Technical Requirements for Entry into the
Dental Hygiene Program

Thomas Nelson Community College
Technical Standards

For The Entry-Level Dental Hygiene Program at

Thomas Nelson Community College

These technical standards are required abilities for effective performance in Thomas Nelson Community College’s dental hygiene program. The standards are compatible with the scope of practice as defined by the Virginia State Board of Dentistry. The examples show how a standard may be applied in entry level dental hygiene education programs. The examples listed are for illustrative purposes only, and not intended to be a complete list of all tasks in an entry-level dental hygiene program.

Reasonable accommodations to meet standards may be available for otherwise program-qualified individuals with disabilities. Contact the college’s Disability Services Office as soon as possible for more information if you think you may need an accommodation for a disability.

<table>
<thead>
<tr>
<th>Capability</th>
<th>Standard</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognitive Perception</td>
<td>The ability to perceive events realistically, to think, clearly and rationally, and to function appropriately in routine and stressful situations. Students must be able to independently and accurately assess or contribute to the assessment of a client</td>
<td>Identify changes in client health status. Prioritize multiple dental activities in a variety of situations.</td>
</tr>
<tr>
<td>Critical Thinking</td>
<td>Critical thinking skills demanded of dental hygienists require the ability to learn and reason: to integrate, analyze and synthesize data concurrently. Students must be able to solve problems rapidly, consider alternatives and make a decision for managing or intervening in the care of a client.</td>
<td>Able to make effective decisions in the classroom and in the clinical sites. Able to determine previous treatment and explain findings with a client. Develop/contribute to dental care plans that accurately reflect client concerns. Able to make decisions reflective of classroom learning in the clinical sites.</td>
</tr>
<tr>
<td>Capability</td>
<td>Standard</td>
<td>Examples</td>
</tr>
<tr>
<td>---------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td><strong>MOTOR SKILLS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motor Skills</td>
<td>Ambulatory capability sufficient to maintain a center of gravity when met with an opposing force as in supporting, and/or transferring a client</td>
<td>Position clients&lt;br&gt;Reach, manipulate, and operate equipment, instruments and supplies (e.g. syringes, sterile equipment, monitors)&lt;br&gt;Perform/use electronic documentation&lt;br&gt;Lift, carry, push and pull&lt;br&gt;Perform CPR</td>
</tr>
<tr>
<td>Organization Skills</td>
<td>Ability to plan routines, to think clearly and rationally, and to function appropriately in routine&lt;br&gt;Able to manage time within a given time period</td>
<td>Able to follow program policies and procedures set forth in lecture, lab and clinic&lt;br&gt;Prioritize tasks in a clinic appointment routine (e.g. clinic set up, clean up, infection control protocol, radiology protocol)&lt;br&gt;Able to attend lecture, lab and clinic on time</td>
</tr>
<tr>
<td>Activity Tolerance</td>
<td>Ability to tolerate lengthy periods of physical activity&lt;br&gt;Able to tolerate repetitious and strenuous work</td>
<td>Move quickly and/or continuously&lt;br&gt;Tolerate long periods of sitting</td>
</tr>
<tr>
<td>Capability</td>
<td>Standard</td>
<td>Examples</td>
</tr>
<tr>
<td>----------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>COMMUNICATIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td>Communicate in English with others in oral and written form</td>
<td>Utilize oral and written communication skills sufficiently for teaching/learning and for interaction with others</td>
</tr>
<tr>
<td></td>
<td>Able to communicate with clients and members of the health care team in order to plan and deliver safe care</td>
<td>Read, understand, write, and speak English with clarity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Use appropriate vocabulary</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Demonstrate good listening skills and focus on client while communicating</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Explain treatment procedures in a well-organized progression of ideas</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Aware of non-verbal messages</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Use of appropriate non-verbal communication</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Initiate and/or reinforce health teaching</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Write clear, concise, and accurate progress notes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Read and understand the client's chart</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Aware of voice volume, using attitudes and tone that are effective in communicating information</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Document client responses</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clarify communications received</td>
</tr>
<tr>
<td>Interpersonal Relationships</td>
<td>Interact with clients, families, staff, peers, instructors, and groups from a variety of social, emotional, cultural and intellectual backgrounds</td>
<td>Establish rapport with clients, families, and colleagues</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Respond professionally to instructor or peer feedback, positive and negative</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Respond in a professional therapeutic manner to a variety of client expressions and behaviors</td>
</tr>
<tr>
<td>Capability</td>
<td>Standard</td>
<td>Examples</td>
</tr>
<tr>
<td>---------------------</td>
<td>----------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>SENSES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing</td>
<td>Auditory ability sufficient to hear normal conversation and/or assess health needs</td>
<td>Ability to monitor alarms, emergency signals, auscultatory sounds (e.g. B/P, cries for help, telephone interactions, dictation) Communicates with clients, families and colleagues</td>
</tr>
<tr>
<td>Vision</td>
<td>Visual ability sufficient for observation, assessment, and performance of safe dental care</td>
<td>Observes client responses Discerns color changes Accurately reads measurement on client-related equipment Read medication label Read syringe accurately Able to determine parts of the dental instrument as they are adapted to the oral cavity Evaluate for a safe environment</td>
</tr>
<tr>
<td>Tactile</td>
<td>Tactile ability sufficient for physical assessment, inclusive of size, shape, temperature and texture</td>
<td>Performs palpation e.g. pulse Performs functions of intra and extra oral exam, dental and periodontal examinations and/or those related to preventive and therapeutic interventions e.g., exploring, instrumentation</td>
</tr>
<tr>
<td><strong>PSYCHOSOCIAL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychosocial Behaviors</td>
<td>Possess the emotional health required for full use of intellectual abilities, the exercise of good judgment, and the prompt and safe completion of all responsibilities</td>
<td>Demonstrate professional abilities of trust-worthiness, empathy, integrity, confidentiality Able to work with groups of people and one-on-one Able to be flexible and change when needed Learn to function in the face of uncertainties and stressful situations</td>
</tr>
<tr>
<td><strong>ENVIRONMENTAL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environmental Adaptability</td>
<td>Ability to tolerate environmental stressors</td>
<td>Work with chemicals and detergents Tolerate exposure to odors Work in close proximity to others Work in areas of potential physical violence Work with infectious agents and blood-borne pathogens</td>
</tr>
</tbody>
</table>
Health Requirements
In addition to the technical standards the following need to be met in order to progress within the program.

- Students must submit a completed Pre-entrance Medical Examination and Student Immunizations forms.

- Students must present evidence of a negative Mantoux. (See Student Immunization Form, Tuberculin Test) Students with a previously positive mantoux result are required to submit documentation of a negative chest x-ray.

- Students who attend clinical lab without complying with these health requirements will be counseled to withdraw before the date on the college calendar indicating the last day to withdraw: If it is past this date or a student chooses not to withdraw, the student will receive a grade of "F" for the course.

- Students must maintain good health throughout the Program in order to meet expected course outcomes. The Technical Standards must be met throughout the program to continue to progress. If a Technical Standard cannot be met the student may be dismissed from the program.

- A student who is unable to meet clinical requirements due to health issues must consult a health professional for appropriate evaluation and/or treatment. Students will be required to submit a copy of the most recent health professionals order (to the clinical instructor) 3 weeks prior to the start of clinic.

- See Form on next page

Professional liability Insurance
You will be covered for malpractice liability insurance as long as you perform dental hygiene services during clinical courses under the direction of TNCC faculty. If you choose to unlawfully practice dental hygiene services before you are legally licensed to do so, TNCC liability insurance will not cover any malpractice incidences. You are not legally licensed to practice dental hygiene in the state of Virginia until you have graduated and passed all prescribed boards.
THOMAS NELSON COMMUNITY COLLEGE
ASSOCIATE DEGREE DENTAL HYGIENE PROGRAM
PRE-ENTRANCE MEDICAL EXAMINATION

A pre-entrance medical examination is required for all students enrolled in the TNCC Dental Hygiene Program. This form must be completed by a health care provider and returned directly to the dental hygiene office by the designated date. Please be sure it is filled out completely, and retain a copy for your records.

Name of Applicant:

________________________________________  ______________________________________  ______________________________________
(Last Name) (First Name) (Middle Initial)

Address:

________________________________________
(Number and Street)

________________________________________  ______________________________________  ______________________________________
(City) (State) (Zip Code)

Telephone Number:

________________________________________

Date of Birth: ______________________________________
(Month) (Day) (Year)

To be completed by Student:

STUDENT'S HEALTH HISTORY
Check any conditions that apply if you have (or have had in the past) these problems. Provide details of positive answers below.

○ Anemia  ○ Kidney infection or stone  ○ Migraine headaches  ○ Thyroid trouble
○ Asthma  ○ Hearing loss  ○ Mononucleosis  ○ Tuberculosis
○ Bleeding Disorder  ○ Heart disease  ○ Organ transplant  ○ Other
○ Cancer  ○ Hepatitis or liver disease  ○ Pneumonia  ○ ________
○ Colon problem  ○ High blood pressure  ○ Rheumatic fever  ○ ________
○ Diabetes  ○ Hospitalizations  ○ Rheumatoid arthritis  ○ ________
○ Eating disorder  ○ Lung disease  ○ Seizure disorder  ○ ________
○ Eye disorder  ○ Mental health  ○ Stomach problems  ○ Substance abuse

Details:

________________________________________
### ALLERGIES
Medications, Foods, Pollen, etc. (include reaction)

---

### MEDICATIONS
List medications (including birth control, acne drugs, antidepressants, etc.) you are currently taking (include medication/dosage and reason for taking them).

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Hospitalizations/Surgeries (List procedures and dates):

---

### FAMILY HISTORY
Check any that apply, if condition exists in your family (immediate family, grandparents, aunts, uncles, cousins)

- Allergies
- Diabetes
- Mental illness
- Other __
- Asthma
- Eye disorders
- Rheumatic fever
- __
- Bleeding Disorders
- Heart disease
- Stroke
- __
- Cancer
- High blood pressure
- Tuberculosis
- __
- Lung disease
- Ulcer
- __
- None
- __

**Statement of Understanding Regarding Pre-Entrance Medical Examination**

The answers that I have given regarding my health status are true to the best of my knowledge. Falsification of any information in the questionnaire may result in dismissal from the TNCC Dental Hygiene Program. I understand that the information will be used to determine whether I am capable of performing the physical requirements for the dental hygiene program. My signature below indicates my understanding of the above statement.

---

---
To Be Completed by the Health Care Provider:
Please assess the following systems. Describe fully any abnormal findings. Use additional sheet if needed.
Height: _______________ Weight: _______________

<table>
<thead>
<tr>
<th>System</th>
<th>WNL</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head, Ears, Nose or Throat</td>
<td></td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Eyes</td>
<td></td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Respiratory</td>
<td></td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td></td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td></td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Genitourinary</td>
<td></td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

Musculoskeletal | O | O |
Metabolic/Endocrine | O | O |
Neuro | O | O |
Psychiatric | O | O |
Skin | O | O |

DIAGNOSIS:
○ Excellent health with no chronic medical problems OR
○ Other diagnosis and recommendations – please list:

At this time, are you aware of any health conditions that would affect this individual’s progress in the dental hygiene program?

_________ Yes _________ No

Recommendations:

Date: _______________ Physician Signature: ________________________________

Physician’s Printed Name:
<table>
<thead>
<tr>
<th>Ref#</th>
<th>Vaccine</th>
<th>Dates</th>
<th>Titer</th>
<th>Initial</th>
<th>History</th>
<th>Signature/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>MMR</td>
<td>M D Y</td>
<td>M D Y</td>
<td>M D Y</td>
<td>M D Y</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Varicella (Chicken Pox)</td>
<td>M D Y</td>
<td>M D Y</td>
<td>M D Y</td>
<td>M D Y</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Hepatitis B</td>
<td>M D Y</td>
<td>M D Y</td>
<td>M D Y</td>
<td>M D Y</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Tetanus (Td)</td>
<td>M D Y</td>
<td>M D Y</td>
<td>M D Y</td>
<td>M D Y</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>With Pertussis (Tdap)</td>
<td>M D Y</td>
<td>M D Y</td>
<td>M D Y</td>
<td>M D Y</td>
<td></td>
</tr>
</tbody>
</table>

**Student Immunization Form**

**Name:**

**MMR**: I decline the varicella (Chickenpox) vaccination at this time. I understand the risk of acquiring Chickenpox, a highly communicable disease, which can cause severe complications in adults.

**Varicella (Chicken Pox)**: I have reviewed the Hepatitis B information sheet. I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease for which there is no cure.

**Hepatitis B**: Must be within the last 10 years

**Tetanus (Td)**: Must be within the last 10 years

**With Pertussis (Tdap)**: Must be within the last 10 years

**Tuberculin Test (PPD Yearly)**: Chest X-Ray is required if PPD is positive

**Signature/Date**:
THOMAS NELSON COMMUNITY COLLEGE
DENTAL HYGIENE PROGRAM
BLOOD BORNE PATHOGEN POLICY

Thomas Nelson Community College Dental Hygiene Program faculty, staff, and students have the obligation to maintain standards of health care and professionalism that are consistent with the public’s expectations of the health professions.

1. All personnel are ethically obligated to provide patient care with compassion and demonstrate respect for human dignity.

2. No personnel may ethically refuse to treat a patient solely because the patient is at risk of contracting, or has, an infectious disease such as human immunodeficiency virus (HIV) infection, acquired immunodeficiency syndrome (AIDS), or Hepatitis B infection. These patients may not be subjected to discrimination.

3. Personnel are ethically obligated to respect the rights of privacy and confidentiality of patients with infectious diseases.

4. Thomas Nelson Community College will protect the privacy and confidentiality of any personnel who tests positive for an infectious disease. Dental Hygiene personnel who pose a risk of transmitting an infectious agent must consult with the appropriate health care representative to determine whether continuing to provide professional services represents a material risk to the patient. If a faculty member learns that continuing to provide professional health services represents a material risk to patients that person should so inform the Dental Hygiene Program Director. The Program Director will take steps consistent with the advice of health care professionals and with current federal, state, and/or local guidelines to ensure that such individuals not engage in any professional activity that would create a risk of transmission.

5. The Dental Hygiene Program Director has established and will enforce written preclinical, clinical, and laboratory protocols to ensure adequate asepsis, infection and hazard control, and hazardous waste disposal. The protocols are consistent with current federal, state, and/or local guidelines, and will be provided to all faculty, students, and support staff in the Dental Hygiene Program. The protocol is complete including the availability and use of gloves, masks, and protective eye wear by faculty, students, and patients in both the preclinical and clinical settings. The protocols will be reviewed annually by the Dental Hygiene Program Director to insure accuracy and compliance.

6. The Dental Hygiene Program Director will require personnel to abide by current immunization standards set by clinical agencies. In accordance with the Centers for Disease Control and Prevention (CDC) guidelines, all students in Dental Hygiene will:

   (1) Demonstrate proof of immunity to Hepatitis B, or
   (2) Be immunized against the Hepatitis B virus as part of their preparation for clinical training.
POLICY AND PROCEDURES RELATED TO INDIVIDUALS WHO HAVE BLOODBORNE INFECTIONIOUS DISEASE(S) CHRONIC COMMUNICABLE DISEASE POLICY

Thomas Nelson Community College places a high priority on the need to prevent the spread of chronic communicable diseases on its campus. The College is committed to educating its staff, students, and the community about communicable diseases. Specifically, because there is currently no cure or vaccine for Acquired Immune Deficiency Syndrome (AIDS), education regarding methods by which this virus may be transmitted and how to prevent transmission, is essential. By adopting this policy, it is the intention of Thomas Nelson Community College to promote the health and regular school attendance of our students so that they may attain their maximum potential for learning. In general, students, faculty and staff with a chronic communicable disease are expected to continue to study or work in an unrestricted setting. This policy is based on current epidemiological data and may be modified as required by new scientific and medical information. When a Thomas Nelson Community College class is offered in conjunction or in agreement with an outside agency, students and employees must abide by policies and procedures of the outside agency relating to chronic communicable diseases.

Dental Hygiene Students with Chronic Communicable Diseases

A Dental Hygiene Program student who has a chronic communicable disease or who is a carrier may attend college whenever, through reasonable accommodation, the risk of transmission of the disease and/or the risk of further injury to the student is sufficiently remote in such setting so as to be outweighed by the detrimental effects resulting from the student’s exclusion from college. Dental Hygiene Program placement decisions will be made by using this standard in conjunction with current, available public health department guidelines concerning the particular disease in question. The determination of whether a student with a chronic communicable disease may participate in the Dental Hygiene Program shall be made on an individual basis, according to procedures implemented by the Dental Hygiene Program Director in consultation with the Vice President for Student Affairs, Vice President for Academic Affairs, a consulting physician, the student's primary physician, public health personnel, the college's legal counsel, and the student. A student who has a chronic communicable disease or who is a carrier of a chronic communicable disease may be denied admission to, or may be dismissed from, the Dental Hygiene Program whenever such chronic communicable disease has a direct effect on the student's ability to perform so as to render the student not qualified for the program.

The Dental Hygiene Program Director shall respect the right to privacy of any student who has a chronic communicable disease or is a carrier. The student's medical condition shall be disclosed only to the extent necessary to minimize the health risks to the student and others. Persons deemed to have "a direct need to know" will be provided with the appropriate information; however, these persons shall not further disclose the information. A multidisciplinary team responsible for making a decision on the student’s Dental Hygiene Program enrollment status will be also responsible for determining who has "a direct need to know."
Dental Hygiene Program Employees With Chronic Communicable Diseases

Dental Hygiene Program employees with identified chronic communicable diseases or who are carriers will be permitted to retain their positions whenever, through reasonable accommodation of the employee's physical condition and without undue hardship to the employer, there is no reasonable risk of transmission of the disease to others. Such employees will remain subject to the College’s employment policies, personal disability leave, physical examinations, temporary and permanent disability, and termination. Employment decisions will be made by utilizing the general legal standard in conjunction with current, available public health department guidelines concerning the particular disease in question. The determination of whether an employee with a chronic communicable disease will retain his or her position will be made on an individual basis, according to procedures implemented by the College in consultation with the Dental Hygiene Program Director, Vice President for Academic Affairs, a consulting physician, the employee's primary physician, the Human Resources Manager, public health personnel, the college's legal counsel, and the employee.

The Dental Hygiene Program Director will respect the right to privacy of any employee who has a chronic communicable disease or is a carrier. The employee’s medical condition will be disclosed only to the extent necessary to minimize the health risks to the employee and others. Persons deemed to have "a direct need to know" will be provided with the appropriate information; however, these persons will not further disclose the information. A multidisciplinary team responsible for making Dental Hygiene personnel decisions will also be responsible for determining who has "a direct need to know."

CHRONIC COMMUNICABLE DISEASE PROCEDURE

Thomas Nelson Community College Dental Hygiene Program Director will be responsible for complying with current standards of medical practice and public health guidelines from recognized authorities (e.g., Centers for Disease Control and Prevention, World Health Organization, etc.) for keeping abreast of pending legislation relevant to these diseases and for keeping others informed, especially those in charge of laboratories.

STUDENTS WITH CHRONIC COMMUNICABLE DISEASES

Section 1: Enrollment Status Change Procedures
A. Temporary Exclusion
Upon being informed that a Dental Hygiene Program student is suspected of having a communicable disease, a staff member shall inform the Dental Hygiene Program Director or designee who will consult with a Dental Hygiene Program multidisciplinary team consisting of the Vice President for Student Affairs, the Vice President for Academic Affairs a consulting physician, the student's primary physician, public health personnel, the college's legal counsel, and the student. Pending change of the student’s Dental Hygiene enrollment status, a Dental Hygiene student who has a chronic communicable disease or is a carrier of a chronic communicable disease, or a Dental Hygiene student who is reasonably suspected of having a
chronic communicable disease or being a carrier, may be temporarily excluded from the Dental Hygiene Program.

B. Initial Evaluation
Each Dental Hygiene Program student's proposed enrollment status change case shall be evaluated by the above mentioned multidisciplinary team convened by the Dental Hygiene Program Director. The Dental Hygiene's student's failure to cooperate with the evaluation procedure shall not prevent the multidisciplinary team from performing its job and providing recommendations regarding the case.

C. Placement Decision
Upon completion of a case evaluation, one or more meetings shall be convened for the purpose of determining the Dental Hygiene enrollment status. Recommendations concerning the student's enrollment status shall be made at these multidisciplinary meetings by consensus of the participating personnel and shall be determined in accordance with the standards set forth in college policy and based upon the following factors:

1. The risk of transmission of the disease to others
2. The health risk to the particular student
3. Reasonable accommodations which can be made without undue hardship to reduce the health risk to the student and others.

The team's placement decision shall be communicated in writing to the student and the Dental Hygiene Program Director.

D. Appeal
A decision on a Dental Hygiene student's placement may be appealed in accordance with the TNCC ADA grievance procedure.

E. Subsequent Evaluations
The student shall be reevaluated on a regular basis by the multidisciplinary team to determine whether the student's enrollment status continues to be appropriate. The frequency for the reevaluations shall be determined by the team, but in no event shall the student be reevaluated less frequently than twice per academic year. In the event of a change in the student's medical condition or a change in the college environment, the multidisciplinary team shall determine if a change in the enrollment status is appropriate. If an emergency occurs, the Dental Hygiene Program Director shall have the right to take appropriate action. Any such action will be reviewed by the multidisciplinary team as soon as possible.

EMPLOYEES WITH CHRONIC COMMUNICABLE DISEASE
Section 1: Personnel Decisions

1. Temporary Exclusion
Upon being informed that a Dental Hygiene Program employee is suspected of having a communicable disease, personnel will inform the Dental Hygiene Program Director who will
consult with a multidisciplinary team consisting of Vice President for Academic Affairs, Human Resources Manager, a consulting physician, the employee's primary physician, public health personnel, the college's legal counsel, and the employee. Pending determination of a personnel decision, a Dental Hygiene Program employee who has a chronic communicable disease or is a carrier of a chronic communicable disease, or a Dental Hygiene Program employee who is reasonably suspected of having a chronic communicable disease or being a carrier, may be temporarily excluded from working in the Dental Hygiene Program.

2. Initial Evaluation
Each Dental Hygiene Program employee's case will be evaluated by the Dental Hygiene Program Director. The Dental Hygiene Program employee's failure to cooperate with the evaluation procedure will not prevent the multidisciplinary team from performing its job and providing recommendations regarding the case.

3. Placement Decision
Upon completion of a case study evaluation, one or more meetings will be convened for the purpose of determining the Dental Hygiene Program employee's personnel decision. Recommendations concerning the Dental Hygiene Program employee's personnel decision will be made at these multidisciplinary meetings by consensus of the participating personnel and will be determined in accordance with the standards set forth in the college policy and based upon the following factors:

a. The risk of transmission of the disease to others;
b. The health risk to the particular employee;
c. Reasonable accommodations which can be made without undue hardship to reduce the health risk to the employee and others.

The team’s personnel decision will be communicated in writing to the Dental Hygiene Program employee and the appropriate Dental Hygiene Program Director.

4. Appeal
A decision on a Dental Hygiene employee’s personnel decision may be appealed in accordance with the College’s grievance procedures.

5. Subsequent Evaluations
The Dental Hygiene Program employee will be reevaluated on a regular basis by the multidisciplinary team to determine whether the employee’s personnel decision continues to be appropriate. The frequency for the reevaluations will be determined by the team, but in no event will the employee be reevaluated less frequently than twice per academic year. In the event of a change in the employee’s medical condition or a change in the College environment, the multidisciplinary team will determine if a change in the personnel decision is appropriate. If an emergency occurs, the Dental Hygiene Program Director will have the right to take appropriate action. Any such action will be reviewed by the multidisciplinary team as soon as possible.