

Congratulations!

You are enrolled in the Dental Assisting Program!

Please read the following important information carefully.

The Dental Assisting Program at COCC holds very high standards. It is a rigorous and Accredited Program. We are closely aligned with the regional Dental Community and rely on them for both placement of students in practicum sites, as well as placement of graduates for future employment. The success of our program depends on the ability of every student who is enrolled to perform to the highest expectations of our accreditors and partners.

The Dental Assisting Program is full time. There are 30-40 hours per week required of students enrolled in the Program. Due to the hours in class and the hours in Practicum Offices, students are highly discouraged from working while in the Program.

In order for you to be successful in this program, we have identified the following list of qualities and skills that will help you succeed. Prior to beginning classes in the Fall, we expect you to be prepared to demonstrate the following in all classroom and laboratory settings. Failure to do so will prevent you from receiving a practicum placement assignment, which is required for program completion and certification:

Expectations of All Students:

- Dependability - arrive for classes on time and attend all classes
- Professional communication with instructors, peers, and patients
- The aptitude to behave in a professional manner at all times - both in and out of educational settings
- Awareness of professional attire and demeanor
- A positive and supportive attitude
- The ability to work as a team player with peers
- The capacity to follow directions given - both verbally and in writing
- The capacity to turn assignments in on time for all classes
- Self-motivation to complete tasks and the ability to work independently
- Personal responsibility - take responsibility for the choices you make
- Be prepared - come to classes and labs with all necessary materials

If you cannot, or choose not to demonstrate the above criteria, please remove yourself from the Dental Assisting Program courses as soon as possible to allow the next person on the waitlist to fill the seat that is currently reserved for you.

Mandatory orientation session on Thursday, September 10 at 6:00 pm in HCC 140.

Program Director/Instructor: *Leslie Houston*

Program Requirements and Checklists for Dental Assisting

This first page provides a table summary of program requirements for your ease of use. Relying on the table alone is not adequate. You must read the entire document and sign and initial in the appropriate places.

Summary of Requirements		
IMMUNIZATIONS		
Dental Assisting students are required to have the following documented receipt of vaccine or documented immunity prior to entering the clinical setting. Documents must be uploaded to Verified Credentials. Evidence of immunization may be demonstrated through the following:		
(a) A document appropriately signed or officially stamped and dated by a qualified medical professional or an authorized representative of the local health department, which must include the following: <ol style="list-style-type: none"> a. Your name; and b. The month and year of each dose of each vaccine received; or c. Documentation of proof of immunity to the disease via titer; or d. The month and year the diagnosis of the disease was confirmed. 		
(b) A record from the Oregon ALERT Immunization Information System		
(c) Screenshots are not valid forms of documentation.		
What is a titer and the process? The antibody titer is a test that detects the presence and measures the amount of antibodies within a person's blood. The amount and diversity of antibodies correlates to the strength of the body's immune response.		
1).	Immunity to measles, mumps, rubella (MMR)	Must have 2 doses or positive titer
2).	Tetanus - diphtheria - pertussis (Tdap) within the last 10 years	1 dose/booster every 10 years
3).	Hepatitis B	Must have either a 2 dose (Hepelisav-B) or 3 dose (Recombivax HB or Engerix-B) series OR positive titer showing immunity If the titer comes back with a “negative” or “non-reactive” result you must complete another series of three Hepatitis B vaccines with a titer drawn one month after the series is completed. If the 2nd titer is negative the student will be deemed a non-responder and will require no further Hepatitis B vaccines.
4).	Varicella (chicken pox) immunization	Must have 2 doses or titer
5).	Influenza immunization	An influenza vaccine is required for students who will be attending the Dental Assisting Program Deadline: end of fall term.

SCREENINGS		
1).	Tuberculosis (TB)	<p>Must provide documentation of a blood test (IGRA), either Quantiferon Gold or T-Spot, within the past the past 12 months.</p> <p>If your test is positive: Provide documentation of the TB blood draw, a chest x-ray and an evaluation by a physician.</p> <p style="text-align: center;">-OR-</p> <p>Students with a past positive TB test must provide documentation of the positive TB test and, if not already completed, provide documentation of a baseline chest x-ray prior to the deadline.</p>
2).	10-panel drug screen	Once admitted to program
3).	Criminal history check	Once admitted to program - This includes Social Security Number trace, State/National criminal history, sex offender registry check, and OIG LEIE check. In addition, clinical facilities may require facility-specific criminal history checks.
TRAININGS		
1).	CPR/Basic Life Support for "Healthcare Providers"	<p>Only the following card will be accepted:</p> <p style="padding-left: 40px;">i) American Heart Association "BLS for Healthcare Providers": valid through the end of spring term</p> <p>If you take HHP 252 or HHP 212A at COCC, your AHA BLS card will only be available online. Once you complete the course, they will send you a link to obtain your card online.</p> <p>You must email a copy to the Allied Health Administrative Assistant at rmeyers@cocc.edu as documentation of your CPR certification.</p> <p>If you take a course other than at COCC, we cannot accept a totally online training course. You can take a blended course which includes online written content and in-person hands-on CPR/AED training.</p>
2).	OSHA Blood Borne Pathogen training	Provided in Dental Assisting Program
3).	OSHA recommended Safety Guidelines	Provided in Dental Assisting Program

The CDC guidelines for recommended vaccinations for healthcare professionals can be found at <https://www.immunize.org/clinical/a-z/healthcare-personnel-vaccination-recommendations/>

CDC TB Testing: <http://www.cdc.gov/tb/topic/testing/>

Program Requirement Checklist for Dental Assisting

Total Cost: \$139 (\$75 Criminal History; \$45 Drug Screen; \$10 Tracking; \$9 processing fee)

Step 1 - Criminal History Check– VCI Session will open August 1

- a. Read the Criminal History Check Policy on pages 1-2.
- b. Read "Disclosure Regarding History Checks" and sign the "Authorization to Obtain Background Reports" form on page 3, and return to the Allied Health Department administrative assistant no later than **Wednesday, September 16, 2026**.
- c. Print, read and sign the Criminal History Check "Student Statement of Understanding" on page 4 and return electronically to the Allied Health Department administrative assistant at rmeyers@cocc.edu no later than **Wednesday, September 16, 2026**.
- d. Initiate the criminal history check through Verified Credentials (VCI) **between August 1, 2026 to September 16, 2026. Login instructions are on the next page.**
- e. **Review and release your criminal history report via VCI to COCC as soon as it is available.**
- f. Failure to meet the initiation deadline could result in removal from the program.

Step 2 – 10 Panel Urine Drug Screen– VCI Session will open August 1

- a. Read the Drug Screen Policies on pages 5-8.
- b. Print, read and sign the Screening for Substance Abuse "Student Statement of Understanding" on page 9 and return electronically to the Allied Health Department administrative assistant at rmeyers@cocc.edu no later than **Wednesday, September 16, 2026**.
- c. Complete the drug screen through VCI **between August 1, 2026 to September 16, 2026. Login instructions are on the next page.**
- d. **Review and release your criminal history report via VCI to COCC as soon as it is available.**
- e. Failure to meet the initiation deadline could result in removal from the program.

STEP 3 - Immunizations– VCI Session will open August 1

- a. Read the Immunizations, TB Blood Test & CPR policy on pages 10-12. Print and sign page 12 and return electronically to the Allied Health Department administrative assistant at rmeyers@cocc.edu no later than **September 16, 2026**.
- b. Begin submitting all approved immunization documentation to VCI no later than **Wednesday, September 16, 2026**. If you choose to **decline** (medical reasons only accepted) immunizations, you must submit the "Immunization Declination Form", located on **page 14** or on the VCI website, to the Allied Health Program administrative assistant no later than **Wednesday, September 16, 2026**.
- c. Submit an electronic copy of your "Healthcare Provider" CPR card to the Allied Health Program administrative assistant at rmeyers@cocc.edu no later than **Wednesday, September 16, 2026**.
- d. Failure to meet these deadlines could result in removal from the program.

ALLIED HEALTH PROGRAM OFFICE, HEALTH CAREERS CENTER

SEPT TO JUNE: MONDAY-FRIDAY 8-4:30 (HCC 257)

SUMMER HOURS: AVAILABLE VIA EMAIL ONLY.

Central Oregon Community College has collaborated with Verified Credentials to manage the Dental Assisting Program's clinical requirements including the following:

- Drug Screen
- Criminal History Check
- Immunizations

The established due date is **SEPTEMBER 16, 2026** to complete online process and provide urine sample at designated lab (exception for those outside Central Oregon who do not have a designated lab nearby, see below). Please complete your requirements by the established due date. **DO NOT DEVIATE FROM THESE INSTRUCTIONS – Doing so could result in unnecessary charges.**

To access **QualifiedFirst** go to: <http://scholar.verifiedcredentials.com/cocc>

Enter the code (see below) for your program located above the "Get Started!" button on the right side of the page. Please read each description carefully to ensure you are choosing the right code(s).

All due by September 16, 2026	Codes
Background, drug screen and immunization tracking Session opens August 1	RRWDR-78378

Create an account

- Enter all required information
- Pay for your screenings and immunization tracking.
- Provide supporting documentation. Drug screening instructions are on the next page.
- Track your progress
- You will receive an e-mail from VCI when your criminal history and drug screening report is complete. You must log back in, review and then release this report to COCC.

If you have any questions or difficulties, VCI's Client Services Team is ready to assist you. Please call them at 800.938.6090 or email at ClientServices@verifiedcredentials.com.

INSTRUCTIONS FOR DRUG SCREENING:

You will receive an email from donotreply@escreen.com after your order is paid for and submitted. If you do not receive an e-mail, first check your junk email folder. If you still do not find it, please call VCI immediately at 1-800-938-6090. Click on the link provided in the email to fill out a quick form with your name and email address. The vendor website (eScreen) will then create an "e-Passport" for you to print off. You will notice that the e-mail letter sent by eScreen states "Pre-employment–ACTION REQUIRED". IGNORE THIS statement and **move ahead**. eScreen does not give us the ability to change that text and it does **NOT** apply to COCC students. **Once you pay for your drug screening you only have 30 days to complete it.** If you miss the deadline you will need to pay again for your drug screening.

The "passport" includes instructions and directions to the drug testing facility nearest the address that you enter in the system. The VCI system will show you the location of the screening lab. **You must go to the lab on your e-passport.**

Students from outside of Central Oregon: You must use the lab that the system indicates. **Be sure and choose a search for 50-mile radius.** If the VCI system notifies you that there is **NOT** a lab near your residence, contact the Allied Health administrative assistant at 541-383-7576 for further instructions.

You will receive an e-mail from VCI when your drug screening report is complete. You must log back in, review and then release this report to COCC.

If you have any questions or difficulties, VCI's Client Services Team is ready to assist you. Please call them at 800.938.6090 or email at ClientServices@verifiedcredentials.com.

PROGRAM: DENTAL ASSISTING
POLICY TITLE: CRIMINAL HISTORY CHECK

REVISED: SEPTEMBER 24, 2019 [RAM]

POLICY: All Dental Assisting students who attend clinical and have patient contact as part of their training program, will undergo a criminal history check with Verified Credentials, the vendor approved by Central Oregon Community College. Students will be administratively withdrawn from class if the required criminal history check is not initiated with the specified vendor by the due date indicated on the checklist. Students with crimes on the DHS crimes list will not be allowed to attend clinical and will be immediately dismissed from the Dental Assisting Program.

EXPECTATION:

1. Students who have successfully registered in a Dental Assisting Program must initiate a criminal history check on, or before the specified due date in the Pre-registration packet.
 - a. Failing to meet this deadline will result in the student being administratively withdrawn from the program and their seat given to a waitlisted student.
 - b. Only the vendor specified by Central Oregon Community College, Verified Credentials, may be used for the criminal history check.
 - c. Once the criminal history check is complete, students must review their report and release it to Central Oregon Community College.
 - d. Students will be required to read the "Disclosure Regarding Background Reports" on page 3 and then sign a "Authorization to Obtain Background Reports" form (Page 4) to share their background information with the Dental Assisting Program Director and, if requested, with the administrator of the assigned clinical placement site.
 - e. Waitlisted students must initiate the criminal history check once they have secured a seat in the Dental Assisting Program, no later than the due date specified by the Allied Health Department Administrative Assistant.
 - f. The criminal history check is valid for the duration of the student's program of study.

2. Students with crimes on their criminal history check should be aware that facilities accepting students for practicum rotations do so voluntarily. They may not accept a student with a positive criminal history check, or may only accept students after further evaluation. Students with crimes which do not allow them to attend clinical/practicum, will be disqualified from attending the Dental Assisting Program. Students who believe that their past history may interfere with their ability to complete the program of study or to obtain licensure or certification in their chosen field should contact the appropriate state board or the program director.

3. Some crimes can be removed by expungement from an individual's record. You may be able to find more information about expungement through the Oregon State Bar or Oregon State Police web sites.
4. Completing the practicum is a requirement for completing the DA certificate. Therefore, if a practicum site cannot be found for a student with a particular criminal history, that student cannot complete the program. Participation by practicum sites is voluntary and sites cannot be forced to take a student that does not meet their minimum requirements.
5. If a student is arrested during the time they are enrolled in the Dental Assisting Program, the arrest must be reported to the Dental Assisting Program Director in writing within five business days or prior to the next scheduled clinical day, whichever comes first. Failure to disclose or concealing a criminal history will result in denial of admission or dismissal from the Allied Health Department Program.
 - a. Upon written notification, the Allied Health Department Chair and appropriate College representatives will review the student's status in the Dental Assisting Program.
 - i. A possible outcome of the review may be the student's inability to continue in the Program.

DISCLOSURE REGARDING BACKGROUND REPORTS

With your authorization, Central Oregon Community College (the "Organization") will obtain a background report about you for purposes of your participation in an educational program with it, which may include participation in a clinical or other similar program(s). The authorization you give will allow the Organization to obtain this report, as well as additional reports, before and during your attendance there. These reports may include information about your character, general reputation, personal characteristics and/or mode of living, whichever may be applicable. Contained in these reports may be criminal record information about you, information about your prior employment, education, licenses and certifications or other background information about you.

AUTHORIZATION TO OBTAIN BACKGROUND REPORTS

I certify that I have received, read and understand the separate documents entitled Disclosure Regarding Background Reports, Disclosure Regarding Investigative Background Reports and (if applicable) A Summary of Your Rights Under the Fair Credit Reporting Act. I authorize Central Oregon Community College (the "Organization") to obtain background reports regarding me. To this end, I authorize any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company and any other person or entity to furnish any background information about me. I agree that a facsimile, electronic or photographic copy of this authorization shall be as valid as its original.

Signature

Date

COCC Allied Health Department Programs
Student Statement of Understanding
Criminal History Check

Student Name: [print] _____ [Student ID] _____

Please read and initial each item, then sign and date at the bottom of the page.

_____ I have received the packet of information that explains the process of initiating a criminal history check and the crimes that would disqualify me from admission to an Allied Health Department Program.

_____ I understand that all Allied Health Programs students are required to initiate a criminal history check. The criminal history check should be initiated no later than the due date specified by the Allied Health Department Administrative Assistant.

_____ I understand that I must read the "Disclosure Regarding Background Reports" page and sign and submit the "Authorization to Obtain Background Reports" page to the Allied Health Department Administrative Assistant on or before the deadline date specified for the term.

_____ I understand that I must sign and submit this "Criminal History Check Statement of Understanding" to the Allied Health Department Administrative Assistant on or before the deadline date specified for the term. If the Allied Health Department Administrative Assistant does not receive this document by the date specified, my seat will be given to a student on the wait list.

_____ I understand that I must review and release my background report to COCC in order for Verified Credentials to allow the Program Director of the Allied Health Program in which I am enrolled and the Allied Health Department Administrative Assistant to access the results of my criminal history check including any crimes listed on the DHS disqualifying crimes list.

_____ I understand that if I believe my past history may interfere with their ability to complete the program of study or to obtain licensure or certification in their chosen field should contact the appropriate state board or the program director.

_____ I understand that I am required to disclose any outstanding warrants or past arrests, charges, and convictions, and if admitted to an Allied Health Department Program, I agree to disclose any warrants, arrests, charges, or convictions that occur while I am an Allied Health Department Program student. Failure to disclose or concealing a criminal history will result in denial of admission or dismissal from the Allied Health Department Program.

_____ I understand that Allied Health Department Programs reserve the right to require additional criminal history checks for cause, or if there is an approved interruption in my course of study.

_____ I understand that Verified Credentials, conducts criminal history checks for the COCC Allied Health Department Programs and any individual that has been disqualified based on the criminal history check, may challenge the accuracy and completeness of their record check through the vendor.

_____ I understand that any student deemed disqualified by the criminal history check has a right to appeal through the Central Oregon Community College student appeals process.

_____ My signature on this document signifies that I have read, understand and agree to the criminal history check policy.

Student Legal Signature: _____ [date] _____

PROGRAM: DENTAL ASSISTING
POLICY TITLE: ALCOHOL AND SUBSTANCE ABUSE POLICY

REVIEWED: NOVEMBER 7, 2016 [RAM]

POLICY: Any student exhibiting behaviors suggestive of alcohol or substance misuse, or that for any reason pose a threat to client safety; will be removed from client care responsibilities and sent for alcohol and drug screening. Students may not operate a vehicle until cleared by a Healthcare Provider at the testing facility.

EXPECTATION:

- 1) It is the responsibility of students to notify the clinical instructor or preceptor if they are taking any medications that have potential adverse effects on their ability to perform safely and effectively, including medications that are prescribed by a provider.
 - i) Students may not attend clinical until they have completed a course of medication that may have a negative effect on their clinical performance.

- 2) If a student exhibits behaviors that suggest impairment, the Dental Assisting Program instructor or college representative will arrange for the student's safe transportation to the testing laboratory and home afterwards.
 - a) Campus security will escort students to a designated facility for body fluid drug screening as soon as the student has been relieved of client care responsibility.
 - i) Campus security will not go alone with a student and a student must not be allowed to operate a motor vehicle.
 - (1) Taxi will be used when available
 - (2) The police will be called if the student enters their vehicle and attempts to drive it from the clinical site.
 - ii) The student will bear all expenses of program mandated testing.
 - iii) Students must give written consent for alcohol and drug screening and for results of the screening to be released to the Dental Assisting Program Director.
 - (1) Failure to give written consent or failure to provide a legitimate sample for screening will be considered implied admission of substance use in violation of this policy and grounds for dismissal from the Dental Assisting Program.
 - (2) The student involved in the alleged substance violation will be excluded from the Dental Assisting Program until the test results have been received and reviewed by the Dental Assisting Program Director or in her/his absence, the lead clinical instructor or preceptor.
 - (a) If the alcohol and drug screen results are negative, the student may return to the Dental Assisting Program activities.

- (i) The student will be expected to make up missed time and assignments.
 - (ii) Opportunity for make-up will be provided.
- (b) If the alcohol and drug screen are positive, the Dental Assisting Program Director will inform the student of their dismissal from the Dental Assisting Program on the grounds of substance use.
- iv) A student who disagrees with the program's decision can utilize the Central Oregon Community College grievance process outlined in the Student Rights and Responsibilities Handbook found on the COCC webpage.
- v) COCC Allied Health Department will exercise the obligation to act as a mandatory reporter in the event of a positive drug screen.

PROGRAM: DENTAL ASSISTING

POLICY TITLE: DRUG SCREENING – SUBSTANCE ABUSE AND MISUSE

REVIEWED: NOVEMBER 7, 2016 [RAM]

POLICY: All Dental Assisting students who attend clinical and have patient contact as part of their training program, will undergo a 10-panel drug screen, with Verified Credentials, the vendor approved by Central Oregon Community College. Students will be administratively withdrawn from class if the required urine drug screen is not completed with the specified vendor, by the due date indicated on the checklist. Students with a positive urine drug screen will not be allowed to attend clinical and will be immediately dismissed from the Dental Assisting Program.

EXPECTATION:

Students will submit a urine drug screen with the vendor selected by the college on or before the date designated by the Allied Health Department Administrative Assistant.

- 1) The 10 panel drug screen will include the following drugs:
 - a) Amphetamines [including methamphetamine]
 - i) A positive drug screen for stimulants used in the treatment of Attention Deficit Disorder [ADD] may be approved only after verification of need with the applicant's Healthcare Provider. A letter must be sent by your provider on letterhead, directly to the Dental Assisting Program Director.
 - b) Barbiturates
 - c) Benzodiazepines
 - i) A positive drug screen for benzodiazepines, used in the treatment of seizure related disorders, may be approved only after verification of need with the applicant's Healthcare Provider. A letter must be sent by your provider, on letterhead, directly to the Dental Assisting Program Director.
 - d) Cocaine
 - e) Marijuana
 - f) Methadone
 - g) Opiates
 - i) Students taking opiate medications under the supervision of a Healthcare Provider, may be allowed to attend lecture class, only after verification of need with the applicant's Healthcare Provider and Pharmacy. A letter must be sent by your provider, on letterhead, directly to the Dental Assisting Program Director.
 - ii) Students taking opiate medications under the supervision of a healthcare provider will not be allowed to participate in the care of individuals in clinical or in lab. See attendance policy in the Dental Assisting Program Student Handbook.
 - h) Phencyclidine

- 2) Students must sign a waiver giving the vendor the right to send the results of the drug screen to the Dental Assisting Program Director and, if requested, to the administrators of clinical sites. This will be done at the lab.
- 3) Students who believe their urine drug screen results are erroneous should contact VCI at 1-800-938-6790.
- 4) The Dental Assisting Program may rescreen any student, for cause, at the student's expense.
 - a) Concerns that may trigger a rescreen for substance abuse:
 - i) Performance, behavior, appearance or breath odor may suggest the use of alcohol or other drugs. These behaviors include but are not limited to:
 - (1) A change in a person's behavior, such as
 - (2) inappropriate emotional responses
 - (3) inappropriate response/laughter
 - (4) irritable, restless manner
 - (5) impulsive actions
 - (6) repeated tardiness or absence
 - (7) accidents or near-misses involving patients or equipment
 - (8) diminished work performance
 - ii) A change in a person's apparent cognitive function, such as
 - (1) slowed thinking
 - (2) immobilization with resulting inability to think or act
 - (3) threats to kill or harm oneself or another person
 - (4) poor judgment regarding safety issues for self, patients, and coworkers
 - iii) A change in a person's apparent physical symptoms, such as
 - (1) complaints of blurred vision; noted dilated or constricted pupils; bloodshot eyes
 - (2) slurred speech, breath odors or general odor of alcohol
 - (3) excessive sweating
 - (4) emaciated or unusual weight loss
 - (5) tremor or twitching, especially early morning
 - (6) poor coordination or unstable gait
 - (7) complaints of morning headache; abdominal or muscle cramps; diarrhea
 - (8) severe physical distress; e.g., seizures, chest pain, respiratory distress
 - iv) Violations of law, such as:
 - (1) possessing a weapon or hazardous object
 - (2) possessing, using, or transferring any narcotics, hallucinogen, stimulant, sedative or similar drug other than in accordance with a licensed Healthcare Provider's order

COCC Allied Health Department Programs
Student Statement of Understanding
Drug Screening for Substance Abuse and Misuse

Student Name: [print] _____ Student ID: _____

Please read and initial each item, then sign and date at the bottom of the page.

_____ I have received the Allied Health Department policy for Drug Screening - Substance Abuse and Misuse and information that explains the process of initiating a urine drug screen for substances of abuse.

_____ I understand that in accordance with Oregon Health Authority rules and policies, all Allied Health Department Programs students who attend a clinical, which requires patient contact, are required to initiate a 10-panel urine drug screen for 8 substances of abuse, no later than the due date specified by the Allied Health Department Administrative Assistant. Tested drugs are:

1. Amphetamines [including methamphetamines]
 - a. *Amphetamines used in the treatment of Attention Deficit Disorders may be exempt.*
2. Barbiturates
3. Benzodiazepines
 - a. *Benzodiazepines used in the treatment of seizure related disorders may be exempt.*
4. Cocaine
5. Marijuana
6. Methadone
7. Opiates:
 - a. *Opiates used in the treatment of acute pain may be exempt.*
8. Phencyclidine

_____ I understand that I must sign and submit this "Statement of Understanding" to the Allied Health Department Administrative Assistant on or before the date specified for the term. If the Allied Health Department Administrative Assistant does not receive this document by the date specified, I will be administratively withdrawn from the program and my seat forfeited to a student on the wait list.

_____ I understand that the Program Director, in the Allied Health Program in which I am enrolled, will have access to the results of my completed urine drug screen. If I have a positive urine drug screen that prevents me from attending clinical, the Program Director will notify me of my disqualification from the Program.

_____ I understand that the Allied Health Program, in which I am enrolled, reserves the right to require additional urine drug screening at cost to the student, for cause or if there is an approved interruption in my course of study.

_____ I understand that Verified Credentials conducts urine drug screens for Allied Health Department Programs and any individual who is disqualified based on their urine drug screen, may challenge the accuracy and completeness of their urine drug screen through the vendor. I also understand that any student deemed disqualified by the urine drug screen has a right to appeal through the Central Oregon Community College student appeals process.

_____ My signature on this document indicates that I have read, understand and agree to the urine drug screen policy and that I authorize release of the results of the urine drug screen to the Program Director of the Allied Health Program in which I am enrolled and, if requested, to the administrator of the clinical placement site. Clinical sites shall make all final clearance and placement decisions.

Student Legal Signature: _____ [date] _____

PROGRAM: DENTAL ASSISTING

POLICY TITLE: IMMUNIZATIONS, TUBERCULOSIS BLOOD TEST & CPR

REVISED: MAY 12, 2022 [RAM]

POLICY: Copies of current immunization records and a photocopy of the front and back of an signed Healthcare Provider CPR card (see below), valid through the end of spring term, must be presented to the Allied Health Department Administrative Assistant no later than the due date indicated on the checklist. Students will be administratively withdrawn from the class if all required items are not turned in by the due date indicated on the pre-registration packet.

EXPECTATION:

2) The following immunizations are required for Dental Assisting students:

a) Hepatitis B Vaccine :

i) Provide official documentation of 2 or 3 dose series of Hepatitis B vaccinations OR results of Hepatitis B surface antibody test (anti-HBS) showing immunity, no later than due date indicated

OR

ii) 2-dose series in progress:

(1) 1st dose by due date indicated

(2) 2nd dose 1 month after 1st dose

(3) Titer 1 month after 2nd dose

OR

3-dose series in progress:

(1) 1st dose by due date indicated

(2) 2nd dose 1 month after 1st dose

(3) 3rd dose 4-6 months after the 1st dose

(4) Titer 1 month after 3rd dose

(a) NOTE: All doses must be completed before the start of Spring term.

iii) If a titer comes back negative after the Hepatitis B series is complete, another series of three Hepatitis B vaccines must be completed with a titer drawn one month after the series is completed.

iv) If the titer still comes back negative the student will be deemed a non-responder and will require no further Hepatitis B vaccines.

v) **Students must provide evidence of the full series or a positive titer prior to the end of winter term to be allowed into practicum.**

- b) MMR Vaccine (measles, mumps, rubella):
- i) Provide official documentation of two Measles, Mumps, Rubella (MMR) vaccinations, at least four [4] weeks apart; **-OR-**
 - ii) Vaccine series in progress:
 - (1) Provide documentation of first dose completed no later than the due date set by the Allied Health Department Administrative Assistant and the second dose received one month after first dose **AND** completed prior to clinical component of program; **-OR-**
 - iii) Provide laboratory evidence of immunity: Dated copy of measles, mumps **AND** rubella titer report with results must be included in documentation packet.
 - iv) If one component of MMR titer is negative the student must complete the MMR series.
- c) Varicella Vaccine (Chickenpox):
- i) Provide documentation of two [2] doses of Varicella vaccine, four [4] weeks apart; **-OR-**
 - ii) Serological evidence of immunity (titer) to Varicella; **-OR-**
 - iii) Documentation of the first vaccine and documentation of the second dose within the first four [4] weeks of the term.
- d) Tetanus, Diphtheria, Pertussis [Tdap]:
- i) Provide documentation of a one-time dose of Tdap as an adult age 18 years or greater.
 - ii) Tetanus must be less than 10 years old.
- e) Tuberculosis (TB) Blood Test:
- i) Provide documentation of a negative blood test, either Quantiferon Gold or T-Spot, completed within the past year. **-OR-**
 - ii) If the blood test is positive, provide documentation of the TB test, a chest x-ray and an evaluation by a physician. **-OR-**
 - iii) Students with a past positive TB test must provide documentation of the positive TB test and, if not already completed, provide documentation of a baseline chest x-ray prior to the deadline. **-AND-**
 - iv) All follow up care must be completed prior to the first day of class.
- f) Influenza vaccine:
- i) An influenza vaccine is required for students who will be attending the Dental Assisting Program during fall or winter quarter [Sept. 01 – March 31]. **Deadline:** End of fall term.
- g) COVID-19:
- i) While the COVID-19 vaccine is not mandatory for entry into the program, clinical sites for practicum courses may require the COVID-19 vaccine. If you have your vaccinations, please submit a copy to the Administrative Assistant. Please contact the program director if you have any questions.

h) Medical exemption:

i) If you have had a life-threatening allergic reaction to a vaccine or any component of a vaccine, you must provide documentation, on letterhead, from your Healthcare Provider.

(1) For documentation of immunization exemption for medical reason:

(a) See the "Immunization Declination Form" on page 14 **-OR-**

(b) Download the form from the Verified Credentials website.

(2) The TB blood test cannot be waived.

3) American Heart Association BLS for Healthcare Provider CPR card:

i) Students must provide an electronic copy to the Administrative Assistant before the start of Fall term dental clinics. Cards must be current through the student's program of study. Course cannot be taken totally online. Only the following card will be accepted:

(1) American Heart Association "BLS for Healthcare Providers": Copy of both sides of a signed and current card or printout of certification

II) If you take a course other than at COCC, we cannot accept a totally online training course. You can take a blended course which includes online written content and in-person hands-on CPR/AED training.

My signature on this document indicates that I have read, understand and agree to the Immunization and CPR Requirements for the Dental Assisting Program.

Student Legal Signature: _____ [date] _____

Healthcare Personnel Vaccination Recommendations¹

Vaccine	Recommendations in brief
Hepatitis B	Give 3-dose series (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2). Give IM. Obtain antiHBs serologic testing 1–2 months after dose #3.
Influenza	Give 1 dose of influenza vaccine annually. Give inactivated injectable vaccine intramuscularly or live attenuated influenza vaccine (LAIV) intranasally.
MMR	For healthcare personnel (HCP) born in 1957 or later without serologic evidence of immunity or prior vaccination, give 2 doses of MMR, 4 weeks apart. For HCP born prior to 1957, see below. Give SC.
Varicella (chickenpox)	For HCP who have no serologic proof of immunity, prior vaccination, or history of varicella disease, give 2 doses of varicella vaccine, 4 weeks apart. Give SC.
Tetanus, diphtheria, pertussis	Give a dose of Tdap as soon as feasible to all HCP who have not received Tdap previously and to pregnant HCP with each pregnancy (see below). Give Td boosters every 10 years thereafter. Give IM.

Hepatitis A, typhoid, and polio vaccines are not routinely recommended for HCP who may have on-the-job exposure to fecal material.

Hepatitis B

Healthcare personnel (HCP) who perform tasks that may involve exposure to blood or body fluids should receive a 3-dose series of hepatitis B vaccine at 0-, 1-, and 6-month intervals. Test for hepatitis B surface antibody (anti-HBs) to document immunity 1–2 months after dose #3.

- If anti-HBs is at least 10 mIU/mL (positive), the patient is immune. No further serologic testing or vaccination is recommended.
- If anti-HBs is less than 10 mIU/mL (negative), the patient is unprotected from hepatitis B virus (HBV) infection; revaccinate with a 3-dose series. Retest anti-HBs 1–2 months after dose #3.
- If anti-HBs is positive, the patient is immune. No further testing or vaccination is recommended.
- If anti-HBs is negative after 6 doses of vaccine, patient is a non-responder. For non-responders: HCP who are non-responders should be considered susceptible to HBV and should be counseled regarding precautions to prevent HBV infection and the need to obtain HBIG prophylaxis for any known or probable parenteral exposure to hepatitis B surface antigen (HBsAg) positive blood or blood with unknown HBsAg status.¹ It is also possible that non-responders are people who are HBsAg positive. Testing should be considered. HCP found to be HBsAg positive should be counseled and medically evaluated.

Note: For HCP with documentation of a complete 3-dose Hep B vaccine series but no documentation of anti-HBs of at least 10 mIU/mL (e.g., those vaccinated in childhood): HCP who are at risk for occupational blood or body fluid exposure might undergo anti-HBs testing. See reference 2 and 3 for details.

Influenza

All HCP, including physicians, nurses, paramedics, emergency medical technicians, employees of nursing homes and chronic care facilities, students in these professions, and volunteers, should receive annual vaccination against influenza. Live attenuated influenza vaccine (LAIV) may be given only to non-pregnant healthy HCP age 49 years and younger. Inactivated injectable influenza vaccine (IIV) is preferred over LAIV for HCP who are in close contact with severely immunosuppressed people (e.g., stem cell transplant patients) when patients require protective isolation.

Measles, Mumps, Rubella (MMR)

HCP who work in medical facilities should be immune to measles, mumps, and rubella.

- HCP born in 1957 or later can be considered immune to measles, mumps, or rubella only if they have documentation of (a) laboratory confirmation of disease or immunity or (b) appropriate vaccination against measles, mumps, and rubella (i.e., 2 doses of live measles and mumps vaccines given on or after the first birthday and separated by 28 days or more, and

at least 1 dose of live rubella vaccine). HCP with 2 documented doses of MMR are not recommended to be serologically tested for immunity; but if they are tested and results are negative or equivocal for measles, mumps, and/or rubella, these HCP should be considered to have presumptive evidence of immunity to measles, mumps, and/or rubella and are not in need of additional MMR doses.

- Although birth before 1957 generally is considered acceptable evidence of measles, mumps, and rubella immunity, healthcare facilities should consider recommending 2 doses of MMR vaccine routinely to unvaccinated HCP born before 1957 who do not have laboratory evidence of disease or immunity to measles and/or mumps, and should consider 1 dose of MMR for HCP with no laboratory evidence of disease or immunity to rubella. For these same HCP who do not have evidence of immunity, healthcare facilities should recommend 2 doses of MMR vaccine during an outbreak of measles or mumps and 1 dose during an outbreak of rubella.

Varicella

It is recommended that all HCP be immune to varicella. Evidence of immunity in HCP includes documentation of 2 doses of varicella vaccine given at least 28 days apart, history of varicella or herpes zoster based on physician diagnosis, laboratory evidence of immunity, or laboratory confirmation of disease.

Tetanus/Diphtheria/Pertussis (Td/Tdap)

All HCPs who have not or are unsure if they have previously received a dose of Tdap should receive a dose of Tdap as soon as feasible, without regard to the interval since the previous dose of Td. Pregnant HCP need to get repeat doses during each pregnancy. All HCPs should then receive Td boosters every 10 years thereafter.

References

1. CDC. Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR*, 2011; 60(RR-7).
2. CDC. Prevention of Hepatitis B Virus Infection in the United States. Recommendations of the Advisory Committee on Immunization Practices. *MMWR*, 2018; 67(RR1):1–30.
3. IAC. Pre-exposure Management for Healthcare Personnel with a Documented Hepatitis B Vaccine Series Who Have Not Had Post-vaccination Serologic Testing. Accessed at www.immunize.org/catg.d/p2108.pdf.

For additional specific ACIP recommendations visit CDC's website at www.cdc.gov/vaccines/hcp/ACIP-recs/index.html; or visit the Immunization Action Coalition (IAC) website at www.immunize.org/acip.

www.immunize.org · www.vaccineinformation.org

CENTRAL OREGON COMMUNITY COLLEGE
Allied Health and Nursing Program
Immunization Declination Form – Medical Reason Only

Student Name _____ Student ID# _____

Statement of Understanding

I understand that I face possible exposure to contagious diseases in my clinical practicum experience, and at off-campus, externship sites as a health professions student at Central Oregon Community College. This may place me at risk for acquiring preventable, communicable diseases. Appropriate college personnel have advised me to get appropriate vaccinations against these diseases. I understand that by declining the immunizations indicated below, I continue to be at risk for acquiring preventable illnesses. Because of Oregon Health Authority and clinical site requirements, I understand that I cannot waive the TB and can only waive other immunizations for a medical reason. I release Central Oregon Community College and its related externship affiliates from all liability arising because of my refusal to receive required vaccinations.

Student Signature

Date

**Exempt
Medical**

For medical reasons the above listed student is exempt from (check all that apply):

- | | | |
|--------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> MMR | <input type="checkbox"/> Varicella | <input type="checkbox"/> Influenza |
| <input type="checkbox"/> Hep B | <input type="checkbox"/> Tdap | <input type="checkbox"/> Tetanus |

The student remains susceptible if exposed.

Medical reason: _____

Signature of Healthcare Provider

Date

_____ A signed physician statement verifying the medical reason for not receiving the immunization(s) is attached, in lieu of the above signature.