Student Health Record Requirements – Dental Assistant Program

Go to www.stcc.edu/health-services for additional information and forms.

Properly documented forms, vaccination records, lab and imaging reports may be submitted to the Health and Wellness Center as follows:

<table>
<thead>
<tr>
<th>In Person</th>
<th>Building 19, Room 177 Appointment may be required.</th>
</tr>
</thead>
<tbody>
<tr>
<td>STCCNet Portal</td>
<td>Upload pdf file to DropBox or complete Electronic/EForm</td>
</tr>
<tr>
<td>Fax</td>
<td>(413) 755-6045</td>
</tr>
<tr>
<td>Release Request</td>
<td>Authorization To Release or Obtain Health Records EForm</td>
</tr>
</tbody>
</table>

These records are due by December 1st

☐ Student Health History EFORM: Required of all students enrolled at STCC and must be updated every two years.

☐ Authorization to Release Information to Fieldwork Sites EFORM: Read, complete and sign.

☐ Technical Standards Acknowledgement EForm – Dental ASSISTANT Program: Read the programmatic technical standards then read, complete and sign this electronic form.

☐ Criminal Offender Record Information (CORI) Acknowledgement Form: Required annually.

<table>
<thead>
<tr>
<th>Access to Campus</th>
<th>Authentication of Signature or Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not restricted</td>
<td>In person with original, valid, government issued photo identification. May require an appointment.</td>
</tr>
<tr>
<td>Restricted</td>
<td>Verified by a Notary Public and submitted electronically via DropBox or Fax.</td>
</tr>
</tbody>
</table>

☐ Policies Acknowledgement EForm – PACK: Student Background Record Check, Drug Screening for Fieldwork Placement, and Latex: All incoming students must review the policies and sign this electronic form.

☐ Physical Exam: Student Physical Exam Attestation – Dental Assistant form specific to the programmatic Technical Standards, is the only acceptable physical exam form. This form must be completed by a clinician and the exam must be within 1 year of the program start date and every subsequent 1½ - 2 years.

☐ Tuberculosis Screening: completed within the past six months and annually thereafter. Students must receive either two-step tuberculin skin test (PPD) or an IGRA blood test.

<table>
<thead>
<tr>
<th>IGRA Blood test= 1 Action:</th>
<th>OR</th>
<th>Two Step Tuberculin Skin Test = 4 Actions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ T-Spot or Quantiferon Gold</td>
<td>□ The first PPD is planted and read (between 48-72 hours).</td>
<td></td>
</tr>
<tr>
<td>Note: CDC recommends IGRA for students who are BCG vaccinated.</td>
<td>□ To rule out a false negative: 7-21 days from the first plant, a second PPD is planted and read (between 48-72 hours). Note: Only a single plant is required annually.</td>
<td></td>
</tr>
</tbody>
</table>

Students with a positive tuberculosis screening: Submit the positive result, a negative chest x-ray completed in the past 3 months and the Positive Tuberculosis Screening Questionnaire EForm. The questionnaire symptom review check is required annually thereafter.

Checklist Continued on Page 2
These records are due by December 1st

Immunization/Immunity Records:
- tetanus, diphtheria and pertussis (TDaP) vaccination required within the past 10 years
- measles, mumps, rubella (MMR) – evidence of two vaccinations or immune titer results for each component
- hepatitis B – evidence of three vaccinations AND
- hepatitis B – immune titer results required (surface antiBODY, anti-HBs)
- varicella (chickenpox) – evidence of two vaccinations or immune titer results
- meningitis – Menveo, Menactra, or Menquadfi dose required after 16th birthday for all students between 16 – 21 years old (these vaccines are known as MenACWY, formerly listed as MCV4) or signed Meningococcal Info Waiver Eform
- COVID-19 – evidence of vaccination
- Influenza: – one vaccine dose for the current flu season may be required by state law and some fieldwork sites. Documentation must include: patient name and date of birth; vaccination name, date administered, LOT#; and the administering individual’s name or agency.

<table>
<thead>
<tr>
<th>If titer result is</th>
<th>Then</th>
<th>Action needed</th>
</tr>
</thead>
</table>
| negative or indeterminate or equivocal | Student does not have immunity/protection | 1. Submit lab report to Health and Wellness Center
2. Obtain revaccination
3. Submit Health Requirement Deadline Extension Request Eform. Please provide a dated plan for revaccination (series or booster) and forecasted titer. |
| positive | Student has immunity/protection | 1. Submit lab report to Health and Wellness Center |

- AHA BLS CPR Certification: Students are required to maintain American Heart Association BLS Provider CPR certification throughout the entire program. Submit AHA ecard https://ecards.heart.org/student/myecards on or before October 1st of the admission year.

- AHA First Aid Certification: Students are required to maintain American Heart Association Heartsaver First Aid throughout the entire program. Submit AHA ecard https://ecards.heart.org/student/myecards on or before October 1st of the admission year.

Certification Course Resource Links:
- STCC Workforce Development Center, Health Care Training Course Offerings www.stcc.edu/wdc/
- American Heart Association https://cpr.heart.org/en/course-catalog-search

- Background Check and Drug Screening may be required. If required, prior to the coordination of fieldwork placements, students will receive directions from STCC Health Compliance to order this package and complete the drug screening. For more information please refer to the School of Health and Patient Simulation Background and Drug Screening Policies for Clinical Placement.

Students are encouraged to obtain and complete the immunity requirements when applying to the program. By doing so, upon acceptance, the student will be in compliance with these deadlines.

The deadlines for record submission are set by the Dean of the School of Health and Patient Simulation and must be submitted on time. Failure to meet the requirements set above may result in removal from the program. Extensions to deadlines may be granted in certain situations and depend on program regulations and affiliation contracts. Deadline requests may be made in writing to the Director of Health Compliance by completing the Health Requirements Deadline Extension Request Form. Requests will be reviewed on a case by case basis but are not guaranteed. Students may be excluded from program participation (including class, lab sessions, and fieldwork affiliations) until requirements are met.
Student Physical Exam Attestation – Dental Assistant

(This form is required for students in the Dental Assistant program, within the School of Health & Patient Simulation. Other majors and student athletes need to complete a separate form.)

Name: __________________________ Date of Birth: __________ STCC ID#: __________ Exam Date: __________

Please review the Programmatic Technical Standards (listed on the reverse side of this form), prior to performing the physical exam. These list the essential functions of practical work on campus and fieldwork off campus. It should be noted that under the Americans with Disabilities Act, “A qualified person with a disability is one who can perform the essential function of a job with or without reasonable accommodation.”

Programmatic Technical Standards – Dental Assistant (see reverse side for Programmatic Technical Standards)

Based on your examination findings and the Programmatic Technical Standards please indicate the disposition of the student:

☐ Cleared for all classroom/lab/fieldwork participation without restriction
   I have examined the above-named student and reviewed the Programmatic Technical Standards. The student does not present apparent clinical contraindications to fully participate in the program as outlined on this form.

☐ Cleared for participation with the following restrictions/recommendations Note: Any listed restrictions/recommendations will be reviewed by the College to determine whether there are accommodations that can be made to assist in meeting the technical standards. Students with a qualifying disability under the Americans with Disabilities Act are encouraged to register with the STCC Office of Disability Services (ODS) to determine their eligibility for reasonable accommodations under the law. ODS is located in Building 19, Room 141 and can be reached at (413) 755-4785:

☐ Not Cleared
   Reason

DATE OF EXAM: _____/_____/______

Clinician: __________________________  __________________________  __________________________  __________________________
   (print)  (signature)  (date)  (office phone)

Updated July 2021
Technical Standards: Essential Skills for the Dental Assistant Program

The STCC Dental Assistant Student must be able to meet the following safety and technical standards:

**Communication**
- Communicate in written format as well as orally with faculty, patients and fellow students.
- Establish a rapport with the faculty, patients and fellow students.
- Accurately transfer gathered data and record with correct grammar, punctuation, spelling and vocabulary.
- Observe and decipher non-verbal communication.

*Examples: obtain medical history information, document pertinent observations, orally disseminate post-treatment directions, correspond and cooperate with faculty, patients, fellow students and staff from a variety of cultural backgrounds*

**Physical Strength, Endurance and Mobility**
- Possess strength and mobility to work in a confined space for long periods of time when assisting with patient care.
- Stand and sit for long periods of time.
- Walk for a long distance.
- Change positions quickly in the operatory to perform patient care.
- Grasp items and equipment above shoulder height and below waist level to utilize equipment.
- Push/Pull/Lift up to 50lbs., including large boxes and equipment.

**Motor Skills**
- Operate and utilize equipment and instruments.
- Utilize hand, eye and foot coordination of dental hand pieces.
- Position and move patients in a safe manner.
- Perform CPR as needed and maintain certification status.
- Engage in simulation oral health skills in a clinic setting assuming the position of the dental assistant, patient and the operator.

*Examples: controlled intraoral hand movements, transfer of patients, response to a medical emergency*

**Visual:**
- Read written instructions
- Read and understand a medical history and patient charts.
- Evaluate a safe treatment and work environment.
- Distinguish between different equipment and its usage.
- Observe a patient’s facial expressions and other nonverbal cues

*Examples: identify the working ends of various dental instruments, function of dental equipment, and materials, determine variations in tissue appearance (pallor & cyanosis), and interpret patient charts, records, and documents*

**Auditory:**
- Ability to monitor vital sign
- Correspond and cooperate with faculty, patients, fellow students and staff from a variety of cultural backgrounds.
- Follow verbal instructions.
- Recognize sounds, alarms and emergency signals.

**Olfaction:**
- Possess the ability to withstand unpleasant scents related to patient's oral hygiene and personal care.
- Possess the ability to know when one’s own body odor and personal hygiene needs addressing

**Dermatological Health**
- Not prone to psoriasis, dermatitis or other chronic skin disorders with open lesions on the hands.
- Non-allergic responses to dental materials and agents.

**Intellectual, Conceptual and Cognitive Skills:**
- Collect, analyze and recall information and knowledge to participate in a clinic setting.
- Interpret, problem solve and demonstrate critical thinking.
- Comprehend and process information to aid in treatment plan creation.
- Possess the ability to self-evaluate.
- Recognize the potential for exposure to bloodborne pathogens (HIV, HBV, HCV), ionizing radiation and other potentially infectious (OPM) and hazardous material.

**Time Management Skills:**
- Ability to meet a variety of deadlines with time critical tasks.

*Examples: Tardiness to course lecture/lab/affiliations will not be tolerated. If you are unable to attend a laboratory session for any reason, it is your responsibility to notify the course professor or clinic faculty prior to the beginning of the scheduled class session.*

**Emotional/Personal Temperament:**
- Ability to withstand physically and mentally demanding workloads and function effectively under stress and respond calmly.
- Maintain composure under demanding course load and patient care.
- Accept constructive criticism and appropriately modify behavior.

*Examples: ability to think rationally during a medical emergency, express empathy towards patients, maintain HIPAA standards*
Dear School of Health & Patient Simulation, Workforce Development, Early Childhood Education and Behavioral Science Students:

Background record checks are required for College programs involving potentially unsupervised contact with children, the disabled, or the elderly, including fieldwork (a clinical affiliation, internship, externship, or field placement) with a private or public healthcare provider or daycare provider. Such checks include data provided by the Massachusetts Department of Criminal Justice Information Services (DCJIS); the Office of Inspector General/General Services Administration (OIG/GSA); the Massachusetts Department of Children and Families (DCF); the Massachusetts Sex Offender Registry Board (SORB); the state and national fingerprint databases; as well as all relevant state and national criminal history, child welfare and sex offender registries, databases and repositories. The purpose of the background check is to ensure a safe and protective environment for all clients, particularly members of vulnerable populations.

Students choosing not to consent to the required background checks will be ineligible to participate in fieldwork involving vulnerable populations. Ineligibility to participate in fieldwork may affect a student’s ability to successfully complete the program.

Based upon the results of the background checks, a student may be deemed ineligible to participate in academic or clinical activities, which may impact a student's ability to successfully complete program requirements. Background checks are reviewed by the College’s CORI Board. The CORI Board determines eligibility to participate in academic and/or clinical activities. Students have the right to appeal the determination of the CORI Board by filing a written appeal with the Vice President of Student Affairs within 10 business days of receiving the CORI Board’s determination.

Furthermore, please be advised that eligibility to participate in College academic and/or clinical activities following a background check does not guarantee eligibility to sit for a professional credentialing examination(s) or for employment upon program completion. It is the student’s responsibility to contact the certification or licensure board for a particular healthcare or other service profession to determine the standards that must be met for credentialing, licensing and/or employment in that field.

When access to campus is not restricted, you must submit your completed CORI Acknowledgment Form, in person, to the Health and Wellness Center, Building 19, Room 177, within ten (10) business days of receipt, and it must be on record at the College before you are eligible to register for classes. We do not accept faxed, mailed, or electronic copies when students have access to campus. An original signature is required on the forms. Please bring a valid, approved identification (ID) to be recorded by the receiving office. Approved ID includes: a state-issued driver's license, a state-issued identification card with a photograph, a passport, a military identification card, or Native American Tribal documents. ID must be present at the time of CORI submission and available for verification by an appropriate staff member. Underage students must have their parent/guardian also present, in person, a valid, approved ID. Failure to submit a valid identification will delay the processing of CORI/SORI Request Forms.

When access to campus is restricted due to COVID-19, the CORI Acknowledgment Form may be verified by a Notary Public and submitted by postal mail (Attn: Health and Wellness Center, B19/Room 177) or electronically to the Health and Wellness Center DropBox.

Thank you for your cooperation and attention to this new procedure when campus access is restricted. For more information regarding the College’s CORI/SORI check process, please feel free to contact me at mtbaker2001@stcc.edu.

Sincerely,
Maryellen Baker, RN, CORI/SORI Review Officer
Director of Health Compliance, School of Health and Patient Simulation
Criminal Offender Record Information (CORI)
Acknowledgement Form

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

STCC is registered under the provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to STCC to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing STCC with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

STCC may conduct subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that STCC must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

_________________________  __________________________
Signature of CORI Subject                                             Date

_________________________  __________________________
Signature of CORI Subject Guardian (if applicable)                   Date
<table>
<thead>
<tr>
<th>SUBJECT INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Please complete this section using the information of the person whose CORI you are requesting. The fields marked with an asterisk (*) are required fields.</td>
<td></td>
</tr>
</tbody>
</table>

| * First Name: ___________________________ | Middle Initial: ______________________ |
| * Last Name: ___________________________ | Suffix (Jr., Sr., etc.): __________________ |
| Former Last Name 1: ____________________ | |
| Former Last Name 2: ____________________ | |
| Former Last Name 3: ____________________ | |
| Former Last Name 4: ____________________ | |

| * Date of Birth (MM/DD/YYYY): ___________________________ | Place of Birth: ___________________________ |
| * Last SIX digits of Social Security Number: __________ -- __________ | □ No Social Security Number |

| Sex: ___________________________ | Height: _____ ft. _____ in. | Eye Color: ___________________________ | Race: ___________________________ |

| Driver’s License or ID Number: ___________________________ | State of Issue: ___________________________ |
| *Program: ___________________________ | |
| Father’s Full Name: ___________________________ | |
| Mother’s Full Name: ___________________________ | |

<table>
<thead>
<tr>
<th>Current Address</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>* Street Address: ___________________________</td>
<td></td>
</tr>
<tr>
<td>Apt. # or Suite: ___________</td>
<td>*City: ___________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Authentication of Signature or Person ONE OR THE OTHER DEPENDING ON CAMPUS STATUS</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>THIS OPTION WHEN CAMPUS IS CLOSED</th>
<th>Authentication of Signature by Notary Public</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please note that ALL fields in this section must be completed by the Notary Public.</td>
<td></td>
</tr>
</tbody>
</table>

| On this ______ day of ____________, 20____, before me, the undersigned Notary Public, personally appeared ___________________________ (name of CORI requestor) and proved to me through satisfactory evidence of identification, which was ___________________________ (Ex: Driver’s license, passport, etc.), to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he)(she) signed it voluntarily for its stated purpose. | |

<table>
<thead>
<tr>
<th>Signature of Notary Public</th>
<th>Date my Commission expires</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Notary stamp or seal is also required)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>THIS OPTION WHEN CAMPUS IS OPEN</th>
<th>IN PERSON VERIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICIAL USE ONLY: To be completed by VERIFYING EMPLOYEE AT STCC</td>
<td></td>
</tr>
<tr>
<td>The above information was verified by reviewing the following form(s) of government-issued identification: ___________________________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PRINTED, DATED AND SIGNED NAME OF VERIFYING EMPLOYEE</th>
<th></th>
</tr>
</thead>
</table>

| NOTARY STAMP HERE | |