

**DENTAL ASSISTING PROGRAM
INFORMATION PACKET
GRAYSON COLLEGE**



**TONYA HANCE, BAAS, AAS, CDA, RDA
PROGRAM DIRECTOR
903-463-8780
hancet@grayson.edu**

APPLICATION DEADLINE: APRIL 30TH

Dental Assisting Program

Certificate of Dental Assisting

First Semester					
Subject	Description			Semester Hours	
PSYC 2301	General Psychology			3	
ENGL 1301	Composition and Rhetoric I			<u>3</u>	
	Total			6	
Subject	Fall Semester	Semester Hours	Subject	Spring Semester	Semester Hours
DNTA 1245	Preventive Dentistry	2	DNTA 1251	Office Management	2
DNTA 1305	Dental Radiology I	3	DNTA 1347	Adv. Dental Science	3
DNTA 1301	Dental Materials	3	DNTA 1349	Dent. Radiology in the Clinic	3
DNTA 1311	Dental Science	3	DNTA 1353	Dental Assisting Applications	3
DNTA 1315	Chairside Assisting	3	DNTA 1460	Clinical I—Dental Assisting	4
**DNTA 1202	Communication and Behavior in the Dental Office	2	DNTA 2230	Seminar for the Dental Assistant	2
	Total			Total	
		16			17
First Summer Semester					
Subject	Description			Semester Hours	
DNTA 2260	Clinical II Dental Assisting/Assistant			2	

**New curriculum implemented fall 2017.

We are also proud to announce that Workforce Solutions Texoma has added the GC Dental Assisting Program to their list beginning fall 2011.

Please note that there is an Associate of Applied Science in Dental Assisting available at Grayson College. The Degree Plan is on the next page

Dental Assisting Program Associate of Applied Science Degree Plan					
First Year	Lec	Lab	Clin	Cred	
Fall Semester	Hrs	Hrs	Hrs	Hrs	
ENGL 1301 Comp. & Rhet. I	3	1	0	3	
MATH 1332, MATH 1314 or MATH 1342	3	0	0	3	
SOC 1301 Introduction to Sociology	3	0	0	3	
HIST 1301 or HIST 1302 United States History	3	0	0	3	
Total Hrs	12	1	0	12	
Spring Semester					
Lang/Phil/Culture/Creative Arts Core	3	0	0	3	
BIOL 2404 Survey of Human A & P	3	3	0	4	
EDUC/PSYC 1300 or SPCH 1311 or 1321 or ENGL 2311	3	0	0	3	
PSYC 2301 General Psychology	3	0	0	3	
Total Hrs	12	3	0	13	
Fall Semester					
DNTA1245 Preventive Dentistry	1	2	0	2	
DNTA1301 Dental Materials	2	4	0	3	
DNTA1305 Dental Radiology	2	4	0	3	
DNTA1311 Dental Science	3	0	0	3	
DNTA1315 Chairside Assisting	2	4	0	3	
DNTA 1202 Communication and Behavior in the Dental Office	2	0	0	2	
Total Hrs	11	15	0	16	
Spring Semester					
DNTA1251 Office Management	1	2	0	2	
DNTA1347 ADV. Dental Science	3	0	0	3	
DNTA1349 Dent. Rad. In the Clinic	1	4	0	3	
DNTA1353 Dent. Assist. Appl.	2	3	0	3	
DNTA1460 Clinical I/Dent. Assist	0	0	256	4	
DNTA 2230 Seminar for the Dental Assistant	2	0	0	1	
Total Hrs	9	9	256	16	
Summer Semester					
DNTA 2260 Clinical II /Dent. Assist	0	0	144	3	
Total Hrs	0	0	144	3	
Grand Total	45	25	400	60	

Required Immunizations

All students must submit a copy of the records of the following immunizations with a valid stamp or signature, a signed statement from a physician, or lab report indicating serologic confirmation. **Please note that some of these immunizations take up to six months to complete. Immunizations must be started in time to complete the series before the FIRST DAY OF CLASS. If unable to complete the series before the beginning of class, the applicant is not eligible for admission.**

1. TETANUS/DIPHTEHERIA/PERTUSSIS (Tdap) (Immunization)
One dose of the Tetanus/diphtheria/pertussis (Tdap) immunization within the last 10 years.
2. MEASLES, MUMPS, RUBELLA (MMR)(Immunizations or blood test)
If born after January 1, 1957 must have proof of two doses of the MMR vaccine administered on or after the 1st birthday and at least 30 days apart – or – proof of serologic confirmation of measles, mumps and rubella immunity – or- serologic evidence of infection.
3. VARICELLA (Chickenpox)(Immunization or blood test)
Serologic confirmation of varicella immunity- or – varicella vaccine- one dose if vaccinated from age 12 months to 12 years – or- varicella vaccine - if vaccinated at age 13 years or older, 2 doses are required 4-8 weeks apart.
4. HEPATITIS B (Immunization or blood test)
Series of three hepatitis B vaccines- or- serologic confirmation of immunity to hepatitis B.
5. INFLUENZA VACCINE
Annual influenza vaccination with the most up-to-date strains predicted on the basis of viral surveillance data is required.
6. MENINGOCOCCAL VACCINE
All on-campus college students who are under the age of 30 must have the meningococcal vaccination within the previous five years and at least 10 days prior to the first day of class.

Due to compliance with clinical facility requirements and Texas Department of Health recommendations, GC Health Science programs may not waiver immunization requirements for any reason. If immunizations are not complete, application to the program must be delayed. Copies of records from physician's offices, public health department, public schools, other colleges and the military are acceptable. Students should provide a **copy** of the records. Please do not turn in the originals

Admission Requirements

1. Application to Grayson College. (Online at www.grayson.edu.)
2. Application to the Dental Assisting Program.
3. High School transcript or GED scores
4. Transcript from colleges or universities with cumulative GPA of 2.5 or higher
5. Documentation of required immunizations

Pre-Requisites:

ENGL 1301
PSYC 2301

Deadlines

The Dental Assisting Program accepts one class each fall. For fall admission, the last day to submit application and all required paperwork is March 30th. Final Transcripts for courses taken in the spring semester will be accepted until June 1.

** Please note that 25 applicants are accepted each year and applications may be accepted up to August if the class has not been filled.

Turn in to the College:

1. Online application for admission to GC.
2. Official transcripts from all colleges previously attended.

Turn in to the Dental Assisting Program:

1. Unofficial copies of all transcripts
2. Dental Assisting program application (Circle Dental Assisting)
3. Documentation of required immunizations

Selection and Acceptance Procedure

1. Applications are reviewed for required documentation by the Dental Assisting Admissions Committee. Only those with complete files will be considered for admission.
2. Applicants with incomplete files will be kept for one additional admission period unless additional time is requested in writing.
3. The number of students that can be admitted to the Dental Assisting program is limited by classroom and clinical space and by qualified faculty availability. Therefore, a selection procedure is used to identify candidates who are the most academically prepared.
4. Once all eligible applicants have been evaluated and ranked, students will be admitted from the highest ranking to the lowest, until all spaces are filled. If there are more eligible candidates than there are spaces available, a waiting list will be developed. Should spaces become available prior to the first day of class, applicants will be notified.
5. **Applicants will be notified in writing regarding selection or non-selection within 6 weeks of the March 30th deadline.**

Final Acceptance Requirements (Following notification of acceptance)

When an acceptance letter is received, instructions for the following will be included in the letter.

1. TB test to be completed and documentation turned in **prior to FIRST DAY OF CLASS** .
2. CPR Certification for Healthcare Provider (American Red Cross or American Heart Association) must be completed **prior to FIRST DAY OF CLASS**.
3. Dental Examination must be completed **prior to FIRST DAY OF CLASS**.
4. Pass a urine drug screen
5. Pass a criminal background check.

Technology Requirements

Students enrolled in the Dental Assisting Program are required to access Blackboard. Blackboard (Bb) is a course management system (CMS) used for online, blended, and face-to-face classes at Grayson College. Blackboard provides a method to deliver a variety of course content along with a means for faculty to interact with students.

A computer with an internet connection is needed. Blackboard may be accessed on campus, or off campus. Computers for student use are available in the Health Sciences Computer Lab, the Grayson College Library, and other campus computer laboratories. Library hours are posted on the Grayson College website and the Health Science Computer Lab hours are posted outside the lab each semester. Students will be oriented to the use of Blackboard and other Health Science technologies at the beginning of each dental assisting course.

Eligibility for Licensure

Upon graduation, the student is able to file an application with the State Board of Dental Examiners to become a Registered Dental Assistant. Further information on this can be found at www.tsbde.org.



GRAYSON COLLEGE
HEALTH SCIENCE DIVISION
APPLICATION FOR ADMISSION

Following Acceptance
Recent Snapshot
Required

Circle Program Desired:				
Associate Degree Nursing (RN)	Dental Assisting	Emergency Medical Service		
Medical Laboratory Technology	Transitional Entry (LVN to RN)			
Vocational Nursing (LVN)				
Date Applied: _____		Desired Entry Semester/Year: _____		
Name: _____		Student ID# _____		
Last	First	Middle		
Mailing Address: _____				
Street/Box		City	State	Zip
Telephone#1: () _____		Telephone #2: () _____		
E-mail Address: _____				
Emergency Contact: _____				
Name		Address	Relation	
Phone #: () _____		Email: _____		

Submit To: Health Science Department or Program Director

NOTE: Applications are not automatically “held over” from one official application filing period to the next. Students who are not selected for admission the semester for which they apply or students declining the acceptance for that semester must keep their file active by submitting updated information and return a letter of intent during the next filing period to be considered for the next admission opportunity. **All inactive files will be purged.**

With respect to the admission and education of students; with respect to the availability of student loans, grants, scholarships and job opportunities; with respect to the employment and promotion of teaching and non-teaching personnel; and with respect to the student and faculty activities conducted on the premises owned or occupied by the College, Grayson College shall not discriminate either in favor of or against any person on account of race, creed, color, gender, national origin, age, religion, or disability. GC does not discriminate on the basis of sex in the educational programs or activities it operates. Inquiries concerning the application of title IX and its implementing regulations may be referred to the Title IX Coordinator or the Office of Civil Rights. Title IX Coordinator is the Vice President of Student Services.

Grayson College 6101 Grayson Drive Denison TX 75020-8299 903-465-6030 Fax 903-415-2523

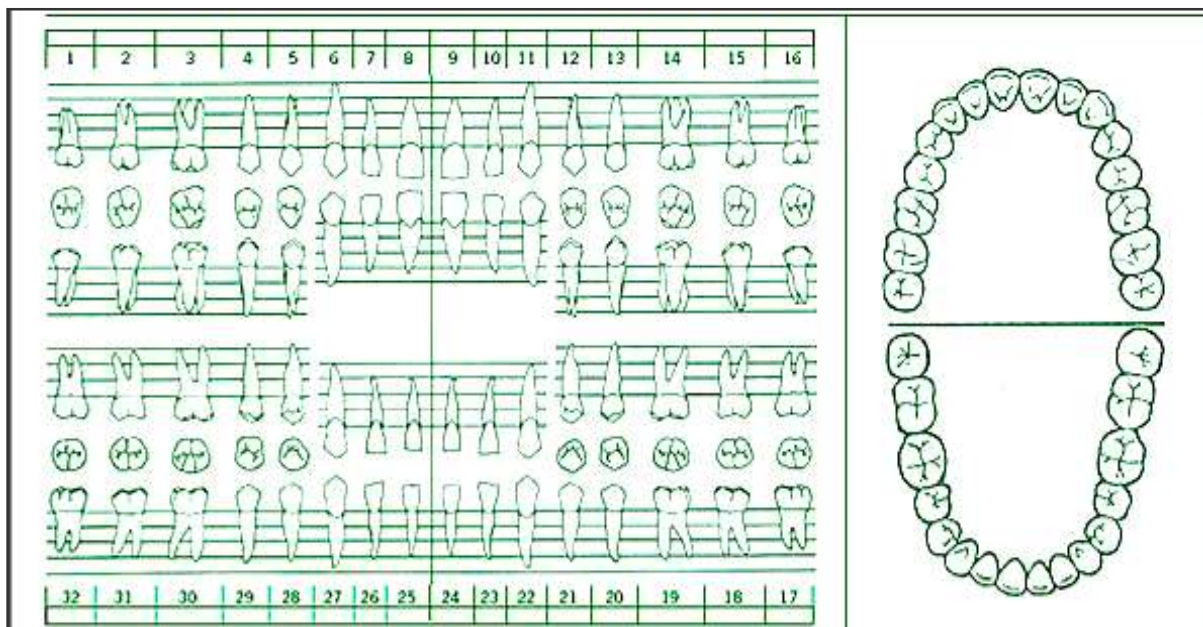
Grayson College
 Workforce Education—Health Sciences
Dental Examination Form for Dental Assisting Program

Applicant: _____
Last Name
First
Middle

An examination was performed and completed on _____, 20 ____.

(1) Indicate on the chart below:

*Chart with red/blue pen: **Red** indicates work that needs to be done. **Blue** indicates existing restorations.*



(2) GENERAL (“X” Yes or No for each question)

Yes No

		a. DENTAL CARIES (<i>Indicate on chart, do not chart incipienties</i>)
		b. MISSING TEETH, OTHER THAN THIRD MOLARS (<i>Indicate on chart by marking “X” through the roots</i>)
		c. NON-RESTORABLE TEETH (<i>Indicate on chart by marking “N” through tooth</i>)

(3) ORTHODONTICS (“X” Yes or No for each question)

Yes No

		a. PAST HISTORY OF ORTHODONTIC TREATMENT (<i>If “Yes”, date completed: </i>)
		b. PRESENTLY UNDERGOING ACTIVE ORTHODONTIC TREATMENT (<i>Specify fixed or removable</i>)
		c. WEARING RETAINER APPLIANCES

(4) PROSTHODONTICS ("X" Yes or No for each question)

Yes No

		a. MISSING TEETH (<i>Prosthesis required</i>) (<i>Describe</i>)
		b. ARE THERE LESS THAN EIGHT, SERVICEABLE, NATURAL TEETH IN EACH ARCH?

(5) PERIODONTAL STATUS ("X" Yes or No for each question)

Yes No

		a. MODERATE TO HEAVY CALCULUS (<i>Supra and/or sub-gingival</i>)
		b. GINGIVITIS (<i>Generalized</i>)
		c. ACUTE NECROTIZING ULCERATIVE GINGIVITIS (ANUG)
		d. LOCAL OR GENERALIZED PERIODONTITIS (<i>With associated bone loss</i>)
		e. PERIOPORONITIS

(6) RESULTS OF RADIOGRAPHIC EXAMINATION, IF PERFORMED ("X" Yes or No for each question)

Yes No

		a. ABNORMAL RADIOLUCENT/RADIOPAQUE AREA (<i>Describe</i>)
		b. IMPACTED TEETH WITH PATHOLOGY (<i>Describe</i>)
		c. IMPACTED TEETH -- OTHER THAN THIRD MOLARS (<i>Describe</i>)
		d. OTHER RADIOGRAPHIC ABNORMALITIES (<i>Describe</i>)

(7) REMARKS (*Indicate item of reference*) (*Use additional sheet if necessary*)

NAME AND ADDRESS OF EXAMINE DENTIST (<i>Please type or print</i>)	SIGNATURE OF DENTIST	DATE
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FORWARD COMPLETED FORM AND ANY ATTACHMENTS TO:

Grayson College
Attn: Dental Assisting Program
6101 Grayson Dr
Denison, TX 75020
Office: 903-415-2529 Fax: 903-415-2523

Grayson College
Health Science Division
(Revised 3/17)

Drug Screen Testing and Criminal Background Check Policy - Students

The Grayson College Student Code of Conduct states: The following behavior shall be prohibited: use, possession, control, manufacture, transmission, or sale, or being under the influence, of a drug or narcotic, as those terms are defined by the Texas Controlled Substances Act, or other prohibited substances, unless under the direction of a physician; the use, possession, control, manufacture, transmission, or sale of paraphernalia related to any prohibited substance; the use, possession, control, manufacture, transmission, or sale, or being under the influence, of alcohol or other intoxicating beverage without the permission of the College District.

In order for clinical affiliates to comply with Joint Commission accreditation standards pertaining to due diligence and competency assessment of all individuals whose assignments bring them in contact with patients, employee prescreening requirements such as criminal background checks and drug screens are extended to clinical students.

In keeping with community health standards, health science students are required to have substance abuse screening at the student's expense initially and randomly throughout the course of their enrollment in health science clinical courses. Health Science students pay for the initial drug screen as well as random drug screens throughout the course of the program through non-refundable registration fees.

Drug Screen Testing

1. Drug screening via urine collection must be conducted on all newly enrolled students. Timing of the drug screen must be no greater than 30 days prior to the first day of the first clinical rotation post-enrollment.

All urine samples will be obtained by a company selected by the college and processed at a certified SAMHSA (*Substance Abuse and Mental Health Services Administration*) laboratory. At least one drug screening time will be scheduled for each class at the college campus. Upon instruction, the student will provide a photo ID (State issued driver's license is preferred) at the time of the specimen collection. The collection techniques will adhere to strict guidelines following chain-of-custody protocol. The company will perform a *Healthcare Professional 10-panel* with integrity checks for creatinine and pH levels. Test results that fall outside any of the acceptable ranges will be considered presumptive-positive tests and will automatically be sent for a separate confirmatory test by a *gas chromatography mass spectrometry (GCMS)* method. If the results remain non-negative, a Medical Review Officer (MRO) will call the student to determine if there is a valid prescription for the drug in question. If a valid prescription exists, the test result is deemed to be "negative" and acceptable.

2. The student **must** complete drug screening at the time requested by the program. Failure to do so will be interpreted as a refusal for drug testing and the student will be withdrawn from the program and/or clinical course. If a student is present in class at the time of a random screening, then the student is required to submit for testing at that time. If the student leaves the building during a drug screen collection, it shall be interpreted as refusal to submit to testing and the student will be withdrawn from the program. If a student is absent when the screening is performed, whether scheduled or random, he/she will be notified. The student must be screened at a designated location, and within a time frame specified by the Program Director and / or Dean. Failure to do so will be considered to be

a refusal to submit to testing and the student will be dismissed from the program and / or clinical course.

3. Any evidence of tampering with a drug screen will be grounds for immediate dismissal. This includes submitting a sample outside the temperature parameters set for acceptable urine specimens.
4. Students who transfer into a health science program after the first clinical course will be responsible for the cost of the drug screening at the time of testing (money order or cash).
5. Random screening of students in health science courses may be performed at any time during enrollment. No less than 10% of a class may be selected when random screening are performed. Any time that a student's behavior causes a faculty member to suspect substance abuse, the student may be screened at that time.
6. The Program Director or designee will review all drug screen results. All drug screen results will be maintained until the student has graduated or has not been enrolled in a health science program for 1 year.
7. Initial drug screen results will be honored by all clinical agencies for the duration of the student's enrollment in the program if the participating student has not had a break in enrollment, or unless results change due to a random drug screen. A break in enrollment is defined as nonattendance of one full semester (Fall or Spring) or more. Students returning to clinical courses after a break in enrollment must be re-tested. Attestation of the satisfactory results / compliance must be provided to the participating hospital / agency prior to the student's rotation start date.
8. A student with a positive drug screen will be notified by the Program Director. A positive drug test is defined as a medically acceptable drug test, approved by Grayson College, the results of which indicate the use of illegal drugs. Illegal drugs are defined as those drugs made illegal to possess, consume, or sell by Texas and Federal statutes. An illegal drug also includes those drugs taken by an individual which exceed the prescribed limits of a lawful prescription or the taking of a prescription drug without a valid prescription.
9. If a student wishes to contest a positive drug screen, the student must make this request in writing to the Program Director within five days of learning of the positive result. If contesting the results, the student must make this request in writing and pay for the repeat test. The repeat test will be conducted on the original urine specimen. The collection and testing of a second specimen is not permitted. Once the repeat test is completed and confirms a positive drug test, no further appeal is permissible. A student with a positive drug screen, refusal to submit, or evidence of tampering will be required to withdraw from the related course(s), and will not be eligible to re-enroll in any clinical course for a period of twelve months. Upon re-enrollment (if allowed by program policy), individual health science programs may require additional testing and/or documentation of counseling or treatment. Students may be subject to further drug screen testing if required by a clinical facility or if the student is suspected of substance abuse at any time during their enrollment in a health science program.
10. Faculty reserve the right to dismiss any student from clinical should the student exhibit signs of alcohol intoxication, or should the student arrive at clinical smelling of alcohol. This will be considered a clinical absence and the student will be counseled by the appropriate Program Director as to the consequences of this action.
11. Substance abuse problems may prohibit a graduate from taking the licensure or certification exam. Dental Assisting students should access the Texas State Board of Dental Examiners for further information at <http://www.tsbde.texas.gov/> or call the TSBDE at 1-512-463-6400.

Criminal Background Checks

In order for clinical affiliates to comply with Joint Commission accreditation standards pertaining to due diligence and competency assessment of all individuals whose assignments bring them in contact with patients, employee prescreening requirements such as criminal background checks and drug screens are extended to clinical students. All students must have a negative criminal background check before beginning the first clinical course.

Criminal background checks will review a person's criminal history at least seven years back from the date of application. The check will include the cities and counties of all known residences.

1. Prior to the start of clinical rotations, criminal background checks will be performed. The Grayson College Health Science department will make arrangements with a Consumer Reporting Agency that operates under the Fair Credit Reporting Act designed to ensure quality assurance quality screening.

The student must submit the required information for a criminal background check by the scheduled date. Failure to do so will be interpreted as a refusal to submit to a criminal background check and the student will be withdrawn from the program and/or clinical course per program policy. Random submission of background checks may be required at any time in a student's enrollment in a clinical course. Cost of one criminal background check is paid through non-refundable registration fees. Students who transfer into a health science program after the first clinical course, those who are returning after a one semester break in enrollment, or students who are required to submit to a random background check will be responsible for the cost of the background check at the time it is completed (money order or cash).

2. The following may disqualify a Health Science student from consideration for the clinical rotation:
 - a. Felony convictions
 - b. Misdemeanor convictions, misdemeanor deferred adjudications or felony deferred adjudications involving crimes against persons (physical or sexual abuse)
 - c. Misdemeanor convictions related to moral turpitude (prostitution, public lewdness/exposure, theft under \$1,500, crimes of fraud, etc.)
 - d. Felony deferred adjudications for the sale, possession, distribution, or transfer of narcotics or controlled substances
 - e. Registered sex offenders
 - f. OIG, GSA and Medicaid Sanctions
 - g. Terrorist Suspect List
 - h. Pending charges and warrants for arrest
3. Program specific exceptions based on state credentialing standards will be considered on an individual basis by the Program Director, Division Dean and clinical agency representative. Contractual agreements stipulate that criminal background check results will be provided to the clinical agency where the student rotation is taking place. Background check results will be honored for the duration of the student's enrollment in the program if the participating student has not had a break in enrollment, or unless results change. A break in enrollment is defined as nonattendance of one full semester (Fall or Spring) or more. Attestation of the satisfactory results /

compliance must be submitted to the participating hospital / agency prior to the student's rotation start date.

4. The following convictions or deferred adjudications at any time in the past will constitute an absolute bar to participation in clinical rotations. Criminal homicide; kidnapping and unlawful restraint; indecency with a child; sexual assault; aggravated assault; injury to a child; aiding suicide; agreement to abduct from custody; sale or purchase of a child; arson; robbery; aggravated robbery; conviction under the laws of another state, federal law, or the uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense listed previously; felony conviction for theft which occurred within the previous five years and any other offense that the facility may impose.
5. In some Health Science programs the Program Director may request an exception from the first clinical agency for a student with a felony deferred adjudication (other than 2d above) and no alternative recourse through a licensing / registry authority. Following approval from the clinical agency, the student may progress according to individual program policies.
6. The Program Director or their designee will notify the student either verbally or in writing if anything in the student's record indicates a situation barring the student from clinical rotations. If the student is deemed ineligible for clinical rotations due to criminal history record, the student will be required to withdraw from the program and/or related courses as stipulated by the individual program.
7. Information obtained from any background check/registry search will be maintained until the student has graduated or has not been enrolled in a health science program for one year.

Students will be given information regarding how to address possible inaccuracies in the criminal history record, such as the opportunity to be heard by Texas Department of Public Safety (TDPS), pursuant to Texas Health and Safety Code, 250.005

**Grayson College
Health Science Division**

Consent to Drug Screen Testing and Criminal Background Check

I _____ have received, read and understand the student Drug
 Print Name
Screen Testing and Criminal Background Check Policy and agree to abide by the printed policy. I agree to
complete the required background check and drug screen testing scheduled throughout enrollment in a
Health Science program at Grayson College.

Student Signature

Student ID Number

Date

3/2017

Grayson College Health Science Department
Exposure to Body Fluids via Mucous Membranes or Parenteral Injury
(Reviewed 08/15)

Following body fluid exposure to any source person through a needle stick, sharps-induced injury, or exposure via mucous membranes, GC employees and students should take the following steps:

1. Wash the wound and skin sites exposed to blood and body fluids with soap and water.
2. For percutaneous injuries (those that break the skin) where bleeding occurs, allow bleeding for a few seconds before washing with soap and water.
3. Flush mucous membranes exposed to blood and body fluids with water.
4. Topical use of antiseptics is optional.
5. Do not apply caustic agents, such as bleach, onto the wound or inject antiseptics or disinfectants into the wound.
6. Immediately inform the clinical or lab instructor, preceptor, or person in charge, of the exposure type and the action taken.

Once informed, the instructor or person in charge should take the following actions:

7. Assess the exposure to determine the risk of transmission.
8. Inform the source person (i.e. patient in the clinical setting; student lab partner in the campus lab setting) about the exposure and advise regarding HIV & Hepatitis testing.
9. Inform the exposed person (i.e., student or college employee) about the exposure and advise regarding HIV & hepatitis testing.
10. If exposure occurs in the clinical setting, follow the agency protocols
11. If exposure occurs on campus, immediately advise the exposed person to see their personal healthcare provider or the nearest provider who manages this type of injury.
12. If exposure occurs on campus, immediately advise the source person to obtain HIV and Hepatitis testing
13. Provide immediate support and information on post-exposure prophylaxis (PEP) to the exposed person and assist the exposed person to complete the *Post-exposure Prophylaxis Waiver* form if indicated. (See Appendix)
14. Assist the exposed person to complete the *GC Body Fluid Exposure Incident Report*. (See Appendix)
15. Maintain the confidentiality of all related records.
16. Notify the appropriate Program Director and Dean of Health Science.

The Dean of Health Science and/or Program Director should:

- 1) Ensure that the exposure incident is documented in the GC Sharps Injury Log (kept in the HS Lab Coordinator's office)
- 2) Report any sharps injury to the TDSHS via the Health Dept, using online form at:
- 3) http://www.dshs.state.tx.us/idcu/health/bloodborne_pathogens/reporting/
- 4) Provide post-exposure support and follow-up to the exposed person

POST EXPOSURE RECOMMENDATIONS

After exposure, both the exposed student and the source person should be tested for Hepatitis B, C, and HIV. This is important to establish a baseline if a false negative result is obtained from the source person.

For HIV: If the source person has AIDS, is positive for the HIV antibody, or refuses the test, the student should be counseled regarding the risk of infection and evaluated clinically and serologically for evidence of HIV infection **AS SOON AS POSSIBLE** after the exposure. The student should be advised to report and seek medical evaluation for any acute febrile illness that occurs within twelve (12) weeks after the exposure.

A seronegative student should be retested six (6) weeks post-exposure and periodically thereafter to determine if seroconversion has occurred. (Recommend 6 wks, 12 wks, and 6 months after exposure). If a patient has a parenteral or mucous membrane exposure to blood or other body fluid of a student, the same procedure outlined should be followed for the source student and the exposed patient.

For Hepatitis: All Health Science students are required to receive the Hepatitis B vaccine series before beginning any clinical experience.

Source check for Hbsag

Hbsag (-) - no further testing for source. Test student for Hbsab to establish a baseline

Hbsag (+) - Refer source to physician and check student Hbsab.

Student check for HbsAB

If the source person is positive for Hbsag, initiate the following protocol:

Vaccinated - If titer is low, give two (1 ml.) boosters of Hepatitis B vaccine thirty days apart.

Not vaccinated, but with negative (-) titer - Give HBig and the first of three doses of the vaccine within seven days. Follow with a second dose of HBig (Hepatitis B Immune Globulin) and a second vaccine at thirty days. Final dose of vaccine six months later.

Not vaccinated, but with a positive (+) titer - No further treatment required. If titer is low, give two (1 ml.) boosters.

The Grayson College Health Science Department recommends that any exposed student follow the Centers for Disease Control's (CDC) Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post-exposure Prophylaxis, June 29, 2001

(www.cdc.gov/mmwr/preview/mmwrhtml/rr501a1.htm). These recommendations are summarized below:

HBV – Hepatitis B Virus Exposure:

“...Postexposure prophylaxis (PEP) with hepatitis B immune globulin (HBIG) and/or hepatitis B vaccine series should be considered for occupational exposures after evaluation of the hepatitis B surface antigen status of the source and the vaccination and vaccine-response status of the exposed person. Guidance is provided to clinicians and exposed health-care personnel (HCP) for selecting the appropriate HBV PEP [National Clinicians' Post-Exposure Prophylaxis Hotline (PEpline) 1.888.448.4911].”

HCV – Hepatitis C Virus Exposure:

“Immune globulin and antiviral agents (e.g., interferon with or without ribavirin) are not recommended for PEP of hepatitis C. For HCV post-exposure management, the HCV status of the source and the exposed person should be determined, and for exposure to an HCV positive source, follow-up HCV testing should be performed to determine if infection develops.”

HIV – Human Immunodeficiency Virus Exposure:

“Recommendations for HIV PEP include a basic 4-week regimen of two drugs (zidovudine [ZDV] and lamivudine [3TC]; 3TC and stavudine [d4T]; or didanosine [ddI] and d4T) for most HIV exposures and an expanded regimen that includes the addition of a third drug for HIV exposures that poses an increased risk for transmission. When the source person's virus is known or suspected to be resistant to one or more of the drugs

considered for the PEP regimen, the selection of drugs to which the source person's virus is unlikely to be resistant is recommended.”

For special circumstances (e.g., delayed exposure report, unknown source person, pregnancy in the exposed person, resistance of the source virus to antiretroviral agents, or toxicity of the PEP regimen), consult with local experts and/or call the National Clinicians' Post-Exposure Prophylaxis Hotline (PEpline) at 1.888.448.4911.

Preventive measures are the responsibility of the student and must be performed at once. If a student refuses the recommended treatment and/or counseling as stated, then the student must fully complete, sign, and date the *Postexposure Prophylaxis Protocol Waiver* (which must be notarized). Any expense incurred for testing or treatment is solely the responsibility of the student.

**Grayson College
Health Science Department**

Post-Exposure Prophylaxis Protocol Waiver

I HAVE BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS RELEVANT TO MY POST EXPOSURE PROPHYLAXIS TREATMENT.

_____ YES, I agree to consult with a healthcare provider regarding post exposure prophylaxis as explained to me by the Grayson College Health Science Department program representative.

_____ NO, I refuse to seek post exposure prophylaxis as explained to me by the Grayson College Health Science Department program representative.

Exposed person's signature Date

Exposed person's printed name Date

Health Science Dept. Representative's signature / Date

Witness signature Date