



**UNIVERSITY OF MICHIGAN
DENTAL HYGIENE PROGRAM**

STUDENT CLINIC MANUAL
2025-2026

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COVID-19 AND OTHER RESPIRATORY ILLNESS

- UMSD Restriction Guidance for Workforce Members

STANDARD OPERATING PROCEDURES

Exposure Incident Management

Effective: 8/10/2018

Reviewed: 6/15/2023

Author: SoD SEPIP

Purpose:

The purpose of the Blood-Borne Exposure Standard Operating Procedure (SOP) is to establish guidelines and protocols for handling situations where individuals may be at risk of exposure to bloodborne pathogens in the context of activities carried out at the University of Michigan School of Dentistry. This SOP aims to provide a clear and systematic approach to manage, and respond to incidents of blood-borne exposures to protect the health and safety of students, staff, faculty, and patients.

The School of Dentistry immediately makes a confidential medical evaluation and follow-up available to the exposed workforce member. This evaluation should take place within 48-72 hours after the exposure.

Scope: All School of Dentistry workforce members

CALL 911 FOR LIFE-THREATENING EMERGENCY

1. Procedures:

1. Immediately Stop the Procedure or Lab Activity

- a. Cease the ongoing procedure or activity and separate the instrument or needle involved in the exposure.
- b. Do not continue using the instrument or needle for any further patient treatment.
- c. Assess the type of exposure that has occurred, such as needlestick, instrument stick, bur stick, or fluid exposure to the eye.

2. Perform First Aid

- a. For needlestick, puncture or sharps injury, or animal bite/scratch:
 - i. Thoroughly wash and clean the exposed area with soap and water for a duration of 5 minutes.
- b. Mucus Membrane exposure (eye, nose, skin)

- i. Flush the area for 15 minutes, and utilize the nearest eyewash or shower station.

3. Communication

Clinical Workforce members should

- a. Communicate to the patient that an exposure incident involving fluids from their body has occurred.
 - i. Students should request their instructor's presence when informing the patient about the incident.
- b. Review and discuss the patient's medical history with both the patient and your clinical instructor
- c. Inquire if the patient would be willing to provide consent for a blood titer.
 - i. Emphasize that the blood titer is conducted at no cost to the patient.
- d. If consent is obtained, workforce members will need to accompany the patient to University Health Service.

Research Workforce members should

- e. Report the incident to the PI

4. Medical Care for Injuries and Exposure

Learners

- a. Report to University Health Services promptly.
 - i. If the patient consents to a blood titer, the student must accompany the patient to UHS.
- b. Student Providers will be required to complete the claim submission form required at UHS for billing purposes.
 - i. Note that post-exposure evaluation is provided without charge to the provider or patient, but completing the *claim form is necessary to avoid billing for evaluation.*

Employees

- a. Page Occupational Health Services (OHS) 936-6266 and enter pager ID: 5356
 - i. If you do not receive a response within 5 minutes, page again.
- b. State type of exposure.

5. Report Incident

- a. Submit within 24 hours. Note, websites below must be **accessed from devices with on-campus internet**
 - i. [SOD Incident Report](#)
 - ii. [Work Connection Form](#)

6. After-Hours Support:

- a. Students can call the Nurse Advice Line at University Health Services (734-764-8320) to leave a message, and a nurse will provide guidance on the best course of action.
- b. University of Michigan Hospital Emergency Department
1500 E. Medical Center Drive, Phone 734-936-6666

Medical Emergency Response

Procedures:

- a. **Activate Emergency Response System:**
 - i. **Call 911-Do not leave the patient alone.**
 1. **Provide clear and concise information about the emergency, location, and patient condition.**
 2. **Give dispatcher address: 1011 North University, Dental Building**
 - ii. Call Entrance Services (from 8:00 AM-5:00 PM) at 4-7497 or from a cell phone at (734) 734-7497. (We recommend adding this number to your cell phone contacts.)
 1. Provide clear and concise information about the emergency, location, and patient condition.
 - iii. If you are trained, administer first aid/CPR/automated external defibrillator (AED) as appropriate.
 1. Assess the situation to determine the nature and severity of the emergency.
 2. Ensure personal safety and request assistance.
 3. Assess the person's level of consciousness, breathing, and circulation (ABCs).
 4. Determine the need for immediate life-saving interventions, such as cardiopulmonary resuscitation (CPR) or defibrillation.
- b. **Document:**
 - i. Record all relevant information, including initial assessment findings, interventions performed, medications administered, and responses to treatment.
 - ii. Complete a [School of Dentistry incident report](#).
 - iii. Document any communication with personnel involved in the emergency response.
- c. **Post-Emergency Follow-up:**
 - i. The Patient Risk Management team should ensure clinic management has contacted the patient for a status update.
 - ii. Conduct a debriefing session to review the emergency response, identify areas for improvement, and provide emotional support.
- d. **Review and Update:**
 - i. The Safety and Emergency Preparedness Advisory Committee will regularly review and update this SOP based on evidence-based practices and feedback.
 - ii. Conduct periodic drills and simulations to enhance preparedness and ensure familiarity with the SOP.

Fluoride Varnish

Fluoride varnish is approved by The U.S. Food and Drug Administration (FDA) for the treatment of hypersensitive teeth. (See Fluoride Varnish Application)

Oraqix

Armamentarium: Oraqix dispenser, blunt-tip applicator and Oraqix cartridge.

The student is expected to:

- Review medical history
 - Avoid use in patients with a history of congenital or idiopathic methemoglobinemia, allergy/sensitivity to lidocaine and prilocaine, and severe hepatic disease.
- Acquire faculty permission prior to use.

Directions:

Assemble the Applicator:

- Insert the Oraqix cartridge into the dispenser as per the manufacturer's instructions.
- Attach the blunt-tipped applicator (cannula) to the dispenser.

Access Periodontal Pockets:

- Carefully bend the applicator tip once and no greater than 45*
- Gently access the periodontal pocket. Keep the applicator tip at least 1-2 mm from the base of the pocket.
- Dispense Oraqix by gently depressing the paddle.
- Gently apply Oraqix gel into the periodontal pockets slowly, until the pocket is filled. Avoid access pressure.
- One-hand scoop method to re-cap blunt-tip applicator.
- Allow 30 seconds for the anesthetic to take effect.
- Oraqix typically provides numbness for about 20 minutes, sufficient for most dental procedures.

End of Use:

- One-hand scoop method to re-cap blunt-tip applicator prior to removing. Dispose in a sharps container.
- Remove the empty cartridge and place in a sharps container.
- Wipe the dispenser and return both parts to 'dirty instrument return'.
- Document under TX Rendered in treatment note

[Oraqix Manufacturer Directions for Use](#)

[Dentsply Sirona Oraqix Video](#)

Local Anesthesia

Students are expected to:

- Determine a need for local anesthesia.
- Review medical and dental histories for contraindications to local anesthesia.

- Hemophilia & blood thinners (avoid highly vascular areas)
- Impaired liver allergy to local/topical anesthetics
- Methemoglobinemia
- Malignant hyperthermia
- Pregnancy (see pregnancy section of manual)
- Other
- Review medical and dental histories for contraindications to epinephrine.
 - Cardiac problems
 - Elevated blood pressure
 - Idiosyncratic reactions
 - Other
- Confirm medications (prescribed and over the counter) with patient and evaluate for possible drug interactions.
 - Drug Interactions
 - Cimetidine - vasoconstrictors
 - Non-selective beta blockers - vasoconstrictors
 - Tricyclic antidepressants - vasoconstrictors
 - Cocaine - vasoconstrictors
- After health history review, if administration of local anesthesia safety is in question, an Oral Med consult and/or Medical Consult may be required.
- After health history review, if administration of local anesthesia is determined safe, acquire vitals.
- Acquire vitals
 - Blood pressure should be $\leq 140/90$
 - If $>140/90$ - Oral Med Consult
- Explain the procedure to the patient and get a verbal consent to administer anesthetic.
- Retrieve local anesthetic armamentarium from Dispensing.
- Armamentarium
 - Topical anesthetic
 - Local anesthetic (most appropriate for patient)_
 - Syringe
 - Needle(s) (located in cubicle rolling cart)
 - 25 long - GP, NP, IA, Long Buccal, Lingual, Mental/Incisive
 - 27 short - ASA, MSA, PSA, GP, NP, Long Buccal, Mental/Incisive
 - Q-tip (located in cubicle rolling cart)
 - Cotton pliers /hemostat
- Assemble syringe
 - Pull back handle fully
 - Insert cartridge - rubber stopper toward harpoon
 - Engage harpoon with rubber stopper before moving forward
 - Attach needle to syringe

- Position needle bevel (toward bone)
- Expel a few drops to test for proper flow
- Select site for application of topical anesthetic.
 - Isolate and dry area of injection with gauze
 - Apply limited (minimal) amount of topical with Q-tip (two minutes)
 - Encourage the patient not to swallow, as this might numb the throat area
- Administer local anesthetic under the direct supervision of faculty.
 - Encourage patient to breathe through their nose
 - Provide positive affirmations to patient throughout entire process
- Use one-hand scoop technique to recap needle
- Immediately provide a rinse of water for patient
- Document in EHR under Treatment Rendered
 - **DX/PROB:** Local Anesthesia (BP entered in Findings)
 - **TX RENDERED:** 20% topical benzocaine placed prior to injections. Administered 2 Carps of 2% lidocaine 1:100,000 epi in the UR and LR. PSA,MSA,ASA,GP, IA, LB, and Mental/Incisive. No adverse reactions. Gave post-op instructions.
- Disassemble syringe by first disengaging and removing the carpule. Carefully remove the needle from the syringe. Dispose of needle and cartridge in sharps container.

Periodontal Evaluation

The student is expected to:

- Recognize risk factors associated with periodontal diseases such as smoking, diabetes, medications, or genetic predispositions.
- Visually examine gingiva for signs of inflammation, and determine causative factors such as biofilm retention, calculus, restorations, etc.
- Evaluate occlusion, periodontal pocketing, clinical attachment or bone loss, and radiographs.
- Determine health status of the periodontium and determine need for perio-consultation.

Occlusion Evaluation

Axium>Patients>EHR>Exam Findings>ExtraIntraoral

Angle's Classification of Malocclusion permanent dentition

Class I: Neutroclusion

- **Molar relationship** - Mesiobuccal cusp of maxillary first molar occludes with the buccal groove of the mandibular first permanent molar
- **Canine relationship** - Maxillary canine occludes with the distal surface of the mandibular canine and mesial surface of the mandibular first premolar

Class II: Distocclusion (positive overjet)

Questions to consider asking the patient and/or obstetrician:

- When is the expected due date?
- Is this a high-risk pregnancy?
 - If yes, contact the patient's obstetrician to ask if there are any special concerns or contraindications.

Soft Tissue Lesion Description

Lesion Descriptors

Location

Where is it anatomically located specifically?

Right/left – anterior/posterior – superior/inferior - ventral/dorsal/lateral

Localized (focal: one area only)

Generalized (diffuse: found in most of tissue in one area)

Border

Well-defined, well-demarcated, well-circumscribed (radiology)

Poorly-defined, poorly-demarcated, vague (cannot clearly see border of lesion)

Regular or irregular borders

Color - single-colored or mixed

Colors: red, pink, salmon, white, blue-black, gray, brown, black, pigmented

Erythema: abnormal redness

Pallor: abnormal paleness

Configuration (lesion pattern)

Single: discrete (single)

Multiple: grouped, confluent (overlap), linear

Consistency

Smooth – corrugated – fissured

Soft – hard – fluctuant (fluid-filled – fluid moves when lesion pressed)

Diameter – Dimension

Measured in millimeters or centimeters

Diameter: oblong or irregular shape - record length and width

Dimension: circular shape - record length X width X height (in that order)

Type

Macule: flat discolored lesion <1 cm

Patch: flat discolored lesion >1 cm

Papule: lesion <1 cm in diameter, raised with no fluid

Plaque: broad, slightly raised lesion >1 cm diameter

Nodule: lesion >1 cm in diameter, raised with no fluid 'marble-like'

Wheal: localized area of skin with edema

Vesicle: small elevated fluid-filled lesion <1 cm diameter

Bulla: elevated fluid-filled lesion >1 cm diameter

Local Anesthesia Summative Grading Rubric

| R = Requirements Met S = Satisfactorily Performed T = Task Completed V = Invalid | | Outcome/Points | | | |
|---|--|----------------|---|---|---|
| Category | Correct Criteria | R | S | T | V |
| Patient Assessment | <ul style="list-style-type: none"> * Assessed medical history and identified potential contraindications for administration of LA * Selected appropriate anesthetic for patient * Provided patient education | .5 | 0 | 0 | 0 |
| Pre-injection Procedures | <ul style="list-style-type: none"> * Identified nerve/teeth/soft tissue to be innervated * Identified soft and hard tissue landmarks * Verbalized penetration site * Identified correct needle length and gauge * Identified site of deposition * Identified penetration depth and volume of anesthesia to be deposited * Described multiple aspiration technique * Described management of a positive aspiration | .5 | 0 | 0 | 0 |
| Technique | <ul style="list-style-type: none"> * Loaded syringe * Engaged the harpoon * Dried site prior to application of topical * Applied topical to site of injection * Positioned large window toward clinician * Placed thumb ring at first knuckle of thumb * Held syringe out of patient's sight * Retracted buccal mucosa to establish maximum visibility * Penetrated smoothly and to the proper depth * Positioned bevel of the needle toward the bone * Aspirated before depositing anesthesia * Aspirated multiple times for PSA and IA injections * Managed a positive aspiration if occurred * Injected anesthesia at a slow pace * Avoided blotting the needle on gauze or touching the needle on outside surfaces * Recapped needle immediately after injection using a one-handed scoop method * Disposed of needle and cartridge | .5 | 0 | 0 | 0 |
| Documentation | <ul style="list-style-type: none"> * Documented: <ul style="list-style-type: none"> o Amount of LA administered | .5 | 0 | 0 | 0 |

| | | | | | |
|----------------------------|---|-----|----|--|--|
| | <ul style="list-style-type: none"> o Type and concentration of LA administered o Type of injection o Side of injection (R or L) <p>* Documented patient response</p> | | | | |
| Student Safety to Practice | <p>Student demonstrates safe, competent behavior while preparing for and administering local anesthesia.</p> <p>Note: Students receiving a "Not Safe to Practice" rating must attend Clinical Skill Support (CSS). They may not administer local anesthesia in the clinic until they are formally cleared by CSS faculty and the course or program director.</p> | Yes | No | | |