, but they must be submitted to the Registrar's Office and be approved by the dean of the college or school in which the course is offered. The student is notified by an email from the Registrar's Office that s/he has been dropped from the course. The grade assignment procedures are in accordance with the policies for student-initiated drops. A course cannot be dropped after it has been 70% completed. This date is published for each term in the Schedule of Classes.

II. Pregnancy Policies

Pregnancy will not be cause to deny a student admission to the program or, in itself, be the cause of termination or dismissal. If a student should become pregnant during her dental hygiene training, the following policies are in effect immediately:

A. The student should inform the Department Chairperson immediately.
B. The student will be allowed to continue her education if there is clearance by the physician and that any limitations that she/he may impose do not interfere with total and satisfactory completion of all program requirements. Termination under these conditions will be at the discretion of the faculty in consultation with the physician. If the physical condition of the mother or unborn child should change at any time, the student must make the Dept Chairperson aware of this immediately in writing.
C. Pre-delivery absence from classes shall begin at the discretion of the attending physician (in writing) and student; or the faculty, in consultation with the physician, may suggest when such absence should begin.
D. Absence from the program following delivery shall be of such length as determined by the physician (in writing) and the student.
E. The utilization of lead protection is mandatory for pregnant students whenever in an area of ionizing radiation; whether
observing, exposing radiographs personally, simply present, or as a patient.

F. Avoidance of N₂O/O₂ sedation is recommended.

G. Any periods of education missed, or requirements incomplete, because of the pregnancy and/or neo-natal period must be accounted for through negotiation with the instructor(s) involved. Every attempt will be made to negotiate a satisfactory solution to graduate the student on schedule. However, in the event that quantity of work missed is too great and/or quality of work is below standards it may not be possible to maintain graduation schedule. This will require extra education time and everything possible will be done to allow this, if space is available. A contract will be developed for the completion of program requirements.

H. Timing is vitally important. Planning for absence should be made with instructors well in advance is recommended. Working ahead is encouraged.

III. Use of University Vehicles

Compliance with policies concerning the use of USD vehicles is critical. Violation of these policies will not be tolerated and could lead to those involved being dismissed from the program.

A. Cars are picked up from Fleet Dispatch immediately before departure in all cases of student usage. In cases of departure before Fleet Dispatch opens in the morning, keys must be picked up before 5:00 p.m. the previous work day. In no case will the car be picked up the day before it is to be used, unless permission from the Department Chairperson has been granted first.

B. A car is never kept at home, at any dorm or off-campus housing unit, even though it will be used the next day.

C. Cars are dropped at Fleet Dispatch immediately on return to campus. Turning a car over directly to the next user is not permitted.

D. Driver must be a faculty member or student.

E. Passengers who are not dental hygiene students or faculty are not allowed to ride in a University vehicle.

F. Faculty, if present, commands the vehicle.

G. Cars are for official use only. Official use is defined as a means to and from a trip objective and to and from meals.

H. Since USD vehicles are provided for official trips, special permission must be granted for use of private vehicle, from the instructor involved, in the form of a written agreement signed by instructor, drivers, and all passengers. Good reason will be required. No mileage will be paid for private vehicle.

IV. Behavior on Trips

Behavior on trips concerns The University, this Department, and yourselves. The image of all three can be destroyed by inappropriate behavior. Common sense, good judgment and self-pride are required at all times. To assist you in making good judgment, the following policies must be observed:

A. Faculty will command each vehicle if there are adequate numbers of faculty.

B. When only one faculty is in attendance, on a multiple vehicle trip, faculty will lead at all times.

C. When no faculty is in attendance, the student driver is responsible.

D. The student driver is responsible for all aspects of the sentence when convicted of, or pleading guilty to, a traffic law violation.

E. No keys to USD vehicles are to be in possession of students, except during official use, on trips with faculty present. When faculty is not present, use is limited to official purposes only.

F. Students will respect the property and personal rights of others in all lodging, eating, meeting and educational facilities.

G. Professional behavior is expected by all students at all times. Use of alcohol while representing the University and the Department will not be tolerated.

Faculty has the right to impose course penalties for inappropriate behavior on trips. In addition, faculty members are obligated to submit a written report on such behavior, which may result in additional departmental disciplinary action and/or dismissal.
V. Dress and Personal Hygiene Policies

These policies are intended to help you project a professional image, as well as minimize the potential for disease transmission. As a health professions’ student at USD, it is expected that you will demonstrate professionalism in both action and appearance. Patients or guests are in the Department at all times; therefore, attire policies will be enforced at all times. Clinic attire policies are as close as possible to those promulgated by the Center for Disease Control and OSHA. All policies concerning attire in the clinic and laboratory settings and other policies are outlined in the Clinic Manual.

A. The Department recognizes body art as an individual’s choice; however, in certain instances it does not project a professional image and/or it interferes with infection control. Therefore, the Department has established the following policies that will be in effect whenever a student is representing the Department such as school visits, health fairs, and internships, etc. and whenever a student is in a clinical or laboratory setting associated with the Department:

- Ear piercings that are tastefully small and contained within the ear structure are allowed. All earrings must not extend beyond the ear.
- Piercings located in the head and neck areas including the face and oral cavity must be removed during clinical experiences both on and off-campus including internships. Because we also use our arms and hands, this policy also applies to piercings in these areas as well. Clear devices to hold the piercing open may be worn as long as they cannot be seen.
- Tattoos must be covered during all clinical experiences by clothing, hair, and/or cosmetics.
- Policies regarding jewelry, watches, makeup, hair, odorous products are outlined in the Clinic Manual.

B. It will be expected that students adhere to a business casual dress code when in the Department and not in the clinic or lab. Street clothes worn by dental hygiene students must be appropriate and are expected to be neat and clean. Clothing should not be distressed or excessively worn. Baggy, ill-fitting, clothes (ie. sweat pants) are not appropriate nor are loungewear or exercise-wear. Shoes, not slippers, must be worn; no hats, or t-shirts (ie. referencing alcohol/drugs) are allowed. A general guideline is that you should wear clothing appropriate for a job, meeting, or professional public appearance. It may be required that red polo shirts, black pants, and black shoes be worn while attending an event off campus or providing a presentation.

C. Scrubs, clinic shoes and a lab coat or disposable gown must be worn during all laboratories and when the student is in the clinical setting for reasons other than treating clinic patients unless directed otherwise by an instructor.

D. Full protective attire (uniforms) must always be worn while in any clinical block, whether you are operating, in an auxiliary assignment, or in radiography.

E. Chewing gum is not allowed in any lab or clinic session.

VII. Policy regarding Basic Life Support (CPR) Certification for Healthcare Providers

It is departmental policy that all students, faculty, and staff be currently certified in Basic Life Support for the Healthcare Provider as recognized by the American Heart Association. This course includes CPR and foreign body airway obstruction (FBAO) procedures for the adult, child and infant as well as use of automated electronic defibrillators (AED). Faculty and staff must maintain current certification at all times during their employment with the Department. Students must obtain this certification prior to entering the program and maintain current certification throughout the course of the professional curriculum.

The Department’s Coordinator for Student Affairs maintains a copy of all course completion cards as verification of certification. Students are encouraged to keep a copy of their card in the Student Portfolio for use during licensure application.

VIII. Miscellaneous Policies

A. Smoking is discouraged because it is a proven health hazard to both the smoker and the non-smoker in the same environment. Our campus is smoke-free. There are no designated smoking areas. Student smokers will be dismissed from clinic if they possess offensive smoke odor. Students found smoking on campus or with disposing of cigarettes in the Department will be reported to Campus Security. Blatant disregard for this University and State policy may jeopardize the student’s status in the program.

B. Eating and drinking of beverages is allowed in the Study Reference Room; it is the students’ responsibility to keep this room clean. Janitorial staff are not responsible for cleaning tables, or clearing leftover food items. No food items will be left out at the
end of each day. The individual instructor in charge will determine the permissibility of eating or drinking in the classroom during lecture and lab sessions.

C. It is the policy within our Department that students address faculty by Mrs., Ms., Mr. or Dr., depending upon the individual.

D. The ethical issue of patient acquisition must be carefully considered. Our program has co-existed professionally with the private practice sector of dentistry quite well since the program's beginning. Therefore, students must use professional judgment in patient acquisition methods, which are then discussed and approved by the Department Chairperson before implementation.

E. The Department hours of operation are 8:00-5:00 Monday through Friday. The Department may be kept open in the evenings for special events or meetings; however, if such an activity is scheduled, a faculty member must be present. The south door to the Department may be accessed by students in the morning at 6:00 am via a University card swipe in order to retrieve instruments and supplies for off-campus clinics. Other students on campus for clinic should not be in the building before 7:15 am; students attending class should not have to be in the building prior to 7:45 unless there are special circumstances.

F. The radiology viewing/interpretation area will not be used for any other function than radiology. Students are prohibited from this area when not in radiology blocks.

IX: Equal Opportunity/Discrimination/Sexual Harassment

The Department strongly reinforces and supports these University policies. Information regarding these policies is found in the USD Student Handbook, which is provided for you.

A. Discrimination Policies

Students in this program will not be discriminated against based on race, creed, religion, national origin, ancestry, citizenship, gender, transgender, sexual orientation, age, disability or membership in any other protected classification, nor will students discriminate against patients for any of the same reasons.

B. Disabilities

The Department will make appropriate accommodations for students with disabilities so long as it does not compromise the satisfactory completion of all the competencies required for graduation nor cause undue hardship on the program. The student must provide the Department Chairperson with appropriate documentation of the disability(s) and the recommended accommodations after which it will be determined if accommodations can be made. The Director of the Office of Disability Services, located at 119 Service Center, 677-6389 is available for consultation if needed.

C. Safe Environment

In the event that a student feels he/she is a victim of a sexual harassment offense either on campus or at an off-campus rotation, the Department strongly encourages the individual to tell an appropriate person about the incident. It is important to tell someone in order to prevent further incidents to the victim or other students. Please tell the Department Chairperson or any faculty member so that immediate and appropriate action may be taken. In all instances, it is recommended that the student be taken out of the hostile environment. Any such violation will not be tolerated. Students will be referred for counseling and/or further legal advice.

X: SD Board of Regents Policies

Notice of Nondiscriminatory Policy

In accordance with the South Dakota Board of Regents Policy 1:19, the institutions under the jurisdiction of the Board of Regents shall offer equal opportunities in employment and for access to and participation in educational, extension and other institutional services to all persons qualified by academic preparation, experience, and ability for the various levels of employment or
academic program or other institutional service, without discrimination based on sex, race, color, creed, national origin, ancestry, citizenship, gender, gender identification, transgender, sexual orientation, religion, age, disability, genetic information or veteran status or any other status that may become protected under law against discrimination. The Board reaffirms its commitment to the objectives of affirmative action, equal opportunity and non-discrimination in accordance with state and federal law. Redress for alleged violations of those laws may be pursued at law or through the procedures established by the provisions of 1:18 of this policy. For additional information, please contact the Director, Equal Opportunity and Chief Title IX Coordinator, Room 205 - Slagle, Vermillion, SD 57069. Phone: 605-677-5651 E-Mail: equalopp@usd.edu

Admission decisions are made without regard to disabilities. All prospective students are expected to present academic credentials at or above the minimum standards for admission and meet any technical standards that may be required for admission to a specific program. If you are a prospective student with a disability and need assistance or accommodations during the admission/application process, please contact the Director of Disability Services, 119B Service Center North, USD, Vermillion, SD 57069. Phone: 605-677-6389 Fax: 605-677-3172 E-Mail: dservice@usd.edu

Federal Law prohibits discrimination on the basis of disability (Section 504 of the Rehabilitation Act of 1973, The Americans with Disabilities Act of 1990, and the Americans with Disabilities Act Amendment Act of 2009. The University has designated Ms. Roberta Ambur, Vice President of Administration & ITS, as the Coordinator to monitor compliance with these statutes. This obligates USD and Ms. Ambur to provide equal access for all persons with disabilities.

**Title IX**

In compliance with Title IX, the University of South Dakota must provide a safe and equitable learning environment for all students. You have the right to protection from: dating violence, domestic violence, gender harassment, discrimination based on pregnancy and parental status, sexual assault/rape, sexual harassment, and stalking. Read more about your rights [here](#). If you experience or witness any of this type of behavior, please report it to the Title IX Coordinator, Khara Iverson, 605-677-5671, Khara.Iverson@usd.edu. If you have any other concerns regarding a student such as: alcohol abuse, drug abuse, depression or suicide, please report these to the Dean of Students, Kimberly Grieve, Vice President of Student Services; MUC #218; 605-677-5331. Anonymous complaints can also be made using the [Silent Witness Form](#).

You can also get help through the USD Counseling & School Psychological Services Center at 605-677-5777. You can also get help from the [Domestic Violence Safe Option Services](#) located here in Vermillion. This is a confidential center that aids victims of sexual assault, domestic violence, and/or stalking. They have a 24 hour hotline at 605-624-5311. If you are not located in Vermillion, you can find your local services through the South Dakota Coalition Ending Domestic & Sexual Violence at this [website](#).

You can have a friend, classmate, advisor, or faculty member help you make a report. Remember, some of these individuals are mandatory reporters, which means the confidentiality of the report is not guaranteed. Faculty are required by the University to report incidents made known to them. Please contact the Title IX Coordinator, for support through this process or if you have questions about how to proceed.

**South Dakota Board of Regents Policies Link**


Students shall refer to the above link for the most current versions of South Dakota Board of Regents Policies. Sections 1-3 affect all University students.
Chapter 14
The Dental Hygiene Facility

I. General Information

A. Security

Safety and security of people and contents of the Department will always be a primary priority. There are several security measures in place. The Department is careful to ensure that there are locked doors and hallways. Students must use swipe cards to enter the Department through the south door as well as the women’s locker room. Students may be in the Department before or after normal business hours only to retrieve items for rotations or to prepare for clinic. Students should not be in the classroom prior to 7:30 am. All students should be out of the building by 5:00 pm or shortly thereafter depending on the circumstance. Students should never prop open locked doors. The exit door out of the locker room is for emergency use only.

Disrespect for any Department security policies could be cause for dismissal.

B. Care

The condition of our facility is vital to the success of our program and it is everyone's responsibility to help maintain the cleanliness and good condition of it and its equipment. The clinic and lab areas should always be kept clean. All equipment and supplies should be returned to their storage spaces immediately upon finishing with them. When so many people use these areas, it would be unfair to a few to have to always clean up after everyone. Please clean up after you.

Do not expect the custodian to clean and straighten up everything. The custodians are required to clean only those surfaces that have been cleared. They are not required to pick up personal items or move equipment and excessive debris in order to clean. In fact, they have strict rules about movement of personal items. By keeping areas such as floors, locker tops, and desks clear, we will have a cleaner facility. Custodians are also not required to clean up excessive messes made by class activity, such as large amounts of plaster in sinks and work areas. This is considered a responsibility of the students who make the mess. Therefore, instructors are within their rights to monitor the cleanliness of their class areas and impose penalties for violations.

C. Study Reference Room

The Study Reference Room is designated primarily for student use. None of the material housed in this area may be checked out. Materials used must be returned to the proper shelves. The students are responsible for the cleanliness of this area. If there is a problem with any computer, please alert the office.

D. Locker Rooms

Each student will be assigned a locker and all personal articles must be stored in your locker while you remain in the facility. Each student is provided with a combination lock. Your assigned locker must be kept locked. The department cannot be responsible for lost or stolen articles since this avenue of security is available to you. There will be a $5 charge to replace your lock if it is lost or destroyed. The women’s locker room is secure and only accessible to dental hygiene students using the Coyote Card during specified hours. Any male student will be given a key to the locker room a fee will be assessed to replace it if necessary.

E. Faculty Offices

Faculty offices are private offices and personal domain, and are to be treated as such. This is not to say that you are unwelcome in faculty offices. Your presence in these offices is usually very welcome, but must be at the invitation of the faculty member. This policy is necessary because of the confidential information housed in these offices. Faculty are responsible for seeing to it that all criteria of the U.S. Constitution dealing with the privacy and confidentiality of student records or materials are met. You will soon learn the habits, styles and policies that individual faculty members establish concerning their offices. Please respect them but know you are most often welcome at any time. Appointments can always be made to meet with an individual faculty member if he/she is busy at the time.
The staff offices are to be treated as private offices. No student should be in the offices while they are unattended. If you need something and no one is in the office at the time, wait until a secretary is available to assist you personally. Students are never to be in staff offices without direct permission. Most business can be conducted across the service counters at the office doors. It is the departmental secretaries' duty to protect the security of these offices and they have both the authority and obligation to uphold this duty.

F. Telephones

Students may use departmental telephones when authorized. The Clinic Office phone may be used for long distance calls for department business only, such as contacting a patient.

The department has an automatic telephone answering and message-recording service attached to both office phones. This device is in operation during all hours that the telephone is not personally attended. Because our clinical program is appointment oriented, it is vital that we maintain 24-hour, 7-day-a-week telephone contact with the public. Patients can, and do, use it to make appointments, to change appointments, and to cancel appointments. You should make your patients aware of this service, if he/she is able to call only during the unattended hours.

The use of cell phones during class, exams, labs, clinics and any other Dept function is prohibited unless during breaks or when otherwise noted.

G. Copier and Computer Access

Departmental office machines, with the exception of the dry copier, may not be used unless permission is obtained from the Chairperson. The copier can be used by obtaining permission from the secretary.

Students may use computers in the Study Reference Room; all other Department computers are not available for student use.

H. Student Mailboxes

Student mailboxes are located outside the locker rooms. Grade reports, correspondence from faculty and staff, and other items that are distributed to all students will be placed in the mailboxes. Each student will be issued a key that opens his/her mailbox only. If the key is lost or destroyed, there will be a $5 charge to replace it. Students will turn in keys at the end of the professional curriculum.

I. Equipment

Please use consideration and care in your use of all clinical and laboratory equipment. Preventive maintenance is the most important aspect in keeping the equipment up and functioning properly. You must report all malfunctions to the Coordinator of Inventory & Maintenance immediately. It is also necessary that you report anything that looks like it may malfunction in the future so it can be attended to before the piece of equipment is completely down.

Because the facility contains much equipment that is very costly, and some of which involves hazard in its operation, strict security policies must be maintained. Therefore, the department facility will be locked at 5:00 pm. Monday through Friday. On weekends, the facility will remain closed unless a special event has been scheduled. No student is to be in the facility during locked hours.

All graduates will have 30 days following graduation to claim any of their property such as instuments or uniforms. Any items left in the Department after that time will become property of the Department.
Chapter 15

The Safety of Others and Yourself

It is extremely important that you familiarize yourself with safety information for the department. It may save your life or someone else's in case of fire or other emergency. Each clinic will have its own fire evacuation plan and emergency protocols. Instructors at off-campus clinics will ensure students are aware of the procedures specific to each clinic. Protocols are also found in the Appendix to Clinic Manual: Off-campus Clinic and Enrichment Rotations.

I. Fire Evacuation Plan for the Department Campus Facility

All persons in the department shall exit through the nearest egress at the time of the alarm. If alarms are not sounding, any person may pull an alarm. Student operators are responsible for assisting their patients to the designated meeting place.

The designated meeting place for all persons in the Department at the time of the fire shall be west of the Department nearing Old Main. A clinic faculty member will be responsible for ensuring the day sheet is brought outside in order to account for all individuals in clinic. Students should line up by number (1-32) for quick and easy assessment. Patients should stay close to their student operator until all persons are accounted for.

Students and faculty will participate in a fire drill initiated by the Department Chairperson at least once per year.

A. Fire Extinguisher Locations for Department Campus Facility

Room 126, Laboratory .......................................................... South Wall

Clinic, West Wall .......................................................... Wall cupboard in hallway near CA Station
Clinic, North Door .......................................................... Near north door out to Dakota Hall

Room 121, Study Reference Room.................................Hallway near door to Janitor’s Closet
Room 118, Reception Area.............................................To the left of South Exit
Radiology Area.................................................................Beside the door leading to the clinic
Office/Locker Room Hallway..............................................Near stairwell

Fire extinguishers can be used by any person in the Department. The PASS method is recommended, which is Pull (pull the pin), Aim (aim the nozzle at the base of the fire), Squeeze (squeeze the handle to release the contents), and Sweep (use a back-and-forth motion across the fire). All Department faculty and staff have been trained by University Safety personnel on the use of fire extinguishers.

Fire extinguishers are checked monthly by USD personnel. Contact between the University Safety Officer and appropriate Department personnel is ongoing.

B. Manual Fire Alarm Box Locations

A manual fire alarm box is located in the reception area next to the North outside door. All fire alarms are tested twice each year (typically in December and July) by USD personnel.

II. Location of Emergency and First Aid Kit

Emergency and first aid kits plus emergency oxygen are located in the Instructor’s Station in the clinic and in the Classroom/Lab upper first cabinet. Additional oxygen is available through the N$_2$O/O$_2$ machines. An AED is also available and located near Unit #16 in the center of the campus clinic. These are available during each clinic period.

Ice is located in the refrigerator in the hallway of the faculty office area or in the refrigerator in the Conference Room and Front Office. Instant cold packs are located in the CA station and in the laboratory cabinet. Sugared soda/ juice and frosting/ snacks are available in the lab cabinet, Instructor’s Station, office, conference room, and in machines in both Dakota and East Halls.
All safety and first aid items and equipment are most vital in the department and must be treated with respect and kept ready at all times.

Emergency protocols and equipment such as drugs, AED, etc. are also available at each clinic location. All instructors are trained to respond at their respective locations. Instructors will inform students of all protocols during orientation sessions at each clinic.

III. Medical Emergency within the Dental Hygiene Department but outside of lab and clinic:

1. First person to witness an emergency:
   - Recognize the signs and symptoms of distress
   - Call for help verbally
   - Alert the instructor and/or nearest person
   - Stay with the patient
   - Begin CPR if necessary

2. Second person assisting in emergency:
   - Alert faculty or office staff of emergency; state the nature of the emergency and the location
   - Dial 911 (if directed) – from the nearest phone (instructions located on red laminated card by phones); state the nature of the emergency and location; stay on line until directed to hang up
   - Oxygen and emergency kit is located in the classroom/laboratory and in the Instructor’s Station in the Campus Clinic. The AED is located at unit 16 in the campus clinic. Bring all items to area of emergency.
   - Assist or stand back, as needed.

IV. Additional Emergency Information

1. At any time there may be reason to alert faculty, staff, and students of a situation that affects those in the Department. The following codes will be used over the Department intercom when necessary:

   CODE RED - medical emergency
   CODE MAN + location (ie. clinic, reception area) - combative person
   In this instance, all faculty and staff would be asked to respond to the location to assist with the situation. The decision will be made as to whether USD Security would be called.
   CODE SILVER + location - person with weapon
   In this instance, all persons in the Department should seek immediate shelter if in the identified area or exit the Dept. if possible. If it is known that the threatening individual is outside the Dept., the doors will immediately be locked and all persons should stay in the Dept until the situation is resolved by USD Security.

2. All faculty and staff have been trained in the University’s Active Shooter protocols. All persons in the Department should take direction from faculty, staff, or University security in the event of an emergency. It may be necessary to take cover or exit the building. When the incident is over, it is important to alert a faculty member or University security official of your status. A message can also be left on the Department office phone at 605-658-5959 or 658-5960. Department students, faculty, and staff will use the nearby Trinity Lutheran Church as a meeting place following such an emergency.

3. In the case of a bomb threat or other reason to evacuate, an announcement will be made on the Dept intercom with instructions on how to proceed. University Security will take control of this situation.

4. The Department Chairperson and Clinic Coordinator will be attending to any impending bad weather (ie. tornado). An announcement will be made with instructions on where to proceed. Depending on your location at the time, you may be directed to the interior corridor outside of the faculty offices near the south door of the classroom. It is possible that you may be escorted to the basement. In the case of a snow storm, the Dept Chairperson and Clinic Coordinator will make decisions as to whether students should go to or return from an off-campus clinic. All classes and clinics will be cancelled IF the University cancels classes.

5. The USD Everbridge Campus Alert System is an emergency notification tool for the public universities governed by the SD Board of Regents. The system helps us notify students, staff, and faculty of emergencies that occur on or near campus locations. Emergencies may include, but not be limited to, weather alerts, school closings, fire, or criminal activity.
Chapter 16
Student Affairs and Activities

I. Scholarships and Other Awards

A. Scholarships:

The Department has certain funds each year to be distributed as scholarships. Some scholarships will be used to fulfill dental hygiene student USD scholarships such as Coyote Commitments. Some awards must be applied for and therefore require student initiative. Check with the Department Scholarship Committee on whether or not an application is required and the appropriate deadlines.

The South Dakota Dental Foundation Scholarship is funded by this philanthropic organization. This $1000 scholarship is awarded on the basis of academic achievement, need, activities and desire to practice the dental hygiene profession. Awards typically assist Coyote Commitment students in the DH program.

The Black Hills District Dental Society Scholarship is sponsored by this group, which is a component of the South Dakota Dental Association. The society commits for just one year at a time, so this scholarship may not be available every year. Award is based on academic skills, financial need, a commitment to practice in the Black Hills District, and professional involvement in school. Residents of the counties within the Black Hills District will be given preference, but is not a necessary qualification.

The Score II Dental Hygiene Alumni Scholarships are generated by direct contributions from graduates and faculty of our program. Only interest money generated by the fund will be used for the awards. Awards typically assist Coyote Commitment students in the DH program.

The Sarah Dennis Memorial Scholarship is a scholarship initiated by members of the Class of 1987. Sarah was a member of this class who lost her life in an automobile accident on Christmas Eve 1987. The award is made to a Junior student who best exemplifies Sarah's qualities, which include academic achievement, a sense of humor, and professionalism. Awards typically assist Coyote Commitment students in the DH program.

The Stephanie Asheim Young Memorial Scholarship is a scholarship given in memory of Stephanie Asheim Young, a member of the Class of 2005. This scholarship is managed by the South Dakota Dental Association and the recipient is chosen by a committee within the SDDA and approved by members of Stephanie’s family. The amount of the award is $1000. Criteria for this scholarship include scholastic ability, financial need and character. Applications are available through the Dept.

The Northwest Iowa District Dental Society Scholarship is sponsored by this organization of dentists and will be awarded to a dental hygiene student who is a resident of this district at the end of the Junior year of the program. Criteria, other than location of residence, are scholarship, commitment to practice in that district after graduation, and involvement in department and campus activities. Financial need will be considered, but is not a major criterion.

The Sioux City Dental Society Scholarship is sponsored by this organization and is awarded to a junior student who intends to live and practice within a 100-mile radius of Sioux City, Iowa. The society commits for just one year at a time, so this scholarship may not be available every year.

The South Dakota Dental Hygienists’ Association sponsors a scholarship to the Outstanding SADHA member. This award is presented to a member of the local student component of the American Dental Hygienists’ Association who the membership feels has contributed the most to that organization during the year. The recipient is selected by the student members of SADHA and the award pays for transitional membership from SADHA to SDDHA.

The Faithe Family Scholarship is a scholarship endowment to the University from Matthew and Dr. Margaret Faithe for students studying in the USD health care professions. Awards typically assist Coyote Commitment students in the DH program.

The Dr. Darrell R. and Gretchen Ludeman Memorial Scholarship has been established in honor and memory of Dr. Darrell Ludeman and his wife, Gretchen. Dr. Ludeman was the former Chairperson and Professor Emeritus of the Department of Dental Hygiene. Awards typically assist Coyote Commitment students in the DH program.
The Southeastern District Dental Society Scholarship is sponsored by the Southeastern South Dakota District Dental Society via the Sioux Falls Area Community Foundation and is in the amount of $2000. This scholarship is awarded to a DH I student who demonstrates financial need and completes an essay regarding the desire to practice dental hygiene. The recipient is chosen by a SF Area Community Foundation committee. Applications are made directly to the SF Community Foundation.

The Dorothy Francis Yeoman Scholarship is awarded to an incoming non-traditional student who is a dental assistant. Dr. Yeoman is a USD alumus who practices in Redfield, South Dakota. This scholarship is awarded in honor of his mother who was a long-time dental assistant.

The Lulu B. Wheeler Memorial Scholarship is offered to several health professions programs on campus. The Department and the School of Health Sciences determine the criteria and recipients of this award. Awards typically assist Coyote Commitment students in the DH program.

The Lonna Wallway Jones Scholarship is given to a DH student to assist with the purchase of magnifying loupes. Monies for this scholarship vary each year. Students must complete an application for consideration.

The USD DH Public Health Service Scholarship has been initiated by several USD Dental Hygiene alumni who are currently employed in the public health sector. The purpose of this scholarship is to encourage students to investigate careers in public health. Recipients must demonstrate leadership through community or public health related activities and are selected by the faculty.

The Scott and Julia Jones Scholarship is available to a Promise Scholar who shows leadership and an interest in public health policy. Preference goes to a student from the Pierre, SD area when possible. Mr. Jones is the CEO of Delta Dental of SD and a USD alum who has been a long-standing supporter of USD Dental Hygiene.

The John & Shelly Aesoph Scholarship is available to a Promise Scholar in the DH program. Shelly is a USD DH grad who has shown great support of the DH program for many years.

The Jeff & Marcia Sven Scholarship is available to a DH Promise Scholar on alternating years. These USD alums choose to support DH and other USD programs, so the award to DH is not available each year.

The Dr. Carmen Sutley Scholarship is sponsored by Delta Dental of SD in memory of this dentist. The scholarship is given to a USD DH grad who is currently enrolled in the USD MPH program and has intent to be involved with health policy and health literacy.

The Mr. Michael Shaw Scholarship is sponsored by Delta Dental of SD in honor of Mr. Shaw who was the first President of the SD Delta Dental corporation. His vision is to promote good oral health in Native Americans, so this award is given to a DH student who intends to work on the reservation or who is of Native American heritage.

American Dental Hygienists' Association Institute for Oral Health Scholarship Program offers scholarships in a number of categories. Guidelines for application and application forms will be made available to students who think they may qualify for one of these scholarship awards. These scholarships are $1000-$2000.

American Dental Association Foundation offers scholarships up to $1000 for students pursuing a career in dental hygiene. Students must be entering their final year of study in an accredited dental hygiene program. Guidelines for application and forms are available to students and must be submitted to the Department office by the last day of classes in the spring semester.

Other scholarships may be made available to the Department. Students will be made aware of these and the criteria for application as they are announced.

**B. Awards**

Sigma Phi Alpha is a national dental hygiene honor society comprised of faculty and students. Each year 10% of the graduating class is eligible for membership. The dental hygiene faculty selects students based on scholarship, character, and potential for future growth in the dental hygiene profession. Awardees are presented with a certificate and a key pin.

The Hu-Friedy Golden Scaler Award, sponsored by Hu-Friedy instruments and chosen by the faculty. This award is for clinical excellence in a junior student to include instrumentation skills, professionalism, and interpersonal relationship skills.
The Dr. Darrell R. Ludeman Department Service Award, honors the service of the late program Chairperson Dr. Darrell R. Ludeman. This award is for service and is awarded to a student who has voluntarily served on one or more of the Department's committees or has shown other service to the Department.

The Colgate Oral Pharmaceuticals STAR Award is offered to a graduating dental hygiene student who demonstrates true dedication to the dental hygiene profession, exhibits compassion in patient care, displays enthusiasm for community service, and enjoys the role of a dental hygienist. The recipient receives an award certificate, cash, and has his/her name inscribed on a plaque in the Department.

The Crown Seating Company chooses to sponsor a USD DH student with a saddle chair. Students are asked to apply for this award and the recipient is chosen by the Department Scholarship Committee.

Scholarships and other awards are presented at the Awards and Dedication Ceremony, which is scheduled late in the spring semester. Names of all awardees are announced at the ceremony.

II. Department Extracurricular Activities

A. Professional Activities

Our department sponsors various extracurricular professional, and continuing education activities throughout the year. These may be programs such as guest speakers and workshops. They are designed primarily for the members of the dental team, individually or collectively, who have already graduated and are in practice. This is one way in which they can remain current with the state of the art in their profession(s). Instructors may offer attendance for course remediation.

There also may be club meetings (ie. Pre-dental Club) using our facility from time to time. These clubs sometimes welcome observers and enjoy the participation of students.

On occasion, there may be meetings to attend off campus, or various field trips to take. Some may be optional, while others may be required for class.

There may be fees involved with some of these activities. They are usually very minimal for students. In instances where overnight stays are necessary, this is typically at the students' expense. Meals are at student expense as well.

As a developing professional you should attend all these functions to expand your knowledge base and, as mentioned before, they may very well be required as part of a course.

B. Social Activities

Early in the fall there may be a get-acquainted picnic or party. This event is typically sponsored by the Department SADHA chapter.

In the spring, usually in April, there is the Dedication/Awards Ceremony. This combines the professional aspects of the dental hygiene program with the social. The ceremony marks the entrance of first year students into the clinical phase of training and recognizes graduating second year students. All annual awards are announced and presented also. It is an opportunity for parents, relatives, students, and faculty to get better acquainted.

III. The Student Professional Association

The department encourages, in fact expects, you to become a member of the Student American Dental Hygienists’ Association.

You are about to enter one of the health service professions. As a professional dental hygienist, you will soon be experiencing the rewarding life of offering your skills and services for the betterment of the general public's health. Student membership in the American Dental Hygienists Association involves you with an organization of students of dental hygiene dedicated to building ethical and educational bases for future service and success in your profession.

Among the benefits of membership you receive the Journal of the American Dental Hygienists’ Association, Access, and other educational materials and aids. You are eligible to apply for the special dental hygiene scholarships for associate degree and bachelor's degree candidates. Emergency educational loans are also available for students through the Association. Students may
apply for the scholarships during their first year of training which, if awarded, will be granted during your second year.

After graduation, the American Dental Hygienists’ Association is the national organization designed to help the dental hygienist meet professional obligations.

Among its many services:

1. Educational programs, lectures, institutes, symposia, and workshops.
2. Consultative services for schools through Regional Consultants program.
3. Representation and cooperative activities with other state and national organizations of allied health professions.
4. Representation of your opinions in new legislation and practice regulations affecting the profession of dental hygiene.
5. Professional group insurance policies at reduced rates.
6. Journal of Dental Hygiene
7. Access journal
8. Scholarships for dental hygiene students.

These services and many others, aid you in responding to your own summons to greater professional competency.

The local component of SADHA is organized with its own slate of officers and a faculty advisor or advisors. Regular meetings of a business and/or professional nature are held. Fund raisers, to build a treasury for use in various professional or social functions have been popular activities. Membership dues are due in January.

IV. Employment

The Department may receive information from a dental office regarding an available job opportunity. Any information is forwarded to all students via email when it is received or posted on the student bulletin board. The Career Development Center on campus is also helpful for students beginning the search for employment following graduation.

Any student, who may receive a telephone call on a department phone which is for the purpose of announcing a position opening for a dental hygienist, will refer that call to one of the department secretaries. In their absence, such a call must be referred to the Department Chairperson. If the Chair is not available, the student should take a phone number and refer this to a department secretary.

Students must sign a release form before faculty can give a recommendation to a prospective employer. Release forms may be obtained from and are maintained by the Dept secretary.

V. The Licensing Process

Every graduate dental hygienist must be licensed by the State Board of Dental Examiners of the state in which he/she wishes to practice. The applicant for such a license must be successful in completing both a written and practical examination, as well as completing all graduation requirements according to our policies. Some states require examination over state law and/or interview before granting a license.

A. National Board Dental Hygiene Examination

In 1962, the American Dental Hygienists Association, in cooperation with the American Dental Association initiated a National Board Examination for dental hygienists. It is currently recognized by all of the 53 jurisdictions (50 states, District of Columbia, Puerto Rico, U.S. Virgin Islands). Some jurisdictions accept National Board scores only if earned within the last of 10 or 15 years. (Check with the specific jurisdiction to be sure.)

Testing date for students in their terminal year of education is usually late March or early April. Applications for the examination are completed in January. The Department Chairperson coordinates exam dates for all students; the computerized exam is given at either the Sioux City or Sioux Falls prometric center. There is a fee for the exam. The Department Chairperson and Coordinator of Student Affairs assist students with the application and testing process; however, completion of the online application is the student’s responsibility. There are many specific instructions that must be adhered to or the student may be banned from taking the test. It is critical to follow the instructions and read all correspondence from the agency.
A released National Board exam has been kept by the department for use as a "Mock Board." A time in January is arranged so that the class can take the test in a group under similar conditions as the official exam later on. This Mock National Board serves as one way in which the student can analyze subject area strengths and weaknesses, and thus establish priorities during the review process prior to the examination date in late March or early April. To enhance your review process, in addition to course outlines and notes, there are several good review courses and books.

A score of 75 or above is considered passing. The department cannot recommend delinquent students or students in poor standing at application time for this examination. A student is eligible for examination when the administrator of our program certifies that the student is prepared for examination and is within four months of the issuance of the diploma at the time application is made.

Reports are typically available to the student within four weeks after the testing date. Passing candidates receive a certificate.

If a student fails the examination, he/she may apply for reexamination. If the student fails a third time, she/he must wait a full year to be eligible for testing. This delay is to encourage candidates to prepare more thoroughly. In the event of failure, the student should contact the Department immediately so that the application process can be completed for the retake.

B. Regional Clinical Boards

There are several regional clinical board exams that cover the United States. Many regions accept more than one exam. It is the student’s responsibility to investigate which exam he/she is interested in taking. The CRDTS exam, which covers the central region is offered annually on the USD campus in the USD clinic.

Application for the CRDTS clinical exam must be made at least 45 days prior to the examination and accompanied by a fee and verification from the department stating that you are in good standing and will probably graduate. Proof that you are covered by professional liability insurance and are currently certified in CPR must also be sent. Application and other information may be obtained from the Coordinator of Student Affairs.

You must have completed all graduation requirements in order to be admitted to take the exam. If it is known by the department that a student has not met graduation requirements, that student will be barred from taking the exam, even though the exam may have already started.

The exam site here in our clinic is for our students primarily. Non-USD students may be given permission to take the exam, if space is available. Examinations are held at closed sites once a year only. If you fail the exam, you must retake it at an "open site." Open sites are usually at dental schools and are utilized on a regular prearranged schedule. The Coordinator of Student Affairs also has this information. There is a facility fee required of all persons taking this exam at our clinic. The fee of $200 must be paid prior to taking the exam.

Refresher Course for Retaking Clinical Boards

If a student does not pass a clinical board exam, the Department may offer a refresher course to help the student prepare for the next examination. This course will involve working closely with one or more faculty in the clinical setting with patients. This course will be treated like a continuing education course. The course will be held for 2-3 days and costs $300. If a longer course is desired or needed, the cost will increase. The student and the Department determine dates for the course. Students will also be able to check out equipment to take to the retake exam site. A deposit is required prior to the equipment leaving the Dept and will be returned when the student brings it back in working order.

C. State Licensure

The last step in the licensure process is making application for the same in the state or states of your choice. Every jurisdiction has its own application and criteria for licensure. The most important ones are National Boards and Regional Clinical Boards. Other common criteria are proof of citizenship (birth cert.), proof of graduation (diploma), passing a test over the state dental law (practice act), possibly other minor testing or interviewing, a picture, and a fee. There are differences between states too numerous to mention here. It requires individual inquiry on your part. Application deadline is usually 30 days prior to the meeting of the Board. However, you should always check on this deadline in the specific state. State Board examinations are offered annually (more often in some states) and are usually held in the late spring or early summer. Listings of the examination requirements are available from the secretary of the State Board of Dental Examiners in each state. Licensure in some states can be handled by mail after graduation and all written and clinical exams are passed.
When seeking employment, it is requested that graduates of the dental hygiene program keep in mind the fact that their licenses may not be issued until July 1 or after, and should inform their prospective employers of this situation. Graduation from an accredited program is by no means a guarantee that you will be issued a license. The department cannot recommend students for licensure application and examination if they are in poor standing, behind in their work at the time, or did not graduate.

The Coordinator of Student Affairs or the Dept Chairperson will assist students as much as possible with questions regarding state licensure; however, it is the student’s responsibility to submit all materials to the appropriate state board.

Many hygienists hold licenses in more than one state, for various reasons. Once you have a license to practice in a state, never let go of it. Keep it current by registering annually and satisfying continuing education requirements (if any), even if you don't live and practice there. As mentioned earlier, some states have time limits on National Boards. Some states also have time limits on clinical exams. Keeping your license in good standing and not letting it lapse will prevent you from having to take licensing exams again.
I, ____________________________, the undersigned incoming USD Dental Hygiene student, hereby understand and agree to the following:

• that my seat in the Fall entering class is contingent upon the completion of all prerequisite classes with a grade of C or better with proof by June 1st of this year.
• that accepting a seat in the program requires that I pay a $250 tuition deposit, which is forfeited if I resign my position anytime hereafter. I also understand that all required supplies, materials, and services that I purchased for this program are my responsibility and my property. I understand that no refund will be given should I leave or be dismissed from the program.
• that I must complete and satisfactorily pass a Criminal Background Check prior to my final acceptance to the program and I have signed an attestation statement regarding the Criminal Background Check policies. In addition, I understand that I must disclose any pending legal charges against me to the Department Chairperson at any point hereafter and during my program of study within 72 hours. Furthermore, I understand that I must comply with additional criminal background investigations in order to complete certain clinical rotations.
• that I am required to be covered by a comprehensive health insurance policy for the duration of time that I am a student in the program and must provide proof of insurance annually before classes begin in the fall. Furthermore, I understand I will be responsible for any charges associated with an occupational exposure incident (OEI) while a student in this program.
• that I am required to carry professional liability insurance while a student and payment for that coverage is included in my student fees.
• that I must obtain CPR Certification for Healthcare Providers and remain current for the duration of this program; and, I understand I must show proof of this certification prior to the beginning of classes.
• that I must comply with the School of Health Sciences and the Department of Dental Hygiene’s immunization policies and procedures. I understand that I am required to meet specific deadlines regarding the immunization schedule and submission of documentation and agree to begin my HBV vaccine series by May 1st of this year. I understand that failure to comply with these policies will jeopardize my seat in the class or result in dismissal from the program.
• that I am expected to satisfactorily complete all academic and clinical requirements of the program to include attendance at all off-campus clinical rotations. I understand that I will be responsible for my own transportation to these clinical sites unless the Department provides it and that some evening and weekend clinical experiences may be required.
• that in order to successfully complete all the program requirements, I must participate in clinical rotations at the State’s penitentiaries. I agree to release and waive liability for these activities by signing the required form.
• to allow other students to practice certain skills on me while a student in the program and do hereby release and forever hold harmless any person associated with the USD Department of Dental Hygiene with whom this practice activity involves from any claims, demands, actions or causes of action, on account of any injury to me, which may occur as a consequence of my participation, and I assume any and all risk associated with these activities.
• that attendance is mandatory at all clinical experiences. I understand that it will be necessary to keep in constant contact with my professors regarding schedules during the winter months and agree to be flexible if relocation to a different site occurs on short notice. I also agree to and will be prepared to stay overnight if I am advised not to travel to or from a site and I accept all consequences if I choose not to follow recommendations.
• that while the Department has patients for who routine care is provided, I am expected to provide my own patient should the Department not be able to fill my clinic schedule. I also understand that I cannot accept money for my clinical services while a student in the program.
• that in addition to all the Department’s academic policies and procedures, I understand that I must comply with the Department’s Code of Professional Conduct, which includes expectations for my professional and personal/social behavior. I understand that if my behavior is contrary to the Department’s Code, I may be dismissed from the program.
• that I must comply at all times with the Department’s policies regarding personal hygiene and appearance.
• that I understand that I am expected to abide with the Department’s policies and procedures and complete all aspects of the program as required. I understand that I may be dismissed from the program at any time in the event that I do not comply with these policies and procedures and that my selection does not guarantee my successful completion of the program or success with licensing exams or other licensure requirements.
☐ I accept the position offered to me.  ☐ I do not accept the position offered to me.

Signed: ___________________________________________  Date: _____________________________________
Chapter 18
Student Fees

I. Dental Hygiene Student Fees

Dental hygiene students are assessed specific fees that are included in the general USD bill. Dental hygiene students are required to pay a special discipline fee each semester for each credit hour of a DHYG-numbered course. These fees may change from year to year.

II. Estimated Fees (refer to chart)