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I. Introduction
Dental facilities are required to have operating and safety procedures for radiography. These policies and procedures apply to any student, faculty, or staff who operates the x-ray equipment. The guidelines are utilized to optimize patient care and minimize the total diagnostic radiation burden. The guidelines are further described as providing a format for appropriate clinical practice concerning radiation, using the **ALARA Principle** (As Low As Reasonably Achievable) to minimize the patient’s exposure to radiation. Broward College adheres to best practice principles including:

- Use of the fastest image receptor compatible with the diagnostic task
- Collimation of the beam to the size of the receptor whenever feasible
- Proper film exposure and processing techniques
- Use of leaded aprons and collars


II. Operating and Safety Procedures for Broward College
The following procedures have been established to minimize radiation exposure to patients, students, faculty, and staff. They are provided to comply with rules enforced by the Florida Department of Health Services, Section of Radiation Protection. These rules require that each dental x-ray facility be registered with the Department of Health.

1. Deliberate exposure of an individual for the sole purpose of training or demonstration is strictly prohibited. All radiographs must be prescribed before exposures are taken.

2. ADA guidelines on patient selection for X-ray exposure will be followed.
   a. Dental radiographs will be taken on all new clinical patients who have not had them taken in the past year or longer.
   
   b. Panoramic exposures including two or four bitewings are permitted every two years.

   c. Bitewing exposures will be permitted at six-month intervals.

   d. Full mouth Series (18 radiographs for most adults) every 3-5 years.

   e. The clinical supervising dentist and/or the faculty may prescribe radiographs beyond the boundary of this policy depending on patient needs.
f. Prior to exposure, a thorough medical-dental history will be taken and
a faculty member will complete an oral inspection.

3. The faculty shall provide direct supervision and assistance to all
students taking radiographs.
   a. The correct number of film packets will be distributed to the
      student after the instructor has done an oral inspection and
determined the patient's needs.

4. The operator must observe the principles of optimal radiologic health
   for the patient by:
   a. Always shielding the patient from unnecessary scatter by using
      the lead apron/ thyroid shield.
   b. Seeking help from an instructor when a patient exhibits an
      unusual oral condition or when film placement is questionable.
   c. Using the principles of minimal exposure and ALARA when
determining the minimum number of films needed to diagnose
dental conditions based on the patient's needs.
   d. Limiting retakes to diagnostically unacceptable films. Retakes
      will not be taken to merely improve the technical quality of the
      exposure.
   e. Retakes limited to one film per exposure area with a maximum
      of:
      • 4 exposures per FMS
      • 2 exposures per BWS
      • 1 exposure for a series of two films
   f. Students will receive assistance from the faculty when
      exposing all retakes.

INFECTION CONTROL PROCEDURES
1. Students will train and then sign the Release and Waiver of Liability prior
to preclinical radiography.

2. Students will wear appropriate PPE during both exposure and processing
of all films.

3. The x ray machine control panel, exposure button, tubehead, PID, chair
adjustments and all other surfaces that may be touched during exposure
of radiographs will be wiped down with an appropriate disinfectant before
and after use.
4. The x ray machine control panel, tubehead, PID, chair adjustments and chair shall be covered with a plastic barrier.

5. Students will follow a set sequence including:
   - SET-UP THE RADIOGRAPHY ROOMS
   - DISMISS THE RADIOLOGY PATIENT AND DISINFECT THE DENTAL OPERATORY
   - RE-PREPARE DISINFECTED UNIT FOR ANOTHER PATIENT
   - SECURE THE RADIOLOGY OPERATORY AT THE END OF DAY.

**DOCUMENTATION**

1. Documentation of all radiation exposures for each patient will be maintained in the patient's record. The record must include the date of exposure, type of radiographs, number of films exposed, mA, kVp and the name of the student.

2. The Clinical Radiography Log, documentation log of all films taken on Dxxtr’s and patients, must be filled out with the date, patient name, number and type of exposures, student name, and signature of supervising instructor. (See Appendix A)

3. ALL RADIOGRAPHS MUST REMAIN IN THE CLINIC. Radiographs will be kept on file for four years from the date of the patient’s last appointment in accordance with the Florida State Practice Act.

4. Students, Faculty, and Staff will receive training in X-ray operational and film processing procedures, and then sign the training log (Appendix E).

**RELEASE OF RADIOGRAPHS**

1. Patients may request release of their radiographs or duplicates of the same. If any dental treatment has been rendered for the patient in the dental clinic the radiographs will be duplicated.

2. The original radiographs will be retained in the patient's file and the duplicate will be released to the patient or the dentist of their choice. If it is determined treatment must be done outside of the clinic, then a duplicate copy can be kept in the patient record and the original can be released to the desired dental facility.

3. An x-ray release letter must accompany the radiographs. Documentation on the chart is according to the Florida State Practice Act. A nominal fee maybe charged for duplication.
PROCEDURE FOR DISTRIBUTION OF RADIOGRAPHS ON DXXTR

These radiographs are not to be removed from the building. After radiographs are exposed on a manikin, the following procedures are to be used to prevent loss or misplacement of these films.

**AFTER EXPOSURE**

Put the film in a cup labeled with the student’s name and the date of the exposure. Films are to be kept in the student’s locker until processed.

**AFTER DEVELOPING**

Dry films are placed in a coin envelope. Label them with the student’s name and the date of exposure. They are to be placed in the student’s locker until they can be mounted. (Coin envelopes may be found in the mounting room).

**AFTER MOUNTING**

1. Obtain a gray envelope and an evaluation sheet from the mounting room. (If you remove the last sheet, please notify a faculty member).
2. Conduct a self-evaluation of the radiographs using a pencil to mark your errors.
3. Put the radiographs and evaluation sheet in a gray envelope. Put them in the area as denoted in the course syllabus for the specific term.

**AFTER EVALUATION**

After the radiographs have been graded by an instructor, they will be reviewed with the student. The student will correct any errors in mounting and/or labeling. Sign the evaluation sheet and place the sheet in the drawer marked “RADIOGRAPHS TO BE FILED”

1. After completing a full mouth series remove the films from the mount and place them in a coin envelope labeled with the student’s name and the date of exposure.
2. Give the coin envelope to the radiography instructor.
3. Erase all the writing from the gray envelope and return it to the mounting room.

PROCEDURE FOR DISTRIBUTION OF RADIOGRAPHS ON PATIENTS

Radiographs are to be kept in the Dental Clinic. After radiographs are exposed on patients, the following procedures are to be used to prevent loss or misplacement of these films.

**AFTER EXPOSURE**
1. If processing immediately after exposure, disinfected films are placed in a cup labeled with the student's name, date of exposure, and the patient's name.
2. If processing at a later time, disinfected films are placed in a cup and covered by a paper towel and secured with a rubber band. Student's name, date of exposure, and the patient's name are written on the paper towel. Place the cup in the darkroom in the drawer labeled "EXPOSED FILM".

**AFTER DEVELOPING**

After drying, developed films are mounted immediately for evaluation and for use in the clinic. Use pencil only on film mounts. If it is impossible to mount patient's films, put them in a properly labeled coin envelope and put them in the darkroom in a drawer marked "DEVELOPED FILM". **PATIENT'S FILMS ARE KEPT IN THE CLINICAL AREA ONLY!**

**AFTER MOUNTING**
1. Obtain a gray envelope and an evaluation form from the mounting room. (If you remove the last sheet, please notify the Business Assistant so the forms can be replenished)
2. Conduct self evaluation of the radiographs using a pencil to mark errors.
3. Submit the radiographs and evaluation sheet to be graded in the drawer labeled “To be Graded” in the RADIATION HALLWAY MOBILE CART.
4. Orthopan and occlusal radiographs are not evaluated but meet a requirement. They are placed in the patient's file after an instructor has checked them. Label extra-oral film mounts with student's name and date of exposure.
5. **USE ONLY PENCIL ON FILM MOUNTS.**
AFTER EVALUATION

After radiographs have been graded by an instructor, they will be placed in the drawer labeled “Radiographs That Have Been Graded” of the RADIATION HALLWAY MOBILE CART. The student will correct errors in mounting and/or labeling. The student can only receive radiographs from that drawer from an instructor. **THIS DRAWER MAY ONLY BE OPENED WITH INSTRUCTOR SUPERVISION. FAILURE TO ABIDE BY THIS WILL CONSTITUTE AND INFRACTION UNDER THE DAILY EVALUATION FOR THE SAID LABORATORY/CLINIC COURSE.** The student will review the radiographs and evaluation with the radiology instructor. After reviewing the radiographs sign the evaluation sheet. Place the evaluation to be filed in the fourth drawer of the RADIATION HALLWAY MOBILE CART. Erase writing from the gray envelope and return envelope to the mounting room.

A. Operator Training and Safety

**Radiation Safety Officers**

The Radiation Safety Officers (RSO) are the clinicians, Amanda Roberts and Mallary Greene. Dr. Nora Powell is the Radiation Protection Supervisor for all diagnostic radiation sources within the educational facility and possesses full and complete authority and responsibility to establish, implement, and monitor facility-wide guidelines and policies on radiographic practices.

1. Training Requirements for X-Ray Machine Operators

All new x-ray machine operators must be trained by the RSO in the safe operation of the x-ray equipment, selection of proper technique, patient radiation protection, and proper film/digital receptor processing.

New x-ray machine operators need to be trained on each piece of x-ray equipment they will be operating. Though they may have operated similar equipment in the past, each unit has some unique operating characteristics.

Faculty Training should be updated once every **TWO** years after the initial training by the RSO’s.

2. Individual Radiation Monitoring Requirements

Students, faculty, and staff who operate dental x-ray machines are required to be assigned an individual radiation monitoring device (personal dosimeter) if they are likely to be exposed to 5 mSv (500 mRem) per year and/or using the handheld Nomad units.
Monitoring devices shall be worn at the neck level or on the upper torso. If a protective apron is worn because the operator needs to be less than six feet from the tube or patient or because the operator is using a handheld x-ray machine, the monitoring device must be worn at the collar outside the apron.

Each operator who wears a monitor should be shown the monitor report and acknowledge seeing the results by initialing the report by their name. Records of exposure must be retained, even after the student, faculty, or staff has left the facility. Upon departure, each student, faculty, or staff must receive a copy of their final monitoring report that shows their exposure for the entire period at Broward College.

Faculty and staff who do not routinely operate x-ray equipment do not need to be monitored. Situations may exist where faculty or staff is routinely within 6 feet of the x-ray tube when it is operated. The situation will be evaluated to determine whether faculty and staff in those areas need to be monitored.

Digital intraoral imaging systems (DR) substantially reduce the radiation exposure to the patient and the operators. Generally, DR systems reduce the patient and operator exposure by 80-90%. Due to the use of hand held machines, monitoring is still necessary.

3. Digitally Holding Film or tubehead:

a. Holding film in the patient’s mouth by the student shall be avoided. Film holding devices must be used. If there are patient management issues, faculty must assist in x-ray placement.

b. Student, faculty, or staff will not hold the tube housing during an exposure. If the tube support assembly is unstable and the tube drifts during an exposure, the unit should be taken out of service and repaired.

4. Dosimeter Do’s and Don’ts:

• DO WEAR IT when working. It has no value in your locker or purse.

• DON’T WEAR IT away from the workplace. Leave your dosimeter in the same place every day when you leave the clinic so you know where it is.

• DON’T WEAR IT under your apron unless you are wearing two dosimeters, one at the neck level outside the apron and one under the apron. This applies to pregnant workers.

• DO TURN IT IN on time. Time gaps make analysis more difficult, less accurate and reduces legal and historical value of the reports.
• DO PLACE the control dosimeter in a radiation-safe area; the dose to the control is subtracted from each dosimeter and needs to be accurate.

• DO REPORT LOST OR DAMAGED dosimeters immediately. Prevent damage by not leaving your dosimeter in areas of high temperature such as your dashboard or in the clothes dryer.

• DON’T PLACE a dosimeter in an area for testing of stray radiation. Additional dosimeters can be assigned for testing.

• DON’T SHARE dosimeters; this is illegal. An average total for a shared dosimeter is meaningless to each individual.

• DON’T TAMPER with your dosimeter or anyone else’s. The reports are legal documents and are regarded as real exposures received. Tampering with dosimeters is grounds for dismissal.

5. Occupational Radiation Dose to Pregnant X-ray Machine Operator
   a. If any x-ray machine operator is pregnant or becomes pregnant, she must inform the Associate Dean in writing of the pregnancy. When informed of the pregnancy, Broward College must ensure that the dose to the embryo or fetus does not exceed 5 mSv (500 mrem) during the entire pregnancy and no more than 0.5 mSv (50 mrem) in any month. The dose to the monitoring device worn at the waist level is considered to be the fetal dose. Pregnant x-ray machine operators shall be monitored for radiation exposure. Two monitors are recommended; one device will be worn at the neck and the second under the apron at the waist level.
   b. Students will complete the Pregnancy Policy and Pregnancy Waiver and Release of Liability (See Appendix C and Appendix D).

B. Patient Safety
Patient radiation safety practices include:

1. Using the lowest possible radiation exposure for each x-ray series by using the fastest film speed and the shortest exposure time

2. Avoiding repeat x-rays by setting the correct technique

3. Positioning the tube head and film carefully

4. Lead apron and thyroid collar are to be placed on the patient for each and every exposure.

5. Lead apron is to be paced on the patient and student when using a hand-held x-ray machine.
6. Paralleling technique film holding devices shall be used routinely for radiographic exposures.

C. X-ray Machine Operations and Film Processing

1. X-ray Machine Operator Position during Exposure

   a. During the exposure, the student, faculty, or staff must stand at least six feet from the useful beam and not in the direction that the tube was pointed (Step into the hallway)

2. Use of Mobile or Portable Machines
   During the exposure using a mobile or portable x-ray machine, the x-ray machine operator:

   a. Must be positioned so that his/her exposure to scatter radiation is as low as reasonably achievable (ALARA) (e.g. 6 feet or more away) and

   b. Should never be in line with the direct beam.

   c. Optimal operator radiation backscatter protection exists when:

   d. The operator remains within the cone-shaped backscatter protection zone immediately behind the backscatter shield

   e. The backscatter shield is positioned at the outer end of the collimator cone

   f. The patient tilts their head when needed to accommodate exposures

   g. The backscatter shield is close to the patient.

   h. Do not enable NOMAD until patient and operator are positioned and ready for the exposure, diminishing the likelihood of interruption and preventing inadvertent exposure of anyone to x-rays.

   i. Do not attempt an exposure if anyone else is in the same room unless it is necessary that another person accompany the patient. That person must then stay out of the direct beam and wear a lead apron.

3. Use of Photosimulable Phosphor Plate Radiographs (PSP)
   Taking photosimulable phosphor plate radiographs
   Set x-ray machine to high speed film setting (the icon with the lightning bolt). If using the new hand held Nomad x-ray machine set to phosphor plate setting (p).
The blue side is the front of the plate/film and the black side with the number (#2) is the back.
The blue side must face the tube head.

Putting on the barrier

1. Blue side should face the black side of barrier (so it is not exposed to light)
2. The black side of plate with the #2 should face the clear side of barrier
3. Seal the barrier (peal the white tab off to seal)
4. The phosphor plate has a dot on the corner like film. When placing the phosphor plate into the bite block holder the dot goes into the slot with the black side of the barrier facing you.

**Make sure that when you look through the ring of the XCP holder you see the black side of the barrier.**

**The clear side of barrier with the number 2 is against the bite block assuring that the tube head will emit radiation to the blue side of the phosphor plate.**

Place the XCP holder in the patient’s mouth and expose the plate/film. Continue to take more exposures using a different plate for each exposure.

Upon completion of exposures, place the plates/films into a cup with the barriers on them. Remove your gloves, wash hands and take the plates/films that are in the cup to the San-X machine.

Developing the phosphor plate using the Scan-X machine

1. Turn on laptop computer next to the San-x machine & turn on the Scan-x machine by pressing down the button (the power button is on top of the machine). The light icon button (that is next to the power button) must also be on with a solid blue light. If the blue light is flashing you must press the light icon again so that the blue light is solid and not flashing. When blue light is solid the scan-x should emit a red light at the bottom of the machine. The red light removes the image so that the next student using the plates does not get a double image.
2. Go into Eaglesoft, select your patient and the Scan-X template you want.
3. Click on ACQUIRE and START.
4. Put on gloves
5. Pinch the corner of the plate/film and tear the barrier horizontally dropping the plate/film into the black transfer box (on top of scan-x machine) with the blue exposed side facing down. Make sure not to touch plate/films with your gloves.
6. Put contaminated barriers into red bag. Repeat steps 5 & 6 until all film are completed.
7. Remove gloves, wash hands make sure that your hands are dry before touching the plates.
8. Set up the computer, go into Eaglesoft, access the patient chart, choose the appropriate scan-x mount, Acquire, a green box indicates that the machine is ready to receive the plates.


   - Avoid placing the plates/films into the vertical slots as it will BREAK the Machine
   - Remember the dot lights on the scan-x machine must be green before placing the plate/film into the slot. There are only 4 slots so you can only develop 4 films at a time. When developing more than 4 plates/films, you must wait till the dot lights turn from amber to green before dropping another plate/film into the slot.

Mounting the films on the template

1. Films will scan vertically so when choosing vertical bitewings the template will look like a horizontal mount and the horizontal template will look like a vertical mount. The machine templates are set properly.
2. After the images appear on the screen you will need to move them into the correct position. Put the computer mouse over the image you want to move, hold the left button down and navigate the mouse icon to the mouse to the correct position.
3. This will move the image.

Go to Youtube.com and type in the search box Air Techniques Scanx to watch the video instructions. Click on Scanx ILE instructional video.

Disinfection and Care of Phosphor plates

1. DO NOT USE CAVICIDE
2. Because they are in a barrier they should not get contaminated.
3. Plates can be wiped with alcohol or Lysol wipe ONLY and must be dried immediately.
4. Upon completion place plates/films back into to the box that they were received in and return them to the instructor.

At the end of the day the san-x machine must be turned off by holding the power button down for 4 seconds.

D. Processor Quality Control Testing

Quality control of the processing system is an often over-looked area of radiography yet it is the most critical to consistent, quality images.
1. Expiration dates on film and chemicals should be checked periodically. New film or chemicals should be rotated so the oldest are used first. Do not use films or chemicals after the expiration date. Do not use premix chemistry that is more than 30 days old.

2. Chemicals will be replaced by the dental clinician according to the manufacturer’s or chemical supplier’s recommended interval, or no longer than one month.

3. Lighting in the film processing/loading area is provided under these conditions and should not be changed without authorization from the RSO:
   - Filter type on the safe light GBX
   - Bulb wattage in the safe light 10
   - Distance from work surfaces for mounting of the safe light 4 feet.

4. If you see light leaks around doors, ceilings, or other openings in the darkroom, notify the RSO.

**E. Film Processing Records** (Appendix G)

1. Records of the weekly processor testing do not need to be retained, but the weekly films should be retained until the chemistry is changed and the process starts over. This should be posted in the film processing area.

2. State inspectors will check to see if the processor Quality Control (QC) is being performed but will not expect to see historical records or old films. They will check for current and most recent films.
# Appendix A

## CLINICAL RADIOGRAPHY LOG

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Appendix B

RELEASE AND WAIVER OF LIABILITY

STUDENTS OF THE DENTAL PROGRAMS

I, ________________________________ understand that ionizing radiation poses a potential risk of harm and do hereby acknowledge that I voluntarily enter this Dental Program.

By enrolling in this Dental Program I realize that there are potential health risks involved when the ionizing radiation procedure is utilized and do hereby assume any and all risks involved when the ionizing radiation procedure is involved. Furthermore, by signing this form, I do hereby release Broward College, its Board of Trustees, faculty, staff, administration, clinical affiliates, and all other individuals, entities and corporations involved with the Dental Programs from liability arising out of the use of ionizing radiation while I am enrolled in this Dental Program.

I acknowledge that I have read and received a copy of this "RELEASE AND WAIVER OF LIABILITY" form and do hereby affix my signature this the _________ day of _____________ 20_______.

_______________________________________________
Signature
Appendix C

PREGNANCY POLICY BROWARD COLLEGE DENTAL PROGRAMS

Occupational exposure of pregnant females to ionizing radiation poses a health risk to the developing embryo or fetus. Students in the Dental Programs are classified as occupationally exposed individuals. In view of the health risks to the developing embryo or fetus, the following policy on student pregnancy is stated:

1. Student pregnancy while enrolled in the radiography course of the Dental Assisting Program is discouraged.

2. It is the student's responsibility to inform the Associate Dean of a pregnancy as early as is possible. Failure of the student to inform the Associate Dean as early as possible and proceeding to expose radiographs may result in dismissal from the program.

3. A pregnant student may continue in the above named program only with the written permission of the attending physician. This written permission must include verification of counseling on the risks involved in exposing the embryo or fetus to ionizing radiation and a statement concerning the student's physical fitness to continue in the respective program. The written permission must be on the attending physician’s letterhead stationary. A prescription note is unacceptable.

4. If a student and the attending physician agree that the student may continue in the respective program, the student must sign a waiver of liability in addition to the waiver and release statement signed upon entering the Dental Programs. This waiver releases Broward College, its District Board of Trustees, administration, faculty, staff, clinical affiliates, and all other individuals, entities and corporations involved with the respective program from any other responsibility and liability for the safety, health, or well-being of either the mother or the unborn offspring or both.

5. This Pregnancy Policy supplements and takes precedent over any other Pregnancy Policy heretofore printed and/or signed.

The undersigned acknowledges reading, and receiving a copy of, this Pregnancy Policy.

______________________________  ____________________
Signature                        Date
PREGNANCY RELEASE AND WAIVER OF LIABILITY

STUDENTS OF THE DENTAL PROGRAMS

I, ____________________________, understand that ionizing radiation poses a potential risk of harm to the embryo or fetus of pregnant females, and do hereby acknowledge that I voluntarily enter this Dental Program.

By enrolling in this Dental Program I realize that there are potential health risks involved when the ionizing radiation procedure is utilized and do hereby assume any and all risks involved when the ionizing radiation procedure is involved. Furthermore, by signing this form, I do hereby release Broward College, its Board of Trustees, faculty, staff, administration, clinical affiliates, and all other individuals, entities and corporations involved with the Dental Programs from liability arising out of the use of ionizing radiation while I am enrolled in this Dental Program.

I acknowledge that I have read and received a copy of this "RELEASE AND WAIVER OF LIABILITY" form and do hereby affix my signature this the ___________ day of _____________ 20_______.

_______________________________________________
Signature
Appendix E

X-ray operational and film processing procedures for this dental clinic have been made available to each individual who operates the x-ray equipment on the date(s) indicated.

**Equipment Statement:**

I have read these procedures and agree to abide by them.

(Signature of Equipment Operator) (Date)

(Signature of Equipment Operator) (Date)

(Signature of Equipment Operator) (Date)

(Signature of Equipment Operator) (Date)

(Signature of Equipment Operator) (Date)

(Signature of Equipment Operator) (Date)

(Signature of Equipment Operator) (Date)

(Signature of Equipment Operator) (Date)
Appendix F

DARKROOM REQUIREMENTS LOG FOR CALENDER YEAR

Automatic processor (Model #___________, Serial #_______) OR Manual processing

Developer temperature __________________________

Chemicals replaced

(manufacturer's or chemical supplier's recommendations or every month or when testing determines that the chemistry needs to be replaced)

(initials)_____________(date) __________________

(initials)_____________(date) __________________

(initials)_____________(date) __________________

(initials)_____________(date) __________________

(initials)_____________(date) __________________

(initials)_____________(date) __________________

(initials)_____________(date) __________________

(initials)_____________(date) __________________

Darkroom light leak tests performed (every 6 months)

(initials)_____________(date) ______________

(initials)_____________(date) ______________